

2020 Benefit Summary-Teacher



Description/Vendor	Basic Plan	Contact	Monthly Employer Share of Premiums	Monthly Employee Share
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 Prescription coverage.</u>		S:\$ 498.70 2P:\$1,120.21 FF:\$1,393.66	S:\$ 00.00 2P:\$ 00.00 FF:\$ 00.00
Health Savings Account	Maximum contribution: \$3,550 for Single / \$7,100 for Family Coverage. <i>Annual Election Required.</i>			
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	Non Coordination Plan —100% for Class I & II, and 80% for III, \$1,000 annual max \$1,500 lifetime orthodontia. Coordination Plan —50% for Class I, II and III. \$1,000 annual max \$1,500 lifetime orthodontia.	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 1x 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 /CIGNA	\$40,000 Life plus AD&D	800-732-1603	100%	0%
LTD/CIGNA	120 calendar day waiting period, 60% of salary with some exclusions, to a maximum of \$3,000 monthly benefit.	800-362-4462	100%	0%
Optional Plans				
CILO	Cash in lieu of medical coverage. \$3,600 annually.	Benefits Department 248-449-1415	100%	0%
F.S.A. /Wage Works Plan Year: January 1	Contribute pretax dollars to offset expenses for dependent care and approved medical expenses. <i>Annual Election Required.</i>	877-924-3967 www.wageworks.com	0%	100%
Optional Life/CIGNA	Purchase life insurance for self and/or eligible dependents. Evidence of Insurability may be required.	Benefits Department 248-449-1415	0%	100%
Optional LTD/CIGNA	Purchase additional LTD coverage up to 66 2/3% of salary to a maximum of \$6,000 monthly benefit. <i>Monthly Cost = Annual Salary divided by \$100 x .22 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