

HEALTH INSURANCE-STATE OF TENNESSEE-LOCAL EDUCATION PLAN  
PRICES ARE PER MONTH (Effective 01/01/2024--12/31/2024)

<b>Premier PPO</b>	<b>Employee</b>	JMCSS	Total
Cigna Local Plus/BCBS Newtork S Individual	\$219.00	\$494.00	\$713.00
Cigna Open Access/BCBS Network P Individual	\$284.00	\$504.00	\$788.00
Cigna Local Plus/BCBS Network S Emp + Child	\$517.00	\$658.00	\$1,175.00
Cigna Open Access/BCBS Network P Emp +Child	\$582.00	\$678.00	\$1,260.00
Cigna Local Plus BCBS Network S Emp + Spouse	\$611.00	\$993.00	\$1,604.00
Cigna Open Access/BCBS Network P Emp + Spouse	\$741.00	\$1,013.00	\$1,754.00
Cigna Local Plus/BCBS Network S Emp + Sp + Child	\$815.00	\$1,037.00	\$1,852.00
Cigna Open Access/BCBS Network P Emp +Sp + Child	\$945.00	\$1,057.00	\$2,002.00
<b>Standard PPO</b>	<b>Employee</b>	JMCSS	Total
Cigna Local Plus/BCBS Newtork S Individual	\$176.00	\$486.00	\$662.00
Cigna Open Access/BCBS Network P Individual	\$241.00	\$496.00	\$737.00
Cigna Local Plus/BCBS Network S Emp + Child	\$436.00	\$656.00	\$1,092.00
Cigna Open Access/BCBS Network P Emp +Child	\$501.00	\$676.00	\$1,177.00
Cigna Local Plus/BCBS Network S Emp +Spouse	\$516.00	\$974.00	\$1,490.00
Cigna Open Access/BCBS Network P Emp + Spouse	\$646.00	\$994.00	\$1,640.00
Cigna Local Plus/BCBS Network S Emp +Sp + Child	\$687.00	\$1,034.00	\$1,721.00
Cigna Open Access/BCBS Network P Emp+ Sp + Child	\$817.00	\$1,054.00	\$1,871.00
<b>Limited PPO</b>	<b>Employee</b>	JMCSS	Total
Cigna Local Plus/BCBS Newtork S Individual	\$134.00	\$491.00	\$625.00
Cigna Open Access/BCBS Network P Individual	\$199.00	\$501.00	\$700.00
Cigna Local Plus/BCBS Network S Emp + Child	\$354.00	\$677.00	\$1,031.00
Cigna Open Access/BCBS Network P Emp +Child	\$419.00	\$697.00	\$1,116.00
Cigna Local Plus/BCBS Network S Emp +Spouse	\$419.00	\$988.00	\$1,407.00
Cigna Open Access/BCBS Network P Emp + Spouse	\$549.00	\$1,008.00	\$1,557.00
Cigna Local Plus/BCBS Network S Emp +Sp + Child	\$558.00	\$1,067.00	\$1,625.00
Cigna Open Access/BCBS Network P Emp+ Sp + Child	\$688.00	\$1,087.00	\$1,775.00

<b>Healthsavings CDHP</b>	<b>Employee</b>	<b>JMCSS</b>	<b>Total</b>
Cigna Local Plus/BCBS Newtork S Individual	\$91.00	\$455.00	\$546.00
Cigna Open Access/BCBS Network P Individual	\$156.00	\$465.00	\$621.00
Cigna Local Plus/BCBS Network S Emp + Child	\$263.00	\$637.00	\$900.00
Cigna Open Access/BCBS Network P Emp +Child	\$328.00	\$657.00	\$985.00
Cigna Local Plus BCBS Network S Emp + Spouse	\$311.00	\$917.00	\$1,228.00
Cigna Open Access/BCBS Network P Emp + Spouse	\$441.00	\$937.00	\$1,378.00
Cigna Local Plus/BCBS Network S Emp + Sp + Child	\$414.00	\$1,005.00	\$1,419.00
Cigna Open Access/BCBS Network P Emp +Sp + Child	\$544.00	\$1,025.00	\$1,569.00

### **LIFE INSURANCE-USable**

The employee is automatically covered one times their salary for Basic Life and Accidental Death and Dismemberment, and the premium is paid by JMCSS. The employee also has the option to elect additional Voluntary Group Life Insurance on themselves, their spouse, and their children. The premiums for the Voluntary Group Life Insurance is age banded and the premiums will increase as the employee ages. If the employee does elect additional Voluntary Group Life, they must elect insurance on themselves and the employee must have double the insurance amount as to what they take out on their spouse. Dependent Life Insurance can be taken out on your spouse and/or your child(ren) under the age of 23. The cost for dependent life is \$1.85 per month and your spouse is covered for \$5,000.00 , child(ren) 14 days to 6 months are covered for \$500.00 and child(ren) 6 months to 23 years are covered for \$2,000.00.

### **DENTAL INSURANCE-** Blue Cross Blue Shield Preferred Dental Network

The dental insurance is not administered through the State Of Tennessee

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#### **Dental Low**

Individual pays	\$8.43	JMCSS pays	\$11.64	Total	\$20.07
Family pays	\$21.80	JMCSS pays	\$30.10	Total	\$51.90

#### **Dental High**

Individual pays	\$14.73	JMCSS pays	\$11.64	Total	\$26.37
Family pays	\$49.03	JMCSS pays	\$30.10	Total	\$79.13

### **VISION INSURANCE-** Blue Cross Blue Shield- Vision Blue (EyeMed)

The employee pays the total monthly premium. The school system is not responsible for any of this premium.

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Individual pays	\$6.67
Employee + Spouse pays	\$12.00
Employee +Child(ren) pays	\$12.60
Family pays	\$20.15

\*An employee of the Jackson-Madison County School System has 30 days from their full time date of hire to enroll in any of the insurance plans.