

2015 Health Benefits Premiums

(Active Full Year Employees)



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Rates effective January 1, 2015

High Deductible Health Plan (HDHP) with HSA		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$68.28	\$31.51
Employee & Spouse	\$149.82	\$69.15
Employee & Child(ren)	\$131.34	\$60.62
Family	\$190.59	\$87.96
TCU's 2015 Annual Health Savings Account (HSA) Contribution: Individual \$200.00/Family \$400.00 Combined Annual Employee/Employer Contribution Limit: Individual \$3,350.00/Family \$6,650.00		
The HDHP treats prescription drugs as any other medical expense, subject to the Plan deductible and coinsurance.		
Note: 1). Medicare- & Tricare-covered employees cannot contribute to an HSA. 2). HDHP participants may not elect a medical Flexible Spending Account (FSA).		

Base Prescription Plans

Consumer Driven Health Plan (CDHP) with HCA		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$115.19	\$53.16
Employee & Spouse	\$252.75	\$116.65
Employee & Child(ren)	\$221.56	\$102.26
Family	\$321.50	\$148.38
TCU's 2015 Annual Health Care Account (HCA) Contribution: Individual \$500.00/Family \$1,000.00		

Buy-Up Prescription Plans

Consumer Driven Health Plan (CDHP) with HCA		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$136.10	\$62.82
Employee & Spouse	\$298.67	\$137.85
Employee & Child(ren)	\$261.81	\$120.84
Family	\$379.91	\$175.34
TCU's 2015 Annual Health Care Account (HCA) Contribution: Individual \$500.00/Family \$1,000.00		

Preferred Provider Organization (PPO) 90% Plan		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$209.16	\$96.54
Employee & Spouse	\$458.96	\$211.83
Employee & Child(ren)	\$402.34	\$185.70
Family	\$583.86	\$269.47

Preferred Provider Organization (PPO) 90% Plan		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$230.07	\$106.19
Employee & Spouse	\$504.88	\$233.02
Employee & Child(ren)	\$442.59	\$204.27
Family	\$642.27	\$296.43

Preferred Provider Organization (PPO) 80% Plan		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$153.49	\$70.84
Employee & Spouse	\$336.78	\$155.44
Employee & Child(ren)	\$295.23	\$136.26
Family	\$428.43	\$197.74

Preferred Provider Organization (PPO) 80% Plan		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$174.40	\$80.49
Employee & Spouse	\$382.70	\$176.63
Employee & Child(ren)	\$335.48	\$154.84
Family	\$486.84	\$224.70

Preferred Provider Organization (PPO) 70% Plan		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$139.15	\$64.22
Employee & Spouse	\$305.31	\$140.91
Employee & Child(ren)	\$267.62	\$123.52
Family	\$388.34	\$179.23

Preferred Provider Organization (PPO) 70% Plan		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$160.06	\$73.87
Employee & Spouse	\$351.23	\$162.11
Employee & Child(ren)	\$307.87	\$142.09
Family	\$446.75	\$206.19

Cigna Dental Plans

Cigna Dental HMO		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$7.36	\$3.40
Employee & Spouse	\$15.51	\$7.16
Employee & Child(ren)	\$15.87	\$7.32
Family	\$22.71	\$10.48

Cigna Dental PPO		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$31.90	\$14.72
Employee & Spouse	\$62.73	\$28.95
Employee & Child(ren)	\$53.80	\$24.83
Family	\$86.91	\$40.11

Vision Plan

UnitedHealthcare Vision Plan		
Tier Level Coverage	Monthly Pay Period Rate	Bi-weekly Pay Period Rate
	Employee Contributions	Employee Contributions
Employee	\$6.40	\$2.95
Employee & Spouse	\$12.20	\$5.63
Employee & Child(ren)	\$12.75	\$5.88
Family	\$19.70	\$9.09



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Every effort has been made to ensure that the information in this document is accurate as of the date of publication; however, the provisions of the actual contracts for each plan and/or TCU established rate tables will govern in the event of any discrepancy. Copies of the Employee Benefit Guides, plan descriptions and other plan materials are available from Human Resources, through CARES or from the insurance carriers upon request.