

Houghton Lake Community Schools
Summary of Benefits and Insurance Options

for
 Teamsters Members
 2017-18

To be completed by each Teamsters Member:

Name (print): _____

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

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 – 100/100/50/50: \$1,000 annual max \$1,500 Lifetime Max	Delta Dental – 100/100/50/50: \$1,000 annual max \$1,500 Lifetime Max
VSP 3 Plus 200CL	VSP 2
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
\$25,000 PAK Life	\$25,000 PAK Life
\$25,000 PAK AD&D	\$25,000 PAK AD&D
Basic Term Life w/MED \$5,000	*District Provided Cash Option \$3,000 annually (paid in monthly installments)

January 2018 through June 30, 2018 - Board’s maximum monthly contribution for ALL medical costs associated with PAK A - \$528.73 for Single; \$1,105.74 for 2-Parties and \$1,442.00 for Full Family.

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 – 100/100/50/50: \$1,000 annual max \$1,500 Lifetime Max	Delta Dental – 100/100/50/50: \$1,000 annual max \$1,500 Lifetime Max
VSP 3 Plus 200CL	VSP 2
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
\$25,000 PAK Life	\$25,000 PAK Life
\$25,000 PAK AD&D	\$25,000 PAK AD&D
Basic Term Life w/MED \$5,000	*District Provided Cash Option \$3,000 annually (paid in monthly installments)

(Over)

July 2017 through June 2018– Board’s maximum monthly contribution for all medical costs does not exceed - \$528.73 for Single; \$1,105.74 for 2-Parties and \$1,442.00 for Full Family

MESSA PAK C – Restricted to those who are not eligible to enroll in a health savings account (HSA)
MESSA – Choices II
Delta Dental – 100/100/50/50: \$1,000 annual max \$1,500 Lifetime Max
VSP 3 Plus 200CL
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
\$25,000 PAK Life
\$25,000 PAK AD&D
Basic Term Life w/MED \$5,000

Election Option -

I understand that I may choose benefits under either PAK A or PAK B as provided and per eligibility, as per the collective bargaining 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 as per the collective bargaining 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 contractual caps/State Caps (Public Act 152) for the period of July 1, 2017 through June 30, 2018 (rates listed above). I also understand the Board will pay 30% of my non-medical costs (if enrolled in PAK A or PAK C) and I will be responsible for the remaining 70%. I understand such payment, required by 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 I **choose** to elect PAK B, I understand I’m waiving health coverage for myself and my dependents. If language in contract states that eligibility is only for PAK B, I understand I’m not eligible for health insurance. If enrolled in PAK B, I understand that instead of health coverage, I will receive an additional monthly compensation as per the amount stated in my contract for the 2017-18 school year.

Employee’s Signature

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.