

**Pontiac School District  
Benefits Summary  
TEACHERS/PEA (2017/18)**

**MESSA Choices  
PAK A**      **\$500 Single/\$1,000 In-network deductible 0% Co-insurance  
\$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay  
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**

---

**MESSA ABC 1  
PAK C**      **\$1,300 Single/\$2,600 In-network deductible: 0% Co-insurance  
ABC RX Plan  
Health Savings Account with Health Equity available**

**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**

---

**MESSA ABC 2  
PAK D**      **\$2,000 Single/\$4,000 20% Co-insurance  
MESSA ABC RX Plan  
Health Savings Account with Health Equity available**

**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**

**MESSA Choices PAK E**      **\$1,000 Single/\$2,000 In-network deductible 20% Co-insurance**  
**\$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay**  
**3 tier with mandatory mail-in**

**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**

**OPT OUT-1**      ***Dental, Vision, Life, and LTD ONLY***

**PAK B**

**Delta Dental**      **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 \$1,500**      **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 day straight wait**  
**Mental/Nervous, Alcohol/Drug Two year limitations**

**Life**      **\$50,000 with AD&D**

**Opt Out-2**      **\$140.00 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>**

<b>MESSA Choices (A)</b>	22 Pays	<b>MESSA ABC Plan -2 (D)</b>	22 Pays
Single	\$175.60	Single	\$75.86
2-Person	\$527.12	2-Person	\$302.71
Family	\$607.52	Family	\$328.25
<b>MESSA ABC Plan-1 (C)</b>	22 Pays	<b>MESSA Choices (E)</b>	22 Pays
Single	\$130.24	Single	\$ 89.53
2-Person	\$425.08	2-Person	\$333.46
Family	\$480.53	Family	\$366.52