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SALINE AREA SCHOOLS EMPLOYEE BENEFITS GUIDE



JANUARY 1, 2025 - DECEMBER 31, 2025

EDUCATIONAL SUPPORT PERSONNEL(ESP)/CLASSIFIED STAFF

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Please Note: This booklet provides only a brief summary of benefits. We have tried to ensure information in the Guide is accurate, but in any discrepancy between this information and the official plan documents, the official documents will rule.

HEALTH INSURANCE TERMINOLOGY



PREMIUM

The cost of your health plan. This cost is shared between you and the district. Your share of the premium is deducted from your paycheck.

DEDUCTIBLE

The amount you owe for covered health care services before your insurance begins to pay. Medical, Dental and Vision Deductible-resets on January 1st.

OUT OF POCKET MAXIMUM

The most you pay for covered medical services and prescriptions in a calendar year. This amount includes deductible, copayments and coinsurance.

| | |
|---|---|
| COBRA | A federal law that allows you to temporarily keep health coverage after your employment ends and/or you are not eligible for FMLA. If you elect COBRA you pay 100% of premiums, including the share the employer used to pay. |
| Copay | A fixed amount you pay for a medical visit or prescription until the Out of Pocket Max is met. |
| Explanation of Benefits (EOB) | This is not a bill. A MESSA EOB shows you the costs associated with the services received including: what was billed, any discounts applied, what insurance pays, what you pay. If you owe the doctor or hospital, they'll invoice you. Comparing the invoice to the EOB is a good way to make sure you are getting billed correctly. |
| Flex Spending Account (FSA) | FSA is a voluntary benefit that allows you to save and pay for healthcare and/or dependent day care expenses using pre-tax dollars. The income you choose to contribute to your FSA is tax exempt. Unused funds will be forfeited at the end of the plan year after a 90 day rollover window.. |
| Health Savings Account (HSA) | A tax-advantage savings account for qualifying medical expenses, HSA balances carry over from year to year and earn tax-free interest. HSA Contribution Limits for 2025: Single-\$4,300, Single +1/Family- \$8,550. To be eligible for a HSA, you must be covered by a High Deductible Health Plan. |
| High Deductible Health Plan (HDHP) | The monthly premium is usually lower. A HDHP can be combined with a health savings account (HSA), which allows you to save and pay for qualifying medical expenses using pre-tax dollars. MESSA ABC Plans & Balance+ are HDHP. |
| In-Network vs. Out-Of-Network | Save money by choosing in-network doctors, hospitals and pharmacies. They have agreed to cap the amount charged to you. This is the same amount the provider has agreed to accept as payment in full from MESSA/Blue Cross Blue Shield of Michigan. If you go out-of-network, you are subject to out-of-network costs, deductibles, coinsurance, which is costly. |
| Life Event | Certain events such as: marriage, birth/adoption, divorce, change in insurance coverage (spouse loses coverage), etc. allow changes to be made to benefits mid-plan year. Events must be reported to Human Resources within 30 days of the event date. Requests submitted more than 30 days after the event date will not be processed until the next open enrollment period. |
| Life Insurance | Protects your assets and may serve as income replacement to your beneficiary in the event something should happen to you. |
| Long Term Disability (LTD) | LTD is included in our medical plans/paks. This benefit provides financial protection in the event of a loss of salary due to disability. The waiting period to apply and access this benefit is 90 days. Benefits begin on the latter of exhausting sick time. This benefit does not pay 100% of salary. |
| Short Term Disability (STD) | STD is a voluntary benefit that provides short-term financial protection in the event of a loss of salary due to a disability. Your own available sick time would be applied first, then STD benefits. This benefit does not pay 100% of salary. |

WELCOME TO ENROLLMENT



During this time, you have the opportunity to make changes to your benefits for the upcoming Calendar year.
 Medicare Eligible: Please notify us when you or your dependents become eligible for Medicare.
 You can become eligible for Medicare based on the following: Age, declaration of total disability, or diagnosis of ESRD.
 *Federal law determines whether Medicare or the health plan pay primary.

