

Oak Park Schools

Insurance Summary Comparison Chart

Teachers (as of 8-1-16)

MESSA
Pak A

MESSA
Pak B

MESSA
Pak C

Medical

Plan Name	BCBS Choices II		None		BCBS ABC	
Employee Premium Cost (per pay x 24 pays)						
Single	\$	113.77	Not included	\$		76.32
2-person	\$	255.68	Not included	\$		171.49
Family	\$	318.11	Not included	\$		213.36
Deductible	\$500 person/\$1,000 family				\$1,250 person/\$2,500 family	
Annual out-of-pocket max (plus deductible)	\$1,000 person/\$2,000 family				\$1,000 person/\$2,000 family	
Copays - Office Visit/ER/Urgent Care	\$20/\$50*/\$25*				\$0	
Prescription Drugs	MESSA Saver Rx				MESSA Saver Rx	
In-patient hospital coverage	100%				100%	
Surgical services	100%				100%	

*Waived if admitted/injury

Employee Funded

General Flexible Spending Account (FSA)	Yes	Yes	n/a
Dependent Care FSA	Yes	Yes	Yes
Health Savings Account	n/a	n/a	Yes

Below are paid by Oak Park (no cost to employee)

Cash in Lieu of Medical

Not included

\$550/month

Not included

Dental - provided by Delta Dental of Michigan

Service coverage (preventative/basic/major)	90%/80%/80%		90%/80%/80%		90%/80%/80%	
Annual maximum per person	\$	1,500	\$	1,500	\$	1,500
Lifetime orthodontics maximum	\$	1,300	\$	1,300	\$	1,300

Dental Coordination of Benefits (you have other Dental insurance)

Service coverage (preventative/basic/major)	50%		50%		50%	
Annual maximum per person	\$	1,000.00	\$	1,000.00	\$	1,000.00
Lifetime orthodontics maximum	\$	1,000.00	\$	1,000.00	\$	1,000.00

Vision - provided by VSP (Plan #VSP-3 Gold)

Annual Exam	100%		100%		100%	
Contact Lens Allowance (annual)	\$	135.00	\$	135.00	\$	135.00
Frame Allowance (annual)	\$	130.00	\$	130.00	\$	130.00

Basic Term Life - coverage provided

\$ 5,000.00

\$ -

\$ 5,000.00

Dependent Term Life

Amount of coverage provided - spouse	Not included	\$ 10,000	Not included
Amount of coverage provided - per child	Not included	\$ 5,000	Not included

Supplemental Life - coverage provided

\$ 40,000

\$ 50,000

\$ 40,000

AD&D - coverage provided

\$ 40,000

\$ 50,000

\$ 40,000

Long Term Disability

Amount of coverage provided	66.67% of salary		66.67% of salary		66.67% of salary	
Maximum monthly payment	\$	3,000	\$	3,000	\$	3,000
Waiting period	120 days		120 days		120 days	

Assumes in-network provider; see rate detail sheet for out-of-network provider costs/coverage