

# Pontiac School District MESSA Insurance Options Summary TEACHERS/PEA 2021

## Medical Plans

MESSA Essentials (A)	\$375 Single/\$550 In-network deductible; 20% Co-insurance \$25 Office Visit copay, \$50 Urgent Care copay, \$200 ER copay EbM 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 20% Co-insurance ABC RX Plan Health Savings Account Eligible
MESSA Choices (E)	\$1,000 Single/\$2,000 In-network deductible 20% Co-insurance \$20 Office Visit copay, \$25 Urgent Care copay, \$50 ER copay 3 tier with mandatory mail-in

## All Medical Plans include the following:

Delta Dental (July-June)	Class 1: Diagnostic & Preventive 100% Class 3: Major Services 80% Class 1, 2, & 3 annual max is \$1,200	Class 2: Basic Services 80% Class 4: Orthodontics 80% Class 4 lifetime max is \$1,200
VSP 2 Vision (July-June)	\$6.50- Exam deductible; Contact allowance \$90: Frame allowance \$65 Frames and Lenses- \$18 deductible	
Long Term Disability	70%: \$5,000 monthly benefit max Waiting period: 90-calendar day straight wait Mental/Nervous, Alcohol/Drug Two-year limitations	
Life Insurance	\$40,000 with AD&D	

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## OPT OUT. (A) Dental, Vision, Life, and LTD ONLY (no medical coverage)

Delta Dental (July-Jan)	Class 1: Diagnostic & Preventive 100% Class 3: Major Services 90% Class 1, 2, & 3 annual max is \$1,500	Class 2: Basic Services 90% Class 4: Orthodontics 90% Class 4 lifetime max is \$1,500
VSP 3 Vision (July-June)	Contact allowance \$115: Frame allowance \$65: Lenses covered	
Long Term Disability	70%: \$5,000 monthly benefit max Waiting period: 90-calendar day straight wait Mental/Nervous, Alcohol/Drug Two-year limitations	
Life Insurance	\$50,000 with AD&D	

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Opt Out-B. \$140.00 per month deposited into a TSA/403(b) Account, Life and LTD (see above)  
**\*\*Note: This plan does not include medical, dental, or vision.**

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## PEA 2021 Medical Plan Cost

### Medical Plan Costs:

<b>MESSA Essentials (A)</b>	26 Pays	22 Pays	<b>MESSA ABC Plan -1 (C)</b>	26 Pays	22 Pays
Single	\$ 77.55	\$91.77	Single	\$165.94	\$196.12
2-Person	\$269.67	\$318.70	2-Person	\$468.37	\$553.49
Family	\$274.37	\$324.25	Family	\$521.58	\$616.42
<b>MESSA ABC-2 (D)</b>	26 Pays	22 Pays	<b>MESSA Choices (E)</b>	26 Pays	22 Pays
Single	\$114.69	\$135.55	Single	\$127.57	\$ 150.77
2-Person	\$353.02	\$417.21	2-Person	\$382.00	\$451.45
Family	\$378.09	\$446.84	Family	\$412.76	\$487.81

For questions or to set up an enrollment meeting, contact Michael Emerson,  
[michael.emerson@pontiacschools.org](mailto:michael.emerson@pontiacschools.org) or 248-451-6809

**\*\*Detailed benefit plan descriptions can be found at:**  
<http://www.pontiac.k12.mi.us/site/Default.aspx?PageID=234>