WHAT IS NEW?

- New Flexible Spending Account Vendor-Inspira Financial
- ABC 1 RX Plan moved to a [3 Tier RX plan](#) coverage

WHAT CHANGES CAN BE MADE EFFECTIVE JANUARY 1, 2025?

- MESSA Benefits: Enroll, terminate or modify individual and/or dependent coverage
- Voluntary/Optional Benefits: Enroll, terminate or modify benefits

WHEN DOES ANNUAL OPEN ENROLLMENT START AND END?

- November 1-17th
- Benefit Coverage effective date is January 1, 2025

| ACTIVE ENROLLMENT REQUIRED complete any of boxes below as they apply to your enrollment needs | |
|---|--|
| MYMESSA *ACTIVE ENROLLMENT in MY-MESSA Account | Who does this apply to: Full Time Employees(30+ hours a week) & Part Time Employee (20-29 hours per week) You must log into your MYMESSA Portal during open enrollment to verify your current plan, waive coverage or choose a different plan. Enroll: MYMESSA Portal |
| Voluntary Benefit Inspira Financial: Flexible Spending Accounts | Enroll: Inspira Flexible Spending Account Enrollment Form Dependent care FSA; max employee contribution \$5,000 Healthcare FSA; max employee contribution \$3,200 Limited Purpose (dental & vision)FSA \$3,200 *FSA enrollment to be complete annually during Open Enrollment Window based on the employees determined tax deferred contribution |
| District Provided Cash In Lieu of medical coverage (CIL)- \$7,500 *for medical coverage outside of the district District Provided Cash In Lieu(CIL)-\$3,000 * for medical coverage within the district | Who is Eligible: Full time employees An employee waiving medical is required to enroll in at least SINGLE coverage of dental, vision, Negotiated life/ ADD and Long term Disability coverage. In order to qualify, upload documentation of having medical coverage to the Cash In Lieu of Medical Form. Deadline to submit: 11/17/2024 Cash In Lieu Medical Form |
| Voluntary Benefits that rollover each Calendar Year | |
| Legal Shield- Legal & Identity Protection Plans Enroll: LegalShield Benefits Enrollment Site * to term Current benefits for the next calendar year email Benefit Coordinator during Open Enrollment | |
| Lincoln Financial Group- Voluntary Term Life Insurance Enroll: Lincoln Life Insurance Enrollment Form * to term Current benefits for the next calendar year email Benefit Coordinator during Open Enrollment | |
| Employee HSA Contribution Form -located on the ForStaff portal under the Benefits Tab | |

WHO IS ELIGIBLE?



ELIGIBILITY

MESSA Medical/Dental/Vision Benefits

- SAS employees regularly working 30 hours per week or more are eligible for medical, dental, and vision benefits through MESSA.
- SAS employees regularly working 20-29 hours per week are eligible for dental and vision benefits through MESSA, 100% paid by the employer.

Voluntary Benefits

- All SAS employees are eligible for voluntary benefits.

BENEFITS START DATE FOR SAS NEW HIRES:

You have up to 30 days after your benefit begin date to process . Enrollments that are not completed within 30 days of the benefit begin date will default to a Dental/Vision plan. If medical coverage is needed, the employee will have to wait until the next open enrollment period.

- **Administrators and Unaffiliated:** 1st day of the month coinciding with or next following your start date
- **Certified Staff:** Start date
- **Classified Staff:** 1st day of the month following completion of your 20 work day probationary period

WHO CAN BE COVERED

As a participant in the Saline Area Schools Employee Benefits Plan, you may choose coverage for:

- Yourself only (Single)
- Yourself and one dependent (Single +1)
- Yourself and two or more dependents (Family)

Eligible dependents are defined as your:

- Legal Spouse
- Natural Child(ren)
- Legally Adopted Child(ren)
- Stepchild(ren)
- Child(ren) over whom you have legal guardianship

Dependent Children are eligible for coverage through the end of the calendar year in which they turn 26 for medical, dental and vision benefits.

