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Employee Summary of Benefits

As of Monday, September 24, 2018

Job: 100000 - Teacher ▼

Effective Date: 01/01/2018 ▼

Coverage Information

Name 🗅	Date of Birth ⇒	Medical ⇒	Dental 🗦	Vision →
	i.	Υ	Υ	Y
ħ.		Y	N	N
		Y	Y	Y
				3 items in 1 page

Summary Of Benefits

MESSA Choices (Family)

In-Network Deductible: \$500 Single/\$1000 Family

In-Network Copay: \$20 Online Visit/\$20 Office Visit/\$20 Specialist Visit/\$25 Urgent Care/\$50 ER

In-Network Out-of-Pocket Cap: \$1500 Single/\$3000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family

Out-of-Network Coinsurance: 20% of approved amount after deductible is met

Out-of-Network Out-of-Pocket Cap: \$3000 Single/\$6000 Family

Prescription Coverage: MESSA Saver Rx Dent100/90S/90/90:4000/2500:2 (2-Person)

VSP 3 Plus P (2-Person) Vision Plan Year Each 07/01 Neg LTD 66 2/3% Max \$5,000 \$30,000 PAK Life

\$30,000 PAK AD&D

Basic Term Life w/Med \$5,000

STD 29th day \$700

Do you wish to view benefits for another employee?



