

Pontiac School District MESSA Pak Summary Paraprofessional 2016/17

PAK A

MESSA Choices

\$500 Single/\$1,000 Family In-network deductible:-
\$1,000 Single/\$2,000 Family Out-of-network deductible
\$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay
MESSA Saver RX

Delta Dental	Class 1: Diagnostic & Preventive 80%	Class 2: Basic Services 80%
	Class 3: Major Services 80%	Class 4: Orthodontics 80%
	Class 1, 2, & 3 annual max is \$2,500	Class 4 lifetime max is \$2,000

VSP 2 \$6.50- Exam deductible; Contact allowance \$90: Frame allowance \$65
Frame and Lenses- \$18 deductible

Long Term 60%: \$850 monthly benefit
Disability Waiting period: 90 calendar year straight wait
Mental/Nervous, Alcohol/Drug Two year limitations

Life \$20,000 with AD&D

Basic Term Life \$5000 basic term life with medical

PAK B

Delta Dental

For employee not electing Medical

Class 1: Diagnostic & Preventive 100%	Class 2: Basic Services 90%
Class 3: Major Services 90%	Class 4: Orthodontics 90%
Class 1, 2, & 3 annual max is \$2000	Class 4 lifetime max is \$2500

VSP 3 Contact allowance \$115:Frame allowance \$65:Lenses covered

Long Term 60%: \$850 monthly benefit
Disability Waiting period: 90 calendar year straight wait
Mental/Nervous, Alcohol/Drug Two year limitations

Life \$40,000 with AD&D

PAK C

MESSA ABC-1

\$1,300 Single/\$2,600 Family In-network deductible:
\$2,500 Single/\$5,000 Family Out-of-network deductible
MESSA ABC RX Plan
Health Savings Account with Health Equity

Delta Dental	Class 1: Diagnostic & Preventive 80%	Class 2: Basic Services 80%
	Class 3: Major Services 80%	Class 4: Orthodontics 80%
	Class 1, 2, & 3 annual max is \$2,500	Class 4 lifetime max is \$2,000

VSP 2 \$6.50- Exam deductible; Contact allowance \$90: Frame allowance \$65
Frame and Lenses- \$18 deductible

Long Term 60%: \$850 monthly benefit
Disability Waiting period: 90 calendar year straight wait
Mental/Nervous, Alcohol/Drug Two year limitations

Life \$20,000 with AD&D

Basic Term Life \$5000 basic term life with medical

PAK D**MESSA Choices**

\$1,000 Single/\$2,000 Family In-network deductible:-
 10% Co-Insurance with \$2,000/\$4,000 max
 \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay
 MESSA Saver RX

Delta Dental

Class 1: Diagnostic & Preventive 80% Class 2: Basic Services 80%
 Class 3: Major Services 80% Class 4: Orthodontics 80%
 Class 1, 2, & 3 annual max is \$2,500 Class 4 lifetime max is \$2,000

VSP 2

\$6.50- Exam deductible; Contact allowance \$90: Frame allowance \$65
 Frame and Lenses- \$18 deductible

Long Term
 Disability

60%: \$850 monthly benefit
 Waiting period: 90 calendar year straight wait
 Mental/Nervous, Alcohol/Drug Two year limitations

Life

\$20,000 with AD&D

Basic Term Life \$5000 basic term life with medical

Full Summary Descriptions for the above plans can be found at:

<http://www.pontiac.k12.mi.us/Page/225>

MESSA Choices/Pak A	22 Pays
Single	\$106.79
2-Person	\$284.58
Family	\$319.31
MESSA ABC-1/Pak C	22-Pays
Single	\$ 68.19
2-Person	\$197.73
Family	\$211.24
MESSA Choices/Pak D	
Single	\$ 58.16
2-Person	\$175.15
Family	\$183.13