

**Pontiac School District
MESSA Pak Summary
Grant Funded – Special Programs
2017/18**

PAK A

MESSA Choices	\$500 Single/\$1,000 Family In-network deductible; 0% co-insurance \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay 3-tier Mandatory Mail	
Delta Dental	Class 1: Diagnostic & Preventive 80% Class 3: Major Services 80% Class 1, 2, & 3 annual max is \$2,500	Class 2: Basic Services 80% Class 4: Orthodontics 80% 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	\$5,000 basic term life with medical	

PAK B

Delta Dental	For employee not electing Medical Class 1: Diagnostic & Preventive 100% Class 3: Major Services 90% Class 1, 2, & 3 annual max is \$2,000	
		Class 2: Basic Services 90% Class 4: Orthodontics 90% Class 4 lifetime max is \$2,500
VSP 3	Contact allowance \$115: Frame allowance \$65:Lenses covered	
Long Term Disability	60%: \$850 monthly benefit Waiting period: 90 calendar year straight wait Mental/Nervous, Alcohol/Drug Two year limitations	
Life	\$40,000 with AD&D	

PAK C

MESSA ABC	\$1,300 Single/\$2,600; 0% co-insurance	
Plan 1	MESSA ABC RX Plan with Mandatory Mail Health Savings Account with Health Equity	
Delta Dental	Class 1: Diagnostic & Preventive 80% Class 3: Major Services 80% Class 1, 2, & 3 annual max is \$2,500	Class 2: Basic Services 80% Class 4: Orthodontics 80% 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	\$5.000 basic term life with medical	

Pak D

MESSA Choices	\$1,000 Single/\$2,000 Family In-network deductible; 10% co-insurance \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay 3-tier Mandatory Mail	
Delta Dental	Class 1: Diagnostic & Preventive 80% Class 3: Major Services 80% Class 1, 2, & 3 annual max is \$2,500	Class 2: Basic Services 80% Class 4: Orthodontics 80% 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	\$5,000 basic term life with medical	

Opt out

\$140.00 per month opt-out (into a TSA/403(b) plan)

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

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

MESSA Choices/Pak A	21-Pays
Single	\$117.78
2-Person	\$641.59
Family	\$872.06
MESSA ABC-1/Pak C	21-Pays
Single	\$ 89.54
2-Person	\$578.06
Family	\$793.01
MESSA Choices/Pak D	21-Pays
Single	\$ 61.92
2-Person	\$515.92
Family	\$715.68