BERRIEN RESA

Benefit Summary

2026-2027 School Year

PROFESSIONALS

HEALTH PLANS

Plan A
Priority Health
Self-funded Program

- $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

Employee's Monthly Cost:

$192 one person
$386 two person
$540 family

Plan B
Priority Health
Self-funded Program

- $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

Employee's Monthly Cost:

$166 one person
$333 two person
$466 family

NO MEDICAL OPTION

Cash in Lieu of Medical Benefits

$600 monthly

DENTAL

- 100% Basic/75% Major
- $2,500 Combined Annual Maximum per person on the plan
- 60% Orthodontic - $3,000 Lifetime Maximum (under age 19)

Employee's Monthly Cost:

$2.50

VISION

- 100% coverage up to $700 in any two calendar years

Employee's Monthly Cost:

$1.50

LIFE & DISABILITY

The Board pays for...

LIFE INSURANCE and AD&D (employee only)
Life & Accidental Death and Dismemberment - $50,000

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.