

**Pontiac School District  
MESSA Summary  
TEACHERS/PEA (16/17)**

**MESSA Choices PAK A**      \$500 Single/\$1,000 Family In-network deductible:\$1000 Single/2000 Family Out-of-network  
\$25 Office Visit copay, \$10 Urgent Care copay, \$25 ER copay  
MESSA Saver RX

**Delta Dental**      **Class 1: Diagnostic & Preventive 100%**      **Class 2: Basic Services 80%**  
**Class 3: Major Services 80%**      **Class 4: Orthodontics 80%**  
**Class 1, 2, & 3 annual max is \$1,200**      **Class 4 lifetime max is \$1,200**

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

**Long Term Disability**      70%:\$5,000 monthly benefit  
Waiting period: 90 calendar day straight wait.

**Life**      \$40,000 with AD&D + \$5,000 basic term life

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**MESSA ABC Plan 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 100%**      **Class 2: Basic Services 80%**  
**Class 3: Major Services 80%**      **Class 4: Orthodontics 80%**  
**Class 1, 2, &3 annual max is \$1,200**      **Class 4 lifetime max is \$1,200**

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

**Long Term Disability**      70%:\$5,000 monthly benefit  
Waiting period: 90 calendar day straight wait  
Mental/Nervous, Alcohol/Drug Two year limitations

**Life**      \$40,000 with AD&D + \$5,000 basic term life

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**MESSA ABC Plan 2**      \$2,000 Single/\$4,000 Family In-network deductible:  
\$4,000 Single/\$8,000 Family Out-of-network deductible  
MESSA ABC RX Plan  
Health Savings Account with Health Equity

**Delta Dental**      **Class 1: Diagnostic & Preventive 100%**      **Class 2: Basic Services 80%**  
**Class 3: Major Services 80%**      **Class 4: Orthodontics 80%**  
**Class 1, 2, &3 annual max is \$1,200**      **Class 4 lifetime max is \$1,200**

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

**Long Term Disability**      70%:\$5,000 monthly benefit  
Waiting period: 90 calendar day straight wait  
Mental/Nervous, Alcohol/Drug Two year limitations

**Life**      \$40,000 with AD&D + \$5,000 basic term life

**PAK B****Dental, Vision, Life, and LTD ONLY****Delta Dental**

**Class 1: Diagnostic & Preventive 100%**  
**Class 3: Major Services 90%**  
**Class 1, 2, &3 annual max is \$1,500**

**Class 2: Basic Services 90%**  
**Class 4: Orthodontics 90%**  
**Class 4 lifetime max is \$1,500**

**VSP 3****Contact allowance \$115: Frame allowance \$65: Lenses covered****Long Term Disability**

**70%:\$5,000 monthly benefit**  
**Waiting period: 90 calendar year straight wait**  
**Mental/Nervous, Alcohol/Drug Two year limitations**

**Life****\$50,000 with AD&D****Opt Out****\$150.00 per month deposited into a TSA/403(b) Account**

**\*\*Detailed benefit plan descriptions can be found at: <http://www.pontiac.k12.mi.us//site/Default.aspx?PageID=234>**

**Employee Contributions**

|                   |                     |
|-------------------|---------------------|
| MESSA Choices     | 22 Pays             |
|                   | Beginning Sept 2016 |
| Single            | \$138.51            |
| 2-Person          | \$443.73            |
| Family            | \$503.74            |
|                   |                     |
| MESSA ABC Plan-1  | 22 Pays             |
| Single            | \$99.93             |
| 2-Person          | \$356.88            |
| Family            | \$395.67            |
|                   |                     |
| MESSA ABC Plan -2 | 22 Pays             |
| Single            | \$77.65             |
| 2-Person          | \$306.75            |
| Family            | \$333.28            |