



BERRIEN
RESA

Benefit Summary

2025-2026 School Year

PROFESSIONALS

HEALTH PLANS		
<p>Plan A Priority Health Self-funded Program</p> <ul style="list-style-type: none"> • \$500/\$1,000 in-network deductible and \$1,000/\$2,000 out-of-network deductible • \$20.00 generic/ \$50.00 brand Prescription Card/\$100 formulary • Emergency Room Co-pay \$150 • Office visit Co-pay \$30 • Chiropractic 25 visits per year • 1 Co-pay mail order (3-month supply) • Flexible Spending Account (FSA) and Childcare Option available thru ASR <p>Employee's Monthly Cost:</p> <p>\$186 one person \$375 two person \$525 family</p>	<p>Plan B Priority Health Self-funded Program</p> <ul style="list-style-type: none"> • \$2,500/\$5,000 in-network deductible and \$5,000/10,000 out-of-network deductible • \$20.00 generic/ \$50.00 brand Prescription Card/\$100 formulary • Emergency Room Co-pay \$150 • Office visit Co-pay \$30 • Chiropractic 25 visits per year • 1 Co-pay mail order (3-month supply) • Flexible Spending Account (FSA) and Childcare Option available thru ASR <p>Employee's Monthly Cost:</p> <p>\$162 one person \$324 two person \$453 family</p>	<p>NO MEDICAL OPTION</p> <p>Cash in Lieu of Medical Benefits</p> <p>\$600 monthly</p>
DENTAL	VISION	LIFE & DISABILITY
<ul style="list-style-type: none"> • 100% Basic/75% Major • \$2,500 Combined Annual Maximum per person on the plan • 60% Orthodontic - \$2,500 Lifetime Maximum (under age 19) <p>Employee's Monthly Cost:</p> <p>\$2.50</p>	<ul style="list-style-type: none"> • 100% coverage up to \$600 in any two calendar years <p>Employee's Monthly Cost:</p> <p>\$1.50</p>	<p>The Board pays for...</p> <p>LIFE INSURANCE (employee only) Accidental Death and Dismemberment - \$50,000</p> <p>LONG TERM DISABILITY 66 2/3% (employee only) three (3) month qualifying period, \$5,000 maximum</p>

DON'T FORGET to activate your EASE Account to manage your benefits. Simply use your Berrien RESA email when prompted by HR.