

Houghton Lake Community Schools
Summary of Benefits and Insurance Options

for
HLEA Members
2017-18

To be completed by each HLEA Member:

Name (print): _____

July 2017 through December 31, 2017 - Board's maximum 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. The Board will pay 30% 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 (Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500)	Delta Dental – 100/100/75/50: \$1,500/\$1,500 (Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500)
VSP 3 Plus 250CL	VSP 3 Plus 250CL
Neg LTD 60% Max \$3,500 – 90 calendar days – Modified Fill – Freeze on Offsets –Pre-existing condition waiver – Alcoholism/Drug Addiction – 2 year – Mental/Nervous – same as any other illness	Neg LTD 60% Max \$3,500 – 90 calendar days – Modified Fill – 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 \$250 per month

January 2018 through June 30, 2018 - Board's maximum 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. The Board will pay 30% 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 (Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500)	Delta Dental – 100/100/75/50: \$1,500/\$1,500 (Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500)
VSP 3 Plus P 250CL	VSP 3 Plus P 250CL
Neg LTD 60% Max \$3,500 – 90 calendar days – Modified Fill – Freeze on Offsets –Pre-existing condition waiver – Alcoholism/Drug Addiction – 2 year – Mental/Nervous – same as any other illness	Neg LTD 60% Max \$3,500 – 90 calendar days – Modified Fill – 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 \$250 per month

(Over)

July 1, 2017 through June 30, 2018 - Board's maximum contribution for all medical costs associated with PAK C - \$528.73 for Single; \$1,105.74 for 2-Parties and \$1,1442.00 for Full Family . The Board will pay 30% of non-medical cost for PAK C.

MESSA PAK C – Restricted to those who are not eligible to enroll in a health savings account (HSA)
MESSA Choices II
Delta Dental – 100/100/75/50: \$1,500/\$1,500 (Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500)
VSP 3 Plus 250CL
Neg LTD 60% Max \$3,500 – 90 calendar days – Modified Fill – 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

Election Option -

I understand that I may choose benefits under either PAK A or PAK B as provided in 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 in 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 for the period of July 2017 through June 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 any 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 I **choose** PAK B, I understand I am waiving health coverage for myself and my dependents. Instead, I will receive an additional compensation in the amount of \$250.00 per month for the 2017-18 fiscal 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.