

Pontiac School District
MESSA Insurance Options Summary
ADMINISTRATORS/PASA 2021

Medical Plans

MESSA Choices (A)	\$200 Single/\$400 In-network deductible 0% Co-insurance \$5 Office Visit copay, \$10 Urgent Care copay, \$25 ER copay Saver RX
MESSA ABC-1 (C)	\$1,400 Single/\$2,800 In-network deductible: 0% Co-insurance ABC RX Plan Health Savings Account Eligible
MESSA ABC-2 (D)	\$2,000 Single/\$4,000 In-network deductible 0% Co-insurance ABC RX Plan Health Savings Account Eligible
MESSA Essentials (E)	\$375 Single/\$550 In-network deductible; 20% Co-insurance \$25 Office Visit copay, \$50 Urgent Care copay, \$200 ER copay EbM RX

All medical plans include the following:

Delta Dental (July-June)	Class 1: Diagnostic & Preventive 100% Class 3: Major Services 90% Class 1, 2, & 3 annual max is \$1,200	Class 2: Basic Services 90% Class 4: Orthodontics 90% Class 4 lifetime max is \$1,500
VSP Vison (July-June)	VSP-3 Contact allowance \$115: Frame allowance \$65: Lenses covered	
Long Term Disability	60%:\$3,500 monthly benefit Waiting period: 180-calendar day straight wait Mental/Nervous, Alcohol/Drug Two year limitations	
Life Insurance	\$150,000 with AD&D	

Opt Out (A)

NOTE: THIS PLAN DOES NOT INCLUDE MEDICAL COVERAGE

Delta Dental (July-June)	Class 1: Diagnostic & Preventive 100% Class 3: Major Services 90% Class 1, 2, & 3 annual max is \$1,200	Class 2: Basic Services 90% Class 4: Orthodontics 90% Class 4 lifetime max is \$1,500
Vision (July-June)	VSP-3 Contact allowance \$115: Frame allowance \$65: Lenses covered	
Long Term Disability	60%:\$3,500 monthly benefit Waiting period: 180 calendar day straight wait Mental/Nervous, Alcohol/Drug Two year limitations	
Life	\$150,000 with AD&D	

Opt Out (B)

\$160.00 per month deposited into a TSA account. **This option does not include medical, dental, or vision coverage**

2021

Choices (A)	26-pays/yr
Single	\$175.33
2-Person	\$437.49
Family	\$510.63
ABC-1 (C)	
Single	\$ 84.89
2-Person	\$234.21
Family	\$257.55
ABC-2 (D)	
Single	\$ 62.16
2-Person	\$182.85
Family	\$193.75
Essentials (E)	
Single	\$ 0.00
2-Person	\$35.84
Family	\$10.43

Full summary plans for the above benefits can be found at:
<http://www.pontiac.k12.mi.us/Page/225>