Dependent children includes children of the employees or spouse by birth, legal adoption, legal guardianship or children from a former marriage of whom the subscriber has custody.

QUALIFYING LIFE EVENT/MID-YEAR CHANGES

It is the employee's responsibility to notify the Human Resources Department of any change in status, such as a change in dependent status, within 30 days of the event. Requests for change which are submitted more than 30 days after the event will not be processed until the next open enrollment period.

Life Event Notifications :

- Birth/Adoption
- Marriage
- Divorce/Annulment
- Death in family
- Change in insurance coverage
- Loss of other health coverage



COVERAGE COST SUMMARY



- Negotiated Employer contribution toward MESSA premium:

- Single = \$7,685.94
- Single + 1 = \$15,668.40
- Family = \$21,570.55

**** Effective 9.19.23 per ESP contract Any Newly Hired Full Time Employee with a Hire Date after 9.19.23 can purchase full family coverage by paying the difference**

- Employer Annual Premium for Family-\$16,662.00**

- Negotiated Cash In Lieu of Medical: \$7,500 for coverage outside of district & Negotiated Cash In Lieu: \$3,000 for SAS Employee covered by an SAS Employee

- Cash in Lieu payments will be spread over **26 pays** for 12 month employees or **21 pays** for 10 month employees

- Per Pay Deduction Amount:**

- 12 month Employee: divide employee amount by **26**
- 10 month Employee: divide employee amount by **16** for the calendar year to account for the summer months of coverage
 - January to June** the deduction will remain spread at 12 pays. The employee will pay 73% of benefit coverage for the year
 - September- October** the deduction spread will be across 4 pays. The employee will pay the remaining 27% of benefit coverage for the year

| Plan Name | Annual Premium Billed By MESSA | Saline Area Schools Annual Premium | Employee Annual Premium | 12 Month Employee per pay Deduction | 10 Month Employee per pay Deduction |
|--|---|--|---|--|---|
| Pak B: Waiving Medical Coverage \$7,500 for coverage outside of District \$3,000 for SAS Employee covered under a SAS Medical coverage | Single- \$949.68 Single +1-\$1,509.12 Family- \$2,502.72 | Single- \$0 Single +1- \$0 Family- \$0 | Single- \$949.68 Single +1-\$1,509.12 Family- \$2,502.72 | Single-\$36.53 Single+1-\$58.04 Family-\$96.26 | Single-\$59.36 Single+1-\$94.32 Family-\$156.42 |
| Pak A: BALANCE+ w/ Health Savings Account(Health Equity) Deductible: \$1,650/ \$3,300 RX: 5 Tier Plan Coinsurance 20% Supplemental plan coverage included | Single- \$ 8,556.36 Single +1-\$18,601.56 Family- \$23,768.88 | Single- \$7,685.94 Single +1- \$15,668.40 Family- \$21,570.55 *DOH after 9.19.23 Family-\$16,662.00 | Single- \$870.42 Single +1- \$2,933.16 Family- \$2,198.33 *DOH after 9.19.23 Family-\$7107.00 | Single-\$33.48 Single+1-\$112.81 Family-\$84.55 *DOH after 9.19.23 Family-\$273.35 | Single-\$54.40 Single+1-\$183.32 Family-\$137.40 *DOH after 9.19.23 Family-\$444.19 |
| Pak A: ABC Plan 1 Medical Plan w/ Health Savings Account (Health Equity) Deductible: \$1,650/\$3,300 RX: 3 Tier Plan | Single- \$9,700.32 Single +1-\$21,175.68 Family- \$26,972.28 | Single- \$7,685.94 Single +1- \$15,668.40 Family- \$21,570.55 *DOH after 9.19.23 Family-\$16,662.00 | Single- \$2,014.38 Single+1-\$5,507.28 Family- \$5,401.73 *DOH after 9.19.23 Family- \$10,310.28 | Single-\$77.48 Single+1-\$211.82 Family-\$207.76 *DOH after 9.19.23 Family-\$396.55 | Single-\$125.90 Single+1-\$344.21 Family-\$337.61 *DOH after 9.19.23 Family-\$644.39 |
| Pak A: Essential Medical Plan Deductible: \$375/\$750 Coinsurance: 20% RX: RX Plan | Single- \$7,958.16 Single +1-\$17,255.64 Family- \$22,094.04 | Single- \$7,685.94 Single +1- \$15,668.40 Family- \$21,570.55 *DOH after 9.19.23 Family-\$16,662.00 | Single- \$.272.22 Single +1-\$1,587.24 Family- \$523.49 *DOH after 9.19.23 Family-\$5,432.04 | Single-\$10.47 Single+1-\$61.05 Family-\$20.13 *DOH after 9.19.23 Family-\$208.93 | Single-\$17.01 Single+1-\$99.20 Family-\$32.72 *DOH after 9.19.23 Family-\$339.50 |
| Pak C: PT Classified Employees 20-29 hours a week Dental, Vision & Life | Single-\$260.04 Single+1-\$470.40 Family-\$805.68 | Single-\$260.04 Single+1-\$470.40 Family-\$805.68 | Single-\$0 Single+1-\$0 Family-\$0 | Single-\$0 Single+1-\$0 Family-\$0 | Single-\$0 Single+1-\$0 Family-\$0 |



