

Athens Area Schools MEA 2009-2010 Benefit Plans

Full Time Employees

Monthly Rate:	<u>MESSA PAK A</u> \$100 pre tax (payroll deducted)	<u>MESSA PAK B</u> Cash in Lieu \$550
Health:	MESSA Choices II with \$10 RX, \$250/\$500 Deductible	N/A
Dental:	MESSA Delta Dental Plan, Class I, II, III & IV 80/80/80/80; Class I, II, III annual max: \$1,000; Class IV lifetime max: \$1, 300; Two cleanings per year; No adult orthodontics	MESSA Delta Dental Plan, Class I, II, III & IV 80/80/80/80; Class I, II, III annual max: \$1,000; Class IV lifetime max: \$1, 300; Two cleanings per year; No adult orthodontics
Vision:	VSP 3	VSP 3
Life/AD & D	\$5,000	\$5,000
Long Term/Short Term Disability:	Optional Coverage	Optional Coverage

Athens Area Schools NEA 2009-2010 Benefit Plans

Full Time Employees

Monthly Rate:	MESSA PAK A \$60 pre tax (payroll deducted)
Health:	MESSA Choices II with \$10 RX, \$250/\$500 Deductible
Dental:	MESSA Delta Dental Plan, Class I, II, III & IV 100/90/90/90; Class I, II, III annual max: \$1,000; Class IV lifetime max: \$1, 500; Two cleanings per year; No adult orthodontics
Vision:	VSP 3
Life/AD & D	\$5,000
Long Term/Short Term Disability:	Optional Coverage

MESSA PAK B Cash in Lieu: \$427
N/A
MESSA Delta Dental Plan, Class I, II, III & IV 100/90/90/90; Class I, II, III annual max: \$1,000; Class IV lifetime max: \$1, 500; Two cleanings per year; No adult orthodontics
VSP 3
\$5,000
Optional Coverage

Athens Area Schools IUOE 2009-2010 Benefit Plans

Full Time Employees

Monthly Rate:	<u>MESSA PAK A</u> \$60 pre tax (payroll deducted)
Health:	MESSA Choices II with \$10 RX, \$250/\$500 Deductible
Dental:	MESSA Delta Dental Plan, Class I, II, III & IV 50/50/50/50; Class I, II, III annual max: \$1,000; Class IV lifetime max: \$1, 000; Two cleanings per year; No adult orthodontics
Vision:	VSP 1
Life/AD & D	\$5,000
Long Term/Short Term Disability:	Optional Coverage

Athens Area Schools Non-Union Staff 2009-2010

Full Time Employees

Monthly Rate:	SET-SEG \$60 pre tax (payroll deducted)
Health:	SET-SEG FLEX BLUE 2 with \$0 RX, \$2500 Deductible which is reimbursed by District
Dental:	MESSA Delta Dental Plan, Class I, II, III & IV 100/90/90/90; Class I, II, III annual max: \$1,000; Class IV lifetime max: \$1, 500; Two cleanings per year; No adult orthodontics
Vision:	VSP 3
Life/AD & D	\$2,000/\$5,000
Long Term/Short Term Disability:	Optional Coverage

Benefit Plans

SET-SEG
Cash in Lieu: \$540
N/A
MESSA Delta Dental Plan, Class I, II, III & IV 100/90/90/90; Class I, II, III annual max: \$1,000; Class IV lifetime max: \$1, 500; Two cleanings per year; No adult orthodontics
VSP 3
\$2,000/\$5,000
Optional Coverage