

**Pontiac School District  
Benefits Summary  
TEACHERS/PEA 2019**

**MESSA ABC 1\*  
PAK C**      **\$1,350 Single/\$2,700 In-network deductible: 0% Co-insurance  
ABC RX Plan  
Health Savings Account with Health Equity available**

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

**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**

**MESSA Essentials\*  
PAK F**      **\$375 Single/\$550 In-network deductible 20% Co-insurance  
\$25 Office Visit copay, \$50 Urgent Care copay, \$200 ER copay  
EbM RX**

**\*Pak C, D, E, F include the following:**

**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 (Vision)**      **\$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 Insurance**      **\$40,000 with AD&D + \$5,000 basic term life**

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**1. OPT OUT-A.      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**

**2. Opt Out-B.      \$140.00 per month deposited into a TSA/403(b) Account, Life and LTD (see above)**

## 2019 Medical Plan Cost (26 pays)

### Option 2 Medical Plan Costs:

<b>MESSA ABC Plan-1 (C)</b>	<b>26 Pays</b>		<b>MESSA ABC Plan -2 (D)</b>	<b>26 Pays</b>
Single	\$ 163.48		Single	\$ 117.88
2-Person	\$ 443.88		2-Person	\$ 341.29
Family	\$ 502.64		Family	\$ 374.98
<b>MESSA Choices (E)</b>	<b>26 Pays</b>		<b>MESSA Essentials (F)</b>	<b>26 Pays</b>
Single	\$ 129.34		Single	\$ 84.92
2-Person	\$ 367.07		2-Person	\$ 267.14
Family	\$ 407.05		Family	\$ 282.70

For questions or to set up an enrollment meeting, contact Michael Emerson, [michael.emerson@pontiacschools.org](mailto:michael.emerson@pontiacschools.org) or 248-451-6809

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