MESSA Balance+ Medical plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 • 800-292-4910

Effective Date: 1/1/2025

MESSA Account: Saline Area Schools

Employee Group: WCC - FT Support Staff

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100% of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your MyMESSA account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

| Plan features | In-network |
|---|---|
| Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31. | Single coverage: \$1,650 2-person & family coverage: \$3,300 Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-eligible plans. When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual. |
| Medical copayment A fixed amount you pay for a medical visit. | \$10 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, \$25 Teladoc Health virtual primary care visit, \$25 office visit for medical, mental health, and/or substance use disorder treatment, \$25 chiropractic and osteopathic manipulations, \$50 specialist visit, \$50 urgent care, \$200 emergency room, if not admitted |
| Medical coinsurance A percentage you pay for a medical service. | 20% |
| Prescription drug coverage Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments or coinsurance apply. See "Free preventive prescriptions" below. | MESSA Balance+ Rx |
| Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum. | Single coverage: \$4,050 2-person & family coverage: \$8,100 Your out-of-pocket maximum is subject to change each Jan. 1 based on deductible amounts. |
| In-network preventive care - no cost to you | |
| Free preventive prescriptions MESSA Balance+ covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. View the list at messa.org/FreeRx . | Prenatal and postnatal care Prenatal and postnatal doctor visits. Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications. |

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak.



In-network services subject to deductible and applicable copayment

| | |
|---|--|
| Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits. | Office visit e.g, primary care physician, obstetrics and gynecology and pediatric visits |
| Emergency room Copayment waived if admitted or due to an accidental injury. | Chiropractic and osteopathic manipulations Up to a combined 12 visits per calendar year. |
| Specialist visit | Mental health and substance use disorder - outpatient care |
| Urgent care | |

In-network services subject to deductible and applicable coinsurance

| | |
|---|---|
| Allergy testing and therapy Subject to deductible and coinsurance. Specialist visit copayment may apply | Ambulance |
| Autism - applied behavior analysis (ABA) services | Diagnostic lab and X-ray |
| Durable medical equipment (DME) Must be obtained from a payable DME provider. | Hearing Care Hearing related services performed by an M.D., D.O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing. |
| Home health care | Human organ transplant Must be performed at an approved facility. |
| Inpatient hospital | Medical supplies |
| Mental health and substance use disorder - inpatient care | Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 30 visits per individual per calendar year, including therapeutic massage performed by an approved provider (e.g., chiropractor, M.D., D.O.) |
| Prosthetics and orthotics | Radiation and chemotherapy |
| Skilled nursing facility Up to a maximum of 120 days per calendar year. | |

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. For more information, go to messa.org to log in to your MyMESSA account and select "Optum Rx home delivery." For general questions about your prescription coverage, call MESSA at 800-336-0013 or TTY 888-445-5614. For questions about a prescription order, call Optum Rx at 800-903-8346.

