

Pontiac School District MESSA Pak Summary Paraprofessional 2017/18

PAK A

MESSA Choices

\$500 Single/\$1,000 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 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 day 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

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 \$2,000	Class 4 lifetime max is \$2,500

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

Long Term 60%: \$850 monthly benefit
Disability Waiting period: 90 calendar day 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 0% Co-insurance
ABC RX Plan with Mandatory Mail
Health Savings Account with Health Equity available

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 day 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-2 \$1,000 Single/\$2,000 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 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 day 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	21 Pays
Single	\$116.92
2-Person	\$311.01
Family	\$349.34
MESSA ABC-1/Pak C	
Single	\$ 88.68
2-Person	\$247.48
Family	\$270.28
MESSA Choices/Pak D	
Single	\$ 61.07
2-Person	\$185.35
Family	\$192.96