

Full-Time Teachers & Ancillary Staff Insurance Options

January 1, 2025 - December 31, 2025

| | Option I MESSA Balance+ | Option II MESSA ABC Plan 1 | Option III MESSA ABC Plan 2 |
|------------------------------|---|---|---|
| Monthly Employee Cost | Single: \$31.96 2 Person: \$124.14 Family: \$135.08 | Single: \$87.55 2 Person: \$249.20 Family: \$290.72 | Single: \$104.13 2 Person: \$286.49 Family: \$337.13 |
| Cash In Lieu | N/A | N/A | N/A |
| Medical | Deductible: Single: \$1650 2 Person: \$3300 Family: \$3300 Office Visit - \$25 Copay (deductible does not apply) 20% Co-Insurance once deductible is met. Includes Accident, Hospital & Critical Illness Indemnity Plans | Deductible: Single: \$1650 2 Person: \$3300 Family: \$3300 After deductible is met in-network services are covered at 100% | Deductible: Single: \$2000 2 Person: \$4000 Family: \$4000 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 | ABC Rx After deductible is met copayments range from \$2 to \$40 |
| 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 | | | |
| | <p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>The above cost is based on the employer paying the allowed PA152 limit and the employee paying the difference in the MESSA premiums.</p> <p>PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15</p> | <p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>The above cost is based on the employer paying the allowed PA152 limit and the employee paying the difference in the MESSA premiums.</p> <p>PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15</p> | <p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>The above cost is based on the employer paying the allowed PA152 limit and the employee paying the difference in the MESSA premiums.</p> <p>PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15</p> |

| | Option IV MESSA Choices | Option V Dental, Vision, CILO |
|------------------------------|---|---|
| Monthly Employee Cost | Single: \$116.61 2 Person: \$314.60 Family: \$372.11 | Single: \$7.71 2 Person: \$12.15 Family: \$21.16 |
| Cash In Lieu | N/A | Full Time - \$250.00 per month |
| Medical | Deductible: Single: \$500 2 Person: \$1000 Family: \$1000 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 employer paying the allowed PA152 limit and the employee paying the difference in the MESSA premiums. PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15 | FULL-TIME EMPLOYEE working 30 or more hours per week Full-time employees who elect Option V will pay 10% of the dental/vision premium |