Medical care outside the U.S.

MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.

Covered services and approved amounts

In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Life and accidental death & dismemberment insurance

Life insurance: \$5,000 policy for you.

Accidental death & dismemberment insurance (AD&D): \$5,000 policy for you.

Life and AD&D insurance underwritten by Life Insurance Company of North America.

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak .



MESSA ABC Plan 1 Medical plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 • 800-292-4910

Effective Date: 1/1/2025

MESSA Account: Saline Area Schools

Employee Group: WCC - FT Support Staff

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100% of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your MyMESSA account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

| Plan features | In-network |
|--|--|
| Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31. | Single coverage: \$1650 2-Person & Family coverage: \$3300 Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans. When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual. |
| Medical coinsurance A fixed percentage you pay for a medical service. | 0% |
| Prescription drug coverage Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See free preventive prescriptions below. | MESSA ABC Rx |
| Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum. | Single coverage: \$2650 2-Person & Family coverage: \$5300 |
| In-network services covered at no cost to you | |
| Free preventive prescriptions MESSA ABC covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. | No cost to you |
| Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications. | |
| Prenatal and postnatal care Prenatal and postnatal doctor visits. | |

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak .



| In-network services subject to deductible and applicable coinsurance | |
|---|---|
| Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist. | Allergy testing and therapy |
| Ambulance | Autism - applied behavior analysis (ABA) services |
| Bariatric Surgery | Chiropractic services including modalities Up to 38 visits per calendar year. |
| Diagnostic lab and X-ray | Durable medical equipment (DME) |
| Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period. | Hearing care Hearing related services performed by an M.D. or D.O. |
| Home health care | Hospital emergency room (ER) |
| Human organ transplant Must be performed at an approved facility. | Inpatient hospital |
| Medical supplies | Mental health and substance abuse - inpatient and outpatient care |
| Office visit | Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year. |
| Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year. | Prosthetics and orthotics |
| Radiation and chemotherapy | Skilled nursing facility Up to a maximum of 120 days per calendar year. |
| Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits. | Urgent Care |
| Home delivery of prescription medications | |
| MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Optum Rx. For more information, go to messa.org to log in to your MyMESSA account and link to the Optum Rx website. For general questions about your prescription coverage, call MESSA at 800-336-0013 or TTY 888-445-5614. For questions about a prescription order, call Optum Rx at 800-903-8346. | |
| Medical care outside the U.S. | |
| MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure. | |
| Covered services and approved amounts | |
| In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements. | |
| Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial. | |
| <i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i> | |
| Life and accidental death & dismemberment insurance | |
| Life insurance: \$5,000 policy for you. | |
| Accidental death & dismemberment insurance (AD&D): \$5,000 policy for you. | |
| <i>Life and AD&D insurance underwritten by Life Insurance Company of North America.</i> | |

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Essentials by MESSA Medical plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 1/1/2023

MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium

Employee Group: 862F WCC - FT Support Staff

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

| Plan features | In-network |
|--|--|
| Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31. | \$375 individual/\$750 family |
| Medical copayment A fixed amount you pay for a medical visit. | \$10 Blue Cross online visit, \$25 office visit, \$50 specialist visit, \$50 urgent care, \$200 emergency room |
| Medical coinsurance A fixed percentage you pay for a medical service. | 20% |
| Prescription drug coverage Subject to prescription copayments and coinsurance. | Essentials by MESSA |
| Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum. | \$8,550 individual/\$17,100 family |
| Covered service | In-network cost share |
| Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. | No cost to you |
| Prenatal and postnatal care Prenatal and postnatal doctor visits. | |
| Blue Cross online visit | Subject to deductible and Blue Cross online visit copayment |
| Office visit e.g. primary care physician, obstetrics and gynecology and pediatric visits | Subject to deductible and office visit copayment |
| Specialist visit | Subject to deductible and specialist visit copayment |
| Urgent care | Subject to deductible and urgent care copayment |
| Hospital emergency room (ER) Copayment waived if admitted or due to an accidental injury. | Subject to deductible and emergency room copayment |
| Chiropractic and Osteopathic manipulations Up to a combined 12 visits per calendar year. | Subject to deductible and office visit copayment |
| Allergy testing and therapy | Subject to deductible and coinsurance Specialist visit copayment may apply |

