



BERRIEN
RESA

Benefit Summary

2026-2027 School Year

NON-BARGAINING

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 generic/\$50 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>\$192 one person \$386 two person \$540 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 generic/\$50 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>\$166 one person \$333 two person \$466 family</p>	<p>NO MEDICAL OPTION</p> <p>Cash in Lieu of Medical Benefits</p> <p>\$400 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 and AD&D (employee only) Life & 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 EMPLOYEE NAVIGATOR Account to manage your benefits. Simply use the email by Employee Navigator to register.