



**BENTON HARBOR AREA SCHOOLS
BENEFIT PLANS – PARAPROFESSIONALS**

January - December 2022

Per Bargaining Agreement, the District contributes the single hard cap \$568.24 towards insurance

HEALTH: MESSA - CHOICES A: IN-NETWORK CO-INSURANCE 0%

- In-Network Deductible: \$500 single/\$1,000 family
- In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER
- In-Network Out-of-Pocket Cap: \$1,500 single/\$3,000 family
- Out-of-Network Deductible: \$1,000 single/\$2,000 family
- Out-of-Network Coinsurance: 20% of approved amount after deductible is met
- Out-of-Network Out-of-pocket Cap: Medical-\$3,000 single/\$6,000 family
- Basic term life with medical: \$5,000
- Prescription Coverage: MESSA 3-Tier Rx with Mandatory Mail

Employee's Cost (per pay period x 18 pays):	\$160.95 one person
	\$850.06 two person
	\$1,153.26 family

MESSA - ABC PLAN: HEALTH EQUITY HSA ACCOUNT WITH HEALTH EQUITY

- In-Network Deductible: \$1,400 single/\$2,800 family
- In-Network Out-of-Pocket Cap: \$2,400 single/\$4,800 family
- Out-of-Network Deductible: \$2,800 single/\$5,600 family
- Out-of-Network Coinsurance: 20% of approved amount after deductible
- Out-of-Network total Out-of-Pocket cap: \$4,800 single/\$9,600 family
- Prescription Coverage: MESSA ABC Rx Mandatory Mail
- Excludes Elective Abortion

Employee's Cost (per pay period x 18 pays):	\$123.81 one person
	\$766.50 two person
	\$1,049.24 family

MESSA - ESSENTIALS

- In-Network Deductible: \$375 single/\$750 Family
- In-Network Copay: \$25 Office visit/\$50 Urgent Care/\$200 ER
- Coinsurance 20%
- Out-of-Pocket Cap: \$8,150 single/\$16,300 family
- Prescription Coverage: Essentials by MESSA
- Basic term life with medical: \$5,000

Employee's Cost (per pay period x 18 pays): \$1.07 one person \$490.31 two person \$705.59 family

LONG TERM DISABILITY AND LIFE INSURANCE:

Guardian Life: \$10,000 Life Coverage - LTD 60%

Employee's Cost: \$0.00

DENTAL:

ASR DENTAL: Coverage as outlined in summary of benefits

Employee's Cost (per pay period x 18 pays): \$2.30 one person \$3.32 two person \$4.62 family

VISION:

Guardian Life: Exams, frames and lenses or contacts every 12 months

Employee's Cost: \$0.00

CASH in LIEU: (waive health coverage - must provide proof of other insurance)

\$150 per month