

**Pontiac School District
MESSA Pak Summary
SECRETARIES/PESA 2019**

PAK A

MESSA Choices	\$500/\$1,000 In-network deductible: 0% Co-insurance \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay 3 Tier Mail	
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%: \$1,500 monthly benefit Waiting period: 180 calendar year straight wait Mental/Nervous, Alcohol/Drug Two year limitation	
Life	\$50,000 with AD&D	
Basic Term Life	\$5,000 basic term life with medical	

PAK B

Delta Dental	*NOTE: THIS PLAN DOES NOT OFFER MEDICAL COVERAGE 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%: \$1,500 monthly benefit Waiting period: 180 calendar day straight wait Mental/Nervous, Alcohol/Drug Two year limitations		
Life	\$50,000 with AD&D		
Compensation	\$125 per month for a tax shelter annuity (set up by EMPLOYEE)		

PAK C

MESSA ABC-1	\$1,350/\$2,700 In-network deductible 0% Co-insurance ABC RX Plan Health Savings Account with Health Equity		
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%: \$1,500 monthly benefit Waiting period: 180 calendar day straight wait Mental/Nervous, Alcohol/Drug Two year limitations		
Life	\$50,000 with AD&D		
Basic Term Life	\$5,000 basic term life with medical		

PAK D

MESSA Choices \$1,000/\$2,000 In-network deductible 10% co-insurance
 \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay
 3 Tier Mail

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%: \$1,500 monthly benefit**
Waiting period: 180 calendar day straight wait
Mental/Nervous, Alcohol/Drug Two year limitations

Life **\$50,000 with AD&D**

Basic Term Life **\$5,000 basic term life with medical**

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

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

Employee Contributions

MESSA Choices/Pak A	26 Pays	21 Pays
	Jan-Dec	Jan-Dec (21)
Single	\$ 78.91	\$ 97.69
2-Person	\$217.47	\$269.25
Family	\$238.38	\$295.14
MESSA ABC-1/Pak C		
Single	\$ 56.31	\$ 69.72
2-Person	\$166.34	\$206.32
Family	\$175.13	\$216.82
MESSA Choices/Pak D		
	\$ 34.22	\$ 42.36
	\$116.92	\$144.76
	\$113.25	\$140.22