

2026 TDA BlueCross BlueShield Monthly Rate Sheet

Health Plan Option 1			
\$8,500 deductible and out-of-pocket max. \$0 copay for virtual care. HSA-qualified plan. <i>Each employee enrolled as the primary subscriber in the health plan receives \$15,000 in life insurance for \$3/month; benefit cannot be waived.</i>			
Individual	Employee + Spouse	Employee + Child(ren)	Family
\$452.07	\$948.65	\$826.77	\$1,370.75

Health Plan Option 2			
\$5,500 deductible and \$6,550 out-of-pocket max. \$0 copay for virtual care. HSA-qualified plan. <i>Each employee enrolled as the primary subscriber in the health plan receives \$15,000 in life insurance for \$3/month; benefit cannot be waived.</i>			
Individual	Employee + Spouse	Employee + Child(ren)	Family
\$510.73	\$1,071.84	\$934.11	\$1,548.78

Health Plan Option 3			
\$7,350 deductible and \$7,900 out-of-pocket max. \$0 copay for virtual care. Prescription copays of \$10/\$20/\$55/\$95. <i>Each employee enrolled as the primary subscriber in the health plan receives \$15,000 in life insurance for \$3/month; benefit cannot be waived.</i>			
Individual	Employee + Spouse	Employee + Child(ren)	Family
\$462.46	\$970.48	\$845.78	\$1,402.29

Health Plan Option 4			
\$5,000 deductible and \$7,350 out-of-pocket max. \$55 office visit copay for primary care, \$100 for specialists and urgent care, and \$0 for virtual care. Prescription copays of \$10/\$20/\$55/\$95. <i>Each employee enrolled as the primary subscriber in the health plan receives \$15,000 in life insurance for \$3/month; benefit cannot be waived.</i>			
Individual	Employee + Spouse	Employee + Child(ren)	Family
\$479.84	\$1,006.97	\$877.59	\$1,455.03

Stand-Alone Vision Plan			
Available to employees and their eligible dependents, even if they're not enrolled in the health plan.			
Individual	Employee + Spouse	Employee + Child(ren)	Family
\$6.42	\$12.84	\$13.48	\$21.19

Stand-Alone Voluntary Group Term Life and AD&D Plan by Companion Life							
Available to employees and their eligible dependents, even if they're not enrolled in the health plan. Rates shown are monthly premiums per \$1,000 of coverage.							
Age	Rate	Age	Rate	Age	Rate	Age	Rate
15 - 29	\$0.12	40 - 44	\$0.20	55 - 59	\$0.82	70+	\$4.44
30 - 34	\$0.13	45 - 49	\$0.32	60 - 64	\$1.55	Dependent child monthly rate is \$0.25 per \$1,000.	
35 - 39	\$0.15	50 - 54	\$0.56	65 - 69	\$2.42		

The deductible and out-of-pocket maximums listed in this document apply to individual coverage when services are received from in-network providers. This summary outlines the 2026 benefit offerings, while the Evidence of Coverage (EOC) provides the full terms, conditions, limitations, and exclusions. In the event of any questions or discrepancies, the EOC will serve as the governing document.