

**Full-Time KESPA Support Staff Insurance Options**

**January 1, 2025 - December 31, 2025**

	<b>Option I MESSA Balance+</b>	<b>Option II MESSA ABC Plan 1</b>	<b>Option III MESSA ABC Plan 2</b>
<b>Monthly Employee Cost</b>	Single: \$26.02 2 Person: \$108.87 Family: \$97.93	Single: \$81.61 2 Person: \$233.93 Family: \$253.57	Single: \$98.19 2 Person: \$271.22 Family: \$299.98
<b>Cash In Lieu</b>	N/A	N/A	N/A
<b>Medical</b>	<p align="center"><b>Deductible:</b></p> 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	<p align="center"><b>Deductible:</b></p> Single: \$1650 2 Person: \$3300 Family: \$3300 After deductible is met in-network services are covered at 100%	<p align="center"><b>Deductible:</b></p> Single: \$2000 2 Person: \$4000 Family: \$4000 After deductible is met in-network services are covered at 100%
<b>Prescription</b>	<p><b>5-Tier Rx</b></p> After deductible is met \$10 generic, \$40 preferred, \$80 brand name All other Rx - 20% Co-Insurance up to \$300 max	<p><b>5-Tier Rx</b></p> After deductible is met \$10 generic, \$40 preferred, \$80 brand name All other Rx - 20% Co-Insurance up to \$300 max	<p><b>ABC Rx</b></p> After deductible is met copayments range from \$2 to \$40
<b>Dental</b>	<p><b>Delta Dental</b></p> Plan year January - December \$1000 per person total per Benefit Year · Basic dental services paid at 80% · Major dental services paid at 80% \$1,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.	<p><b>Delta Dental</b></p> Plan year January - December \$1000 per person total per Benefit Year · Basic dental services paid at 80% · Major dental services paid at 80% \$1,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.	<p><b>Delta Dental</b></p> Plan year January - December \$1000 per person total per Benefit Year · Basic dental services paid at 80% · Major dental services paid at 80% \$1,500 maximum benefit for each insured person per lifetime for orthodontics Orthodontic dental services paid at 80%.
<b>Vision</b>	<p><b>Vision Service Plan</b></p> Plan year is January - December. Examination - \$6.50 copayment Lenses - \$18.00 copayment 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.	<p><b>Vision Service Plan</b></p> Plan year is January - December. Examination - \$6.50 copayment Lenses - \$18.00 copayment 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.	<p><b>Vision Service Plan</b></p> Plan year is January - December. Examination - \$6.50 copayment Lenses - \$18.00 copayment 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.
<b>Life Insurance</b>	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D
<b>Long Term Disability</b>	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
<b>Footnotes</b>			
	<p><b>FULL-TIME EMPLOYEE</b> 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><b>PA 152 Employer limit monthly amount:</b>            Single \$ 643.19            2 Person \$ 1,345.11            Family \$ 1,754.15</p>	<p><b>FULL-TIME EMPLOYEE</b> 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><b>PA 152 Employer limit monthly amount:</b>            Single \$ 643.19            2 Person \$ 1,345.11            Family \$ 1,754.15</p>	<p><b>FULL-TIME EMPLOYEE</b> 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><b>PA 152 Employer limit monthly amount:</b>            Single \$ 643.19            2 Person \$ 1,345.11            Family \$ 1,754.15</p>