

**2020 Benefit Summary  
Maintenance and Mechanics**

Description/ Vendor	Basic Plan	Contact	Monthly Employer Share of Premiums*	Monthly Employee Share of Premiums*
Medical-MESSA / CHOICES \$500/\$1,000	\$500/\$1,000 in-network deductible, \$20 OV, \$25 Urgent, \$50 ER, Save Rx.	800-292-4910 www.messa.org	S:\$ 568.23 2P:\$1,188.36 FF:\$1,549.74	S:\$ 100.15 2P:\$ 313.63 FF:\$ 317.02
Medical-MESSA ABC Plan 1	\$1,400/\$2,800 in-network deductible.	800-292-4910 www.messa.org	S:\$ 568.23 2P:\$1,188.36 FF:\$1,549.74	S:\$ 28.66 2P:\$ 152.79 FF:\$ 118.87
Medical-MESSA ABC Plan 1 With Co-Insurance	\$1,400/\$2,800 in-network deductible <u>with 10% Co-Insurance</u>		S:\$ 555.82 2P:\$1,188.36 FF:\$1,549.74	S:\$ 00.00 2P:\$ 60.37 FF:\$ 3.85
Medical MESSA ABC Plan 2 With Co-Insurance	\$2,000/\$4,000 in-network deductible <u>with 10% Co-Insurance and 3 Tier RX Prescrip- tion coverage.</u>		S:\$ 498.70 2P:\$1,120.21 FF:\$1,393.66	S:\$ 00.00 2P:\$ 00.00 FF:\$ 00.00
Health Savings Ac- count	Maximum contribution: \$3,550 for Single / \$7,100 for Family Coverage. <b>Annual Election Required.</b>			
Medical-MESSA/ Essentials	\$375/\$750 in-network deductible, \$25 OV, \$50 Specialty OV, \$50 Urgent Care, \$200 ER visit. Out of Pocket Max \$7,900/\$15,800	800-292-4910 www.messa.org	S:\$ 449.21 2P:\$1,008.86 FF:\$1,255.09	S:\$ 00.00 2P:\$ 00.00 FF:\$ 00.00
Dental/ ADN Administrators	<b>Non Coordination Plan</b> —100% for Class I & II, and 80% for III, \$1,000 annual max \$1,500 lifetime orthodontia.  <b>Coordination Plan</b> —50% for Class I, II and III. \$1,000 annual max \$1,500 lifetime ortho- dontia.	888-236-1100 www.adndental.com	S: \$ 42.66 2P: \$ 89.59 FF: \$ 119.46  S: \$ 27.42 2P: \$ 57.57 FF: \$ 76.77	S: \$ 7.53 2P: \$ 15.81 FF: \$ 21.08  S: \$ 4.84 2P: \$ 10.16 FF: \$ 13.55
Vision—N.V.A	Glasses or Contacts 1 x per year; see summary sheets for details.	800-672-7723 www.e-nva.com	S: \$ 3.53 2P: \$ 6.01 FF: \$ 10.90	S: \$ .00 2P: \$ .00 FF: \$ .00
Life Insurance/CIGNA	\$40,000 Life plus AD&D	800-732-1603	100%	0%
<b>Optional Plans</b>				
CILO	Cash in lieu of medical coverage; \$1,800 or \$3,600 annually based on enrollment.			
F.S.A. /Wage Works Plan Year: January 1	Contribute pretax dollars to offset expenses for child care and IRS approved non- reimbursed medical expenses (Choices Plan). <b>Annual Election Required.</b>	877-924-3967 www.wageworks.com	0%	100%
Optional Life	Purchase life insurance for self and/or eligible dependents. Evidence of Insurability may be required.	Benefits Department (248) 449-1415	0%	100%
Optional LTD	Purchase LTD coverage 60% of salary to \$1,000 or 60% of salary to \$2,000 monthly benefit. <i>For \$1,000 coverage: Monthly Cost = Annual Salary divided by \$100 x .25 divided by 12.</i> <i>For \$2,000 coverage: Monthly Cost = Annual Salary divided by \$100 x .35 divided by 12.</i>	Benefits Department (248) 449-1415	0%	100%
Critical Illness	Purchase Critical Illness for self and or eligible dependents.	Benefits Dept. 248-449-1415	0%	100%
Accidental Injury	Purchase Accidental Injury for self and or eligible dependents.	Benefits Dept. 248-449-1415	0%	100%

\*Based on Full Time Employment