Full-Time Teachers & Ancillary Staff Insurance Options August 1, 2026 - December 31, 2026			
	Option I **MESSA Balance+**	**Option II** **MESSA ABC Plan 1**	**Option III** **MESSA ABC Plan 2**
Monthly Employee Cost	Single: $0.00 2 Person: $55.27 Family: $0.00	Single: $37.20 2 Person: $188.65 Family: $152.20	Single: $16.67 2 Person: $142.53 Family: $94.80
Cash In Lieu	N/A	N/A	N/A
Medical	**Deductible:** Single: $1,700.00 2 Person: $3,400.00 Family: $3,400.00 Office Visit - $25 Copay (deductible does not apply) 20% Co-Insurance once deductible is met. Includes Accident, Hospital & Critical Illness Indemnity Plans	**Deductible:** Single: $1,700.00 2 Person: $3,400.00 Family: $3,400.00 After deductible is met in-network services are covered at 100%	**Deductible:** Single: $2,000.00 2 Person: $4,000.00 Family: $4,000.00 After deductible is met in-network services are covered at 100%
Prescription	**5-Tier Rx** After deductible is met $10 generic, $40 preferred, $80 brand name All other Rx - 20% Co-Insurance up to $300 max	**5-Tier Rx** After deductible is met $10 generic, $40 preferred, $80 brand name All other Rx - 20% Co-Insurance up to $300 max	**3-Tier Rx** After deductible is met $10 Generic Preferred and Brand Name - 20% Co-insurance up to $100 max
Dental	**Delta Dental** Plan year January - December $2500 per person total per Benefit Year · Basic dental services paid at 100% · Major dental services paid at 80% $2,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.	**Delta Dental** Plan year January - December $2500 per person total per Benefit Year · Basic dental services paid at 100% · Major dental services paid at 80% $2,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.	**Delta Dental** Plan year January - December $2500 per person total per Benefit Year · Basic dental services paid at 100% · Major dental services paid at 80% $2,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.
Vision	**Vision Service Plan** Plan year is January - December. Examination - No copayment Lenses - paid 100% Frames - $130 allowance Lens Enhancements - paid 100% of approved amount · Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See VSP's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.	**Vision Service Plan** Plan year is January - December. Examination - No copayment Lenses - paid 100% Frames - $130 allowance Lens Enhancements - paid 100% of approved amount · Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See VSP's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.	**Vision Service Plan** Plan year is January - December. Examination - No copayment Lenses - paid 100% Frames - $130 allowance Lens Enhancements - paid 100% of approved amount · Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See VSP's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.
Life Insurance	$30,000 Life - $30,000 AD&D	$30,000 Life - $30,000 AD&D	$30,000 Life - $30,000 AD&D
Long Term Disability	66.67% of monthly salary to a maximum of $5000 per month	66.67% of monthly salary to a maximum of $5000 per month	66.67% of monthly salary to a maximum of $5000 per month
Footnotes			
	FULL-TIME EMPLOYEE working 30 or more hours per week The above cost is based on the Distrtict paying all ancillary benefit costs, plus the allowed PA152 limit. The employee will pay the remaining balance of the MESSA premium **PA 152 Employer limit monthly amount:** **Single $ 661.84** **2 Person $ 1,384.12** **Family $ 1,805.03**	**FULL-TIME EMPLOYEE** working 30 or more hours per week The above cost is based on the Distrtict paying all ancillary benefit costs, plus the allowed PA152 limit. The employee will pay the remaining balance of the MESSA premium **PA 152 Employer limit monthly amount:** **Single $ 661.84** **2 Person $ 1,384.12** **Family $ 1,805.03**	**FULL-TIME EMPLOYEE** working 30 or more hours per week The above cost is based on the Distrtict paying all ancillary benefit costs, plus the allowed PA152 limit. The employee will pay the remaining balance of the MESSA premium **PA 152 Employer limit monthly amount:** **Single $ 661.84** **2 Person $ 1,384.12** **Family $ 1,805.03**

	Option IV MESSA Choices	Option V Dental, Vision, CILO
Monthly Employee Cost	Single: $68.18 2 Person: $258.43 Family: $239.03	Single: $0.00 2 Person: $0.00 Family: $0.00
Cash In Lieu	N/A	**Full Time -** $250.00 per month
Medical	**Deductible:** Single: $500.00 2 Person: $1,000.00 Family: $1,000.00 Office Visit - $20 Copay Emergency Room - $50 Copay 10% Co-Insurance once deductible is met.	There is no medical coverage with this option
Prescription	**5-Tier Rx** $10 generic, $40 preferred, $80 brand name All other Rx - 20% Co-Insurance up to $300 max	There is no prescription coverage with this option
Dental	**Delta Dental** Plan year January - December $2500 per person total per Benefit Year · Basic dental services paid at 100% · Major dental services paid at 80% $2,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.	**Delta Dental** Plan year January - December $2500 per person total per Benefit Year · Basic dental services paid at 100% · Major dental services paid at 80% $2,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.
Vision	**Vision Service Plan** Plan year is January - December. Examination - No copayment Lenses - paid 100% Frames - $130 allowance Lens Enhancements - paid 100% of approved amount · Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See VSP's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.	**Vision Service Plan** Plan year is January - December. Examination - No copayment Lenses - paid 100% Frames - $130 allowance Lens Enhancements - paid 100% of approved amount · Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See VSP's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.
Life Insurance	$30,000 Life - $30,000 AD&D	$45,000 Life - $45,000 AD&D
Long Term Disability	66.67% of monthly salary to a maximum of $5000 per month	66.67% of monthly salary to a maximum of $5000 per month
Footnotes		
	FULL-TIME EMPLOYEE working 30 or more hours per week The above cost is based on the Distrtict paying all ancillary benefit costs, plus the allowed PA152 limit. The employee will pay the remaining balance of the MESSA premium **PA 152 Employer limit monthly amount:** **Single $ 661.84** **2 Person $ 1,384.12** **Family $ 1,805.03**	**FULL-TIME EMPLOYEE** working 30 or more hours per week