

MESSA Summary of Benefits

Health Insurance (4 options):

Option 1: MESSA Choices II PPO

In-Network Deductible: \$500 single/\$1000 family

Copay Amounts: \$20 Office Visit, \$25 Urgent Care, \$50 Emergency Room

Rx Copay: Saver Rx: \$20/\$25/\$50

w/o Voluntary Abortion

w/ Adult Immunizations

Option 2: MESSA ABC Plan 1

In-Network Deductible: \$1,600 single/\$3,200 family

Rx Copay: ABC RX

Option 3: MESSA Choices

In-Network Deductible: \$1000 Single/\$2000 family

Copay Amounts: \$20 Office Visit, \$25 Urgent Care, \$50 Emergency Room; 20% Coinsurance

Rx Copay: Saver Rx

w/o Voluntary Abortion

w/ Adult Immunizations

Option 4: MESSA ABC Plan 1

In-Network Deductible: \$1,600 single/\$3,200family

Rx Copay: 3Tier Mail

Cash in Lieu of Health Insurance: \$7,702.85 annually

Plan Year: January 1 – December 31

Dental:

\$1,000 maximum per family member per plan year January 1 to December 31

Exam: 2 per year @ 60%

Restorative: 50 R&C

Oral Surgery, Endodontics, Periodontics: 50% R&C

Orthodontics: \$500 lifetime max to age 19

Vision:

VSP 3 Plus P 250CL plan year January 1 to December 31

Every 12 months

Frames: \$130

Negotiated Long Term Disability:

70% of Salary, maximum \$4,000 per month

30 day elimination period or whenever all sick days are exhausted

Basic Life

\$25,000 PAK Life, \$25,000 PAK AD&D

Basic Term Life W/Medical \$5,000