



BERRIEN
RESA

Benefit Summary

2026-2027 School Year

PARAPROFESSIONALS

HEALTH PLANS				
Plan A Priority Health Self-funded Program		Plan B Priority Health Self-funded Program		NO MEDICAL OPTION
<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		<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		Cash in Lieu of Medical Benefits \$600 monthly
Employee's Monthly Cost:		Employee's Monthly Cost:		
hired before 7/1/16	hired after 7/1/16	hired before 7/1/16	hired after 7/1/16	
\$192 one person	\$192 one person	\$166 one person	\$166 one person	
\$386 two person	\$1157 two person	\$333 two person	\$1000 two person	
\$540 family	\$1930 family	\$466 family	\$1666 family	
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)		<ul style="list-style-type: none">• 100% coverage up to \$600 in any two calendar years		The Board pays for...
Employee's Monthly Cost:		Employee's Monthly Cost:		LIFE INSURANCE and AD&D (employee only) Life & Accidental Death and Dismemberment - \$50,000
\$2.50		\$1.50		LONG TERM DISABILITY 66 2/3% (employee only) three (3) month qualifying period, \$5,000 maximum

DON'T FORGET to activate your EMPLOYEE NAVIGATOR Account to manage your benefits. Simply use the email by Employee Navigator to register.