

FULL-TIME TEACHERS INSURANCE OPTIONS OVERVIEW August 1, 2023 - December 31, 2023

	MESSA Choices \$0 Pak A	MESSA ABC - PLAN 1 (HSA Eligible) Pak C	MESSA D/V/L/LTD (Cash-in-Lieu) Pak B
Employee Cost	<u>Your monthly employee cost are:</u> Single: \$ 285.02 2 Person: \$ 690.94 Family: \$ 827.04	<u>Your monthly employee cost are:</u> Single: \$ 68.89 2 Person: \$ 204.66 Family: \$ 221.91	<u>Your monthly employee cost are:</u> Single: \$ 7.26 2 Person: \$ 11.30 Family: \$ 18.44
Cash-In-Lieu Payment	N/A	N/A	Full-time employees receive \$250 monthly cash compensation*. <small>*Must provide proof of medical insurance coverage</small>
Medical	<p><u>MESSA Choices</u> – Group #66578</p> <ul style="list-style-type: none"> • Deductible – None • Office visit - \$5 copayment • Annual Preventive Health Care – 100% • Inpatient Hospital – 100% • Surgical Services – 100% • Hospital ER - \$25 co-payment (waived if admitted or for accidental injury) • Urgent care center - \$10 co-payment (waived if emergency or accidental injury) • Diagnostic Lab & X-Ray – 100% • Basic Term Life - \$5,000 <p>Above benefits relates to In-Network provider charges. Please see benefit summary for out of network provider charges.</p>	<p><u>MESSA ABC</u> – Group #66578</p> <ul style="list-style-type: none"> • Deductible – \$1,500 Single \$3,000 2-Person \$3,000 Family <p>Preventive Care – 100% not subject to deductible</p> <ul style="list-style-type: none"> • Office Visits - subject to deductible • Inpatient Hospital - subject to deductible • Surgical Services - subject to deductible • Emergency Care -subject to deductible • Diagnostic Lab/X-Ray - subject to deductible • Basic Term Life - \$5,000 <p>After deductible above service covered at 100%</p> <p>Above benefits relates to In-Network provider charges. Please see benefit summary for out of network provider charges.</p>	There is no medical coverage with this option
Prescription	<p><u>MESSA Saver Rx</u> Copayments range from \$2 to \$40*</p> <p><small>*Brand name Rx when a generic is available and medically appropriate subject to higher cost.</small></p>	<p><u>MESSA ABC Rx</u> Copayments range from \$2 to \$40*</p> <p><small>*After deductible is met ABC Rx copayment applies. ***You pay full cost until your deductible is fully met.</small></p>	There is no prescription coverage with this option
Dental	<p><u>Delta Dental</u> Group #6178-0010</p> <p>\$2,500 per person total per Benefit Year on services</p> <ul style="list-style-type: none"> • Diagnostic/Preventive/X-ray paid at 100% • Basic dental services paid at 100% • Major dental services paid at 80% <p>\$2,500 per person total per lifetime on orthodontics</p> <ul style="list-style-type: none"> • Orthodontic dental services paid at 80%. <p>Percentages are applied to Delta Dental’s allowance for each service and may vary due to the dentist’s network participation.</p>	<p><u>Delta Dental</u> Group #6178-0010</p> <p>\$2,500 per person total per Benefit Year on services</p> <ul style="list-style-type: none"> • Diagnostic/Preventive/X-ray paid at 100% • Basic dental services paid at 100% • Major dental services paid at 80% <p>\$2,500 per person total per lifetime on orthodontics</p> <ul style="list-style-type: none"> • Orthodontic dental services paid at 80%. <p>Percentages are applied to Delta Dental’s allowance for each service and may vary due to the dentist’s network participation.</p>	<p><u>Delta Dental</u> Group #6178-0011</p> <p>\$2,500 per person total per Benefit Year on services</p> <ul style="list-style-type: none"> • Diagnostic/Preventive/X-ray paid at 100% • Basic dental services paid at 100% • Major dental services paid at 80% <p>\$2,500 per person total per lifetime on orthodontics</p> <ul style="list-style-type: none"> • Orthodontic dental services paid at 80%. <p>Percentages are applied to Delta Dental’s allowance for each service and may vary due to the dentist’s network participation.</p>