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak .



| Covered service | In-network cost share |
|--|---|
| Mental health and substance abuse - outpatient care | Subject to deductible and coinsurance Office visit copayment may apply |
| Mental health and substance abuse - inpatient care | Subject to deductible and coinsurance |
| Inpatient hospital | |
| Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 30 visits per individual per calendar year, including massage therapy performed by a chiropractor. | |
| Diagnostic lab and X-ray | |
| Radiation and chemotherapy | |
| Autism - applied behavior analysis (ABA) services | |
| Hearing care Hearing related services performed by an M.D., D.O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing. | |
| Ambulance | |
| Medical supplies | |
| Durable medical equipment (DME) Must be obtained from a payable DME provider. | |
| Prosthetics and orthotics | |
| Home health care | |
| Skilled nursing facility Up to a maximum of 120 days per calendar year. | |
| Human organ transplant Must be performed at an approved facility. | |
| Home delivery of prescription medications | |
| MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. For more information, go to messa.org to log in to your member account and link to the Express Scripts website. For general questions about your prescription coverage, call MESSA at 800.336.0013 or TTY 888.445.5614. For questions about a prescription order, call Express Scripts at 800.903.8346. | |
| Medical care outside the U.S. | |
| MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure. | |
| Covered services and approved amounts | |
| In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements. | |
| Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial. | |
| Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association. | |
| Life and accidental death & dismemberment insurance | |
| Life insurance: \$5,000 policy for you. | |
| Accidental death & dismemberment insurance (AD&D): \$5,000 policy for you. | |
| AD&D terminates at age 65 or when employment ends, whichever comes later. Life and AD&D insurance underwritten by Life Insurance Company of North America. | |

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak .



HEALTH SAVINGS ACCOUNT (Health Equity)

What is a Health Savings Account (HSA)?

A HSA combines a high-deductible health insurance plan with a tax-free individually owned savings account. Money in the savings account can help pay for your qualified medical expenses, or you can save and use it for qualified medical expenses once you retire. The balance in your health savings account rolls over from year-to-year, and the account earns interest and is yours to keep, even if you leave the District.

What are the Benefits of a Health Savings Account (HSA)?

HSAs are designated to provide participants with triple federal tax benefits. The following are tax-free:

- HSA contributions
- Interest and other earnings on HSA contributions; and
- Amounts distributed from an HSA for qualified medical expenses.

Who is Eligible for a Health Savings Account (HSA)?

- Covered by a high-deductible health plan (HDHP); **ABC 1 & 2 plan & Balance+**
- Not enrolled under another medical plan that is not a HDHP;
- Not entitled to (eligible for AND enrolled in) Medicare benefits; and Not eligible to be claimed on another person's tax return.

Who is your Health Savings Account Vendor?

Health Equity



Rules for the HSA are governed by the Internal Revenue Service (IRS) and failure to comply with those rules can result in penalties and/or additional 6% excess tax responsibility.

EMPLOYEE CONTRIBUTIONS

You may make contributions to your HSA through regular payroll deductions. You may change the amount you contribute through payroll at any time.

Please see go to our district website and login the For Staff portal to access the form.

EMPLOYER CONTRIBUTIONS

Administrators, Classified, Certified and Unaffiliated Staff are eligible for a designated contribution from the district.

