

# Pontiac School District MESSA Insurance Options Summary Paraprofessionals and Teacher Assistants 2021

## Medical Plans

MESSA Choices (A)	\$500 Single/\$1,000 In-network deductible: 0% Co-insurance \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay 3 Tier Mandatory Mail
MESSA ABC-1 (C)	\$1,400 Single/\$2,800 0% Co-insurance ABC RX Plan with Mandatory Mail Health Savings Account with Health Savings Account Eligible
MESSA Choices-2 (D)	\$1,000 Single/\$2,000 In-network deductible 10% Co-insurance \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay 3 Tier Mandatory Mail
MESSA Essentials (E)	\$375 Single/\$750 In-network deductible 20% Co-insurance \$25 Office Visit copay, \$50 Urgent Care copay, \$200 ER copay Essentials by MESSA (EbM Rx)

### All medical plans include the following:

Delta Dental (July-June)	Class 1: Diagnostic & Preventive 80% Class 3: Major Services 80% Class 1, 2, & 3 annual max is \$2,500	Class 2: Basic Services 80% Class 4: Orthodontics 80% Class 4 lifetime max is \$2,000
Vision (July-June)	VSP-2 \$6.50- Exam deductible; Contact allowance \$90: Frame allowance \$65 Frame and Lenses- \$18 deductible	
Long Term Disability	60%: \$3,500 max Waiting period: 90-calendar day straight wait Mental/Nervous, Alcohol/Drug Two year limitations	
Life Insurance	\$20,000 with AD&D	

## Opt Out (B)

Delta Dental (July-June)	Class 1: Diagnostic & Preventive 100% Class 3: Major Services 90% Class 1, 2, & 3 annual max is \$2,000	Class 2: Basic Services 90% Class 4: Orthodontics 90% Class 4 lifetime max is \$2,500
Vision (July-June)	VSP-3 Contact allowance \$115: Frame allowance \$65: Lenses covered	
Long Term Disability	60%: \$3,500 max monthly benefit Waiting period: 90-calendar day straight wait Mental/Nervous, Alcohol/Drug Two year limitations	
Life Insurance	\$40,000 with AD&D	

2021

MESSA Choices (A)	21 Pays		MESSA ABC-1 (C)	21 Pays
Single	\$131.25		Single	\$ 99.81
2-Person	\$348.53		2-Person	\$277.79
Family	\$391.88		Family	\$303.85
MESSA Choices-2 (D)			MESSA Essentials (E)	
Single	\$ 69.06		Single	\$ 0.00
2-Person	\$208.60		2-Person	\$ 44.01
Family	\$217.75		Family	\$ 12.92

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