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Vision	<p><u>Vision Service Plan VSP3 Plus P 250 CL</u></p> <ul style="list-style-type: none"> • Examination - No copayment • Lenses - paid 100% (Of approved amount after copayment.) • Frames - \$130 allowance • Lens enhancements - paid 100% (Of approved amount after copayment) • Elective contact lenses w/exam - \$250 allowance <p>One exam and one pair of eyeglass lenses <u>or</u> a 12-month supply of prescribed contact lenses once per plan year.</p> <p>The above benefits are based on VSP participating/In-Network providers. For details regarding coverage with non-participating provider, call 800.877.7195)</p>	<p><u>Vision Service Plan VSP3 Plus P 250 CL</u></p> <ul style="list-style-type: none"> • Examination - No copayment • Lenses - paid 100% (Of approved amount after copayment.) • Frames - \$130 allowance • Lens enhancements - paid 100% (Of approved amount after copayment) • Elective contact lenses w/exam - \$250 allowance <p>One exam and one pair of eyeglass lenses <u>or</u> a 12-month supply of prescribed contact lenses once per plan year.</p> <p>The above benefits are based on VSP participating/In-Network providers. For details regarding coverage with non-participating provider, call 800.877.7195)</p>	<p><u>Vision Service Plan VSP3 Plus P 250 CL</u></p> <ul style="list-style-type: none"> • Examination - No copayment • Lenses - paid 100% (Of approved amount after copayment.) • Frames - \$130 allowance • Lens enhancements - paid 100% (Of approved amount after copayment) • Elective contact lenses w/exam - \$250 allowance <p>One exam and one pair of eyeglass lenses <u>or</u> a 12-month supply of prescribed contact lenses once per plan year.</p> <p>The above benefits are based on VSP participating/In-Network providers. For details regarding coverage with non-participating provider, call 800.877.7195)</p>																		
Life Insurance	\$30,000 Life Insurance \$30,000 Accidental Death & Dismemberment	\$30,000 Life Insurance \$30,000 Accidental Death & Dismemberment	\$45,000 Life Insurance \$45,000 Accidental Death & Dismemberment																		
Long Term Disability	66 2/3% of monthly salary, maximum of \$5,000 Max Monthly Salary: \$7,500	66 2/3% of monthly salary, maximum of \$5,000 Max Monthly Salary: \$7,500	66 2/3% of monthly salary, maximum of \$5,000 Max Monthly Salary: \$7,500																		
	90 calendar day waiting period with modified fill <ul style="list-style-type: none"> • Includes pre-existing conditions waiver • Freeze of offsets • Cost of living benefit • Alcohol/drug & mental/nervous (same as any other illness) 	90 calendar day waiting period with modified fill <ul style="list-style-type: none"> • Includes pre-existing conditions waiver • Freeze of offsets • Cost of living benefit • Alcohol/drug & mental/nervous (same as any other illness) 	90 calendar day waiting period with modified fill <ul style="list-style-type: none"> • Includes pre-existing conditions waiver • Freeze of offsets • Cost of living benefit • Alcohol/drug & mental/nervous (same as any other illness) 																		
Footnotes																					
