

## Summary of Benefits and Insurance Options

For Non-Union Groups

2017-18

**To be completed by each eligible Non-Union Employee:**

**Name (print):** \_\_\_\_\_

**July 1, 2017 through December 31, 2017 – Board’s maximum monthly contribution for all medical costs associated with PAK A Medical: \$528.73 for Single; \$1,105.74 for 2-Parties and \$1,442.00 for Full Family.**

**The Board will pay 100% of non-medical cost for PAK A.**

MESSA PAK A	MESSA PAK B
MESSA ABC Plan 1 w/ a 1,300/2,600 HSA (In Network deductible is \$1,300/2,600 & Out of Network deductible is \$2,600/\$5,200; ABC Rx)	*No Health Insurance
Delta Dental – 100/100/75/50: \$1,500/\$1,500 (\$1,500 Annual Max Class I,II,III: \$1,500 Lifetime Max Class IV \$1,500)	Delta Dental – 100/100/75/50: \$1,500/\$1,500 (\$1,500 Annual Max Class I,II,III: \$1,500 Lifetime Max Class IV \$1,500)
VSP 3 Plus 250 CL	VSP 3 Plus 250 CL
Neg LTD 60% Max \$5,000 – 90 calendar days – Modified Fill Elimination Period – Freeze on Offsets –Pre-existing condition waiver – Alcoholism/Drug Addiction – 2 year – Mental/Nervous – same as any other illness	Neg LTD 60% Max \$5,000 – 90 calendar days – Modified Fill Elimination Period – Freeze on Offsets –Pre-existing condition waiver – Alcoholism/Drug Addiction – 2 year – Mental/Nervous – same as any other illness
*\$50,000 PAK Life	*\$50,000 PAK Life
*\$50,000 PAK AD&D	*\$50,000 PAK AD&D
Basic Term Life w/MED \$5,000	*District Provided Cash Option – If made available, amount will be listed in handbook/agreement.
*If applicable, additional life insurance (above MESSA’s \$50,000/\$5,000 life insurance) is provided through CIGNA. Dollar value beyond \$55,000 will be determined as per handbook/agreement.	*If applicable, additional life insurance (above MESSA’s \$50,000 life insurance) is provided through CIGNA. Dollar value beyond \$50,000 will be determined as per handbook/agreement.

**January 2018 through June 30, 2018 – Board’s maximum monthly contribution for all medical costs associated with PAK A Medical: \$528.74 for Single; \$1,105.74 for 2-Parties and \$1,442.00 for Full Family.**

**The Board will pay 100% of non-medical cost for PAK A.**

MESSA PAK A	MESSA PAK B
MESSA ABC Plan 1 w/ a 1,350/2,700 HSA (In Network deductible is \$1,350/2,700 & Out of Network deductible is \$2,600/\$5,200; ABC Rx)	*No Health Insurance
Delta Dental – 100/100/75/50: \$1,500/\$1,500 (\$1,500 Annual Max Class I,II,III: \$1,500 Lifetime Max Class IV \$1,500)	Delta Dental – 100/100/75/50: \$1,500/\$1,500 (\$1,500 Annual Max Class I,II,III: \$1,500 Lifetime Max Class IV \$1,500)
VSP 3 Plus 250 CL	VSP 3 Plus 250 CL
Neg LTD 60% Max \$5,000 – 90 calendar days – Modified Fill Elimination Period – Freeze on Offsets –Pre-existing condition waiver – Alcoholism/Drug Addiction – 2 year – Mental/Nervous – same as any other illness	Neg LTD 60% Max \$5,000 – 90 calendar days – Modified Fill Elimination Period – Freeze on Offsets –Pre-existing condition waiver – Alcoholism/Drug Addiction – 2 year – Mental/Nervous – same as any other illness

*\$50,000 PAK Life	*\$50,000 PAK Life
*\$50,000 PAK AD&D	*\$50,000 PAK AD&D
Basic Term Life w/MED \$5,000	*District Provided Cash Option – If made available, amount will be listed in handbook/agreement.
*If applicable, additional life insurance (above MESSA's \$50,000/\$5,000 life insurance) is provided through CIGNA. Dollar value beyond \$55,000 will be determined as per handbook/agreement.	*If applicable, additional life insurance (above MESSA's \$50,000 life insurance) is provided through CIGNA. Dollar value beyond \$50,000 will be determined as per handbook/agreement.

**July 2017 through June 30, 2018 – Board's maximum monthly contribution for all medical costs associated with PAK C Medical: \$528.73 for Single; \$1,105.74 for 2-Parties and \$1,442.00 for Full Family. The Board will pay 100% of non-medical cost for PAK C.**

<b>MESSA PAK C – Restricted to those who are not “eligible” to enroll in a health savings account (HSA)</b>
MESSA – Choices II
Delta Dental – 100/100/75/50: \$1,500/\$1,500 (\$1,500 Annual Max Class I,II,III: \$1,500 Lifetime Max Class IV \$1,500)
VSP 3 Plus 250 CL
Neg LTD 60% Max \$5,000 – 90 calendar days – Modified Fill Elimination Period – Freeze on Offsets –Pre-existing condition waiver – Alcoholism/Drug Addiction – 2 year – Mental/Nervous – same as any other illness
*\$50,000 PAK Life
*\$50,000 PAK AD&D
Basic Term Life w/MED \$5,000
*If applicable, additional life insurance (above MESSA's \$50,000/\$5,000 life insurance) is provided through CIGNA. Dollar value beyond \$55,000 will be determined as per handbook/agreement.

**Election Option -**

I understand that I may choose benefits under either PAK A or PAK B as provided and per eligibility stated in my handbook/agreement. **Accordingly, I choose PAK \_\_\_\_\_ (indicate either “A” or “B”).**

**\*For those not eligible to enroll in PAK A\***

I am not eligible to enroll in MESSA's ABC Plan (HSA); therefore, I must choose either PAK C (MESSA Choices II) or PAK B as provided and per eligibility stated in my handbook/agreement. **Accordingly, I choose PAK \_\_\_\_\_ (indicate “C” or “B”).**

If electing PAK A or PAK C, I understand I will be responsible for paying the difference between MESSA's monthly premium (including HSA funding – PAK A/ and associated mandated taxes) and the State Cap (Public Act 152) for the period of July 1, 2017 through June 30, 2018 (rates listed above). If applicable, I understand I may also be responsible for paying an additional co-pay if my handbook states that I receive an increased life insurance policy (provided through CIGNA) beyond MESSA's life insurance policy. I also understand the Board will pay 100% of my non-medical costs (if enrolled in PAK A or PAK C). I understand such payment, required from me, shall be reduced from my salary on a pre-tax

basis in accordance with the provisions of the district's Section 125 plan. Furthermore, (if applicable per handbook/agreement) if I **choose** to elect PAK B, I understand I'm waiving health coverage for myself and my dependents. If enrolled in PAK B, I understand that instead of health coverage, I will receive an additional monthly compensation (only if offered in handbook/agreement) as per the amount stated in my handbook/agreement for the 2017-18 school year and that applicable non-medical premiums will be provided to me, by the district, at 100% coverage.

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**Employee's Signature**

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**Date**

*Houghton Lake Community Schools is an equal opportunity employer who will not discriminate based on gender/sex, race, religion, color, age national origin, disability, height, weight, or any other status covered by federal, state or local law in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Superintendent at Houghton Lake Community Schools, 6001 W. Houghton Lake Dr., Houghton Lake, Michigan 48629 or call (989)366-2035.*