

Mahomet-Seymour CUSD #3

Employee Benefits

2026 Plan Year

01/01/2026 – 12/31/2026

We are excited to offer three different health plans to our employees for the 2026 plan year! Employees may choose **ONE** of the insurance options (health, dental, or vision) below to apply the current \$990.00/month board paid fringe benefit. You may also enroll in any of the other plans and have the premiums payroll deducted.

2026 Health Insurance Options

OPTION #1	Highlights: *Single/Family Deductible - \$0 (paid for by district through HRA) *Any deductible related expenses will be reimbursed directly to you through the HRA *Out of pocket max - \$2000/\$4000 (remainder paid for by district through deductible) *This is the same plan that we offered last year, with the same benefits			
BCBS PPO w/\$0 Deductible and HRA				
Coverage Type:	Monthly Premium	Board Paid Portion	Employee Portion	Employee Per Pay
Employee Only	\$ 1,033.90	\$ 990.00	\$ 43.90	\$ 21.95
Employee + One	\$ 1,716.80	\$ 990.00	\$ 726.80	\$ 363.40
Employee + Two (or more)	\$ 2,385.72	\$ 990.00	\$ 1,395.72	\$ 697.86

OPTION #2	Highlights: *Single/Family deductible - \$1,250 / \$3,750 *Similar rates to current year *Select network - excludes Springfield Clinic			
BCBS PPO Select Network Deductible \$1250/\$3750				
Coverage Type:	Monthly Premium	Board Paid Portion	Employee Portion	Employee Per Pay
Employee Only	\$ 854.96	\$ 990.00	\$ -	\$ -
Employee + One	\$ 1,420.10	\$ 990.00	\$ 430.10	\$ 215.05
Employee + Two (or more)	\$ 1,973.26	\$ 990.00	\$ 983.26	\$ 491.63

OPTION #3	Highlights: *Single/Family deductible - \$3,500 / \$7,000 *Most affordable plan *Select network - excludes Springfield Clinic *Can be paired with a Health Savings Account (HSA) - district will contribute \$250 / quarter			
BCBS PPO Select Network HDHP \$3500/\$7500 with HSA option				
Coverage Type:	Monthly Premium	Board Paid Portion	Employee Portion	Employee Per Pay
Employee Only	\$ 655.70	\$ 990.00	\$ -	\$ -
Employee + One	\$ 1,089.12	\$ 990.00	\$ 99.12	\$ 49.56
Employee + Two (or more)	\$ 1,513.36	\$ 990.00	\$ 523.36	\$ 261.68

Dental Insurance - MetLife <i>Same plan as 2025</i>	Highlights: *Single/Family Deductible - \$50 / \$150 *Annual Plan Maximum - \$1,250	
Coverage Type:	Monthly Premium	Employee Per Pay
Employee Only	\$38.50	\$19.25
Employee + Spouse	\$77.00	\$38.50
Employee + Child/ren	\$89.52	\$44.76
Family	\$133.32	\$66.66

Vision Insurance - MetLife VSP <i>Same plan as 2025</i>	Highlights: *Routine Exam - \$10 Copay *All Lenses - \$25 Copay *Frames and Contacts - \$135 Allowance (Copay may apply)	
Coverage Type:	Monthly Premium	Employee Per Pay
Employee Only	\$5.24	\$2.62
Employee + Spouse	\$9.96	\$4.98
Employee + Child/ren	\$10.48	\$5.24
Family	\$15.42	\$7.71

American Fidelity <i>You must speak with our American Fidelity Representative to sign up for any of these additional coverages. Rates vary.</i>	Supplemental coverages available, including: <ul style="list-style-type: none"> • Life Insurance • Disability • Accident • Cancer • Hospital Indemnity • Critical Illness • Healthcare Flexible Spending Accounts • Dependent Care Reimbursement Accounts 	
Retirement	IMRF - Illinois Municipal Retirement Fund (non-certified employees) *Automatic enrollment if you are expected to work over 600 hours per year *4.5% will be deducted from employee pay *Additional voluntary contribution plan is available TRS - Teacher's Retirement of Illinois (certified employees) *Automatic enrollment *New to TRS - automatic enrollment into Supplemental Savings Program, opt-out is available 403(b) Plan options are available *Employee contributions only, no match *Must be set up through American Fidelity, or another outside investment broker (options available upon request)	
Paid Time Off	Full-time employees may also be eligible to receive personal, sick, and/or vacation time upon hire. The amount of paid time off allocated varies depending on position and schedule worked. Please contact HR to see what is available to you.	