	<p>Full-time employee insurance qualifications: 1.0 FTE (30 or more hours per week)</p> <p>The above cost is based on the employer paying the allowed PA 152 limit and the employee paying the difference in the MESSA Choices monthly premium.</p> <p>PA 152 Employer limit monthly amount:</p> <table style="margin-left: 20px;"> <tr><td>Single:</td><td>\$ 616.62</td></tr> <tr><td>2 Person:</td><td>\$ 1289.55</td></tr> <tr><td>Family:</td><td>\$ 1681.70</td></tr> </table> <p><u>Above MESSA premiums effective August 1, 2023</u></p>	Single:	\$ 616.62	2 Person:	\$ 1289.55	Family:	\$ 1681.70	<p>Full-time employee insurance qualifications: 1.0 FTE (30 or more hours per week)</p> <p>The above cost is based on the employer paying the allowed PA 152 limit and the employee paying the difference in the MESSA ABC monthly premium.</p> <p>PA 152 Employer limit monthly amount:</p> <table style="margin-left: 20px;"> <tr><td>Single:</td><td>\$ 616.62</td></tr> <tr><td>2 Person:</td><td>\$ 1289.55</td></tr> <tr><td>Family:</td><td>\$ 1681.70</td></tr> </table> <p><u>Above MESSA premiums effective August 1, 2023</u></p>	Single:	\$ 616.62	2 Person:	\$ 1289.55	Family:	\$ 1681.70	<p>Full-time employee insurance qualifications: 1.0 FTE (30 or more hours per week)</p> <p>The above cost is based on the employee paying 10% of the MESSA monthly PAK B premium (premium amounts are listed below).</p> <table style="margin-left: 20px;"> <tr><td>Single:</td><td>\$ 72.57</td></tr> <tr><td>2 Person:</td><td>\$ 113.02</td></tr> <tr><td>Family:</td><td>\$ 184.38</td></tr> </table> <p><u>Above MESSA premiums effective August 1, 2023</u></p>	Single:	\$ 72.57	2 Person:	\$ 113.02	Family:	\$ 184.38
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	MESSA Choices \$500/\$1,000 Deductible w/ 10% Coinsurance Pak D	MESSA ABC Plan 1 Deductible w/ 20% Coinsurance (HSA Eligible) Pak E
Employee Cost	<u>Your monthly employee cost are:</u> Single: \$ 96.80 2 Person: \$ 267.45 Family: \$ 300.03	<u>Your monthly employee cost are:</u> Single: \$ 11.73 2 Person: \$ 76.05 Family: \$ 61.85
Cash In-Lieu Payment	N/A	N/A
Medical	<p><u>MESSA Choices</u> – Group #66578</p> <ul style="list-style-type: none"> • Deductible – \$500 Single \$1,000 2-Person \$1,000 Family • Office visit - \$20 copayment • Annual Preventive Health Care – 100% • Inpatient Hospital – 90% • Surgical Services – 90% • Hospital ER - \$50 co-payment* • Urgent care center - \$25 co-payment* • Diagnostic Lab & X-Ray – 90% • Basic Term Life - \$5,000 <p><u>After deductible is met, 10% Co-Insurance</u> *Copay may be waived for accidental injury or admitted. If copay is waived, coinsurance may apply after deductible is met.</p> <p>Above benefits relates to In-Network provider charges. Please see benefit summary for out of network provider charges.</p>	<p><u>MESSA ABC</u> – Group #66578</p> <ul style="list-style-type: none"> • Deductible – \$1,500 Single \$3,000 2-Person \$3,000 Family <p>Preventive Care – 100% not subject to deductible</p> <ul style="list-style-type: none"> • Office Visits - subject to deductible • Inpatient Hospital - subject to deductible • Surgical Services - subject to deductible • Emergency Care -subject to deductible • Diagnostic Lab/X-Ray - subject to deductible • Basic Term Life - \$5,000 <p><u>After deductible is met, 20% Co-Insurance</u> *Copay may be waived for accidental injury or admitted. If copay is waived, coinsurance may apply after deductible is met.</p> <p>Above benefits relates to in-network provider charges. Please see benefit summary for out of network provider charges.</p>
Prescription	<p><u>MESSA Saver Rx</u> Copayments range from \$2 to \$40*</p> <p>*Brand name Rx when a generic is available and medically appropriate subject to higher cost.</p>	<p><u>MESSA ABC Rx</u> Copayments range from \$2 to \$40*</p> <p>**After deductible is met ABC Rx copayment applies. ***You pay full cost until your deductible is fully met.</p>
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This comparison is intended as an easy-to-read summary. An official description of benefits can be found at MESSA.org. All cost and options are subject to change pending contract negotiations.

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