\$1,000 (Single)
\$2,000 (Single +1/Family)

HSA Total Contribution Limits for 2025 Single-\$4,150, Single +1/Family- \$8,300

4 TAX ADVANTAGES OF HSA'S

100% DEDUCTIBLE CONTRIBUTIONS UP TO A LEGALLY MANDATED MAXIMUM AMOUNT

MONEY WITHDRAWN FOR MEDICAL SPENDING NEVER FALLS UNDER TAXABLE INCOME

TAX DEFERRED INTEREST EARNINGS

TAX FREE INTEREST EARNINGS, IF MONEY IS SPENT ON HEALTH CARE COSTS



MESSA Dental plan highlights

Effective Date: 01/01/2023

MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium

Employee Group: 862F WCC - FT Support Staff

Group/Subgroup: 6491-0025 NON-PAK

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting www.messa.org and using the provider directory search provided by Delta Dental.



1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Plan Features

| Diagnostic & Preventive Services 80% | Basic Services 80% | Major Services 80% | Orthodontics 80% |
|---|---|--|--|
| <ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p> | <ul style="list-style-type: none"> • Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p> | <ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. | <ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p> |
| \$2,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services | | | \$2,000 lifetime maximum per person Orthodontics |

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak.



VSP-3 Benefits

MESSA.
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at www.messa.org or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers (Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800.877.7195.

| Benefit | In-network provider | Out-of-network provider maximum allowance |
|--|--|---|
| Examination | | |
| ■ Optometrist | No copayment | \$35 |
| ■ Ophthalmologist | | \$45 |
| Contact lenses (includes examination) | | |
| ■ Elective lenses to improve vision | \$115 allowance | \$115 |
| ■ Medically necessary – <i>to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> | MESSA pays 100% of the approved amount | \$200 |
| Eyeglass frames | \$65 allowance | \$55 |
| Eyeglass lenses | | |
| ■ Single vision | MESSA pays 100% of the approved amount | \$38 |
| ■ Bifocal | | \$60 |
| ■ Trifocal | | \$72 |
| ■ Lenticular | | \$108 |
| Eyeglass lens enhancements | | |
| ■ Rose #1 or #2 tint | MESSA pays 100% of the approved amount | Member must pay the difference between the approved amount and the provider charge. |
| ■ Rimless | | |
| ■ Oversize | | |
| ■ Blended | | |
| ■ Photochromic | | |
| ■ Progressive | Not covered | |
| ■ Tinted | MESSA pays 100% of the approved amount | |
| ● Single vision | | \$42 |
| ● Bifocal | | \$70 |
| ● Trifocal | | \$84 |
| ● Lenticular | | \$118 |
| ■ Polarized | | |
| ● Single vision | | \$56 |
| ● Bifocal | | \$90 |
| ● Trifocal | | \$110 |
| ● Lenticular | | \$138 |

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak .



MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America



MESSA.

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2023

MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium

This is a brief summary of your coverage available under MESSA's Group Term Life and AD&D policy.
Please refer to your Life & Accident Insurance Certificate Booklet for complete information.

| Plan features | Definition | Your Coverage |
|--|--|---------------|
| Group Term Life Insurance | The amount of your Group Term Life Insurance coverage. | \$45,000 |
| Group AD&D Insurance | The amount of your Accidental Death and Dismemberment (AD&D) coverage. | \$45,000 |
| Group Dependent Term Life Insurance: SPOUSE | This provides a life benefit equal to 50% of the member's benefit (not to exceed \$25,000) for the spouse and does not contain AD&D benefits. | N/A |
| Group Dependent Term Life Insurance: CHILD(REN) | This provides a life benefit equal to 25% of the member's benefit (not to exceed \$12,500) for all eligible children and does not contain AD&D benefits. | N/A |

It is important to note that Group Term Life Insurance in excess of \$50,000 and Group Dependent Term Life Insurance (if the benefit exceeds \$2,000) are taxable benefits.

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak . .

LONG TERM DISABILITY COVERAGE-FULL TIME



MESSA Group LTD Plan Benefit Highlights

Underwritten by Life Insurance Company of North America



MESSA

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2023

MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium Employee

Group: 862E WCC - Administrators/ Non affiliated & 862C WCC Teachers/ FT Support Staff

Long Term Disability (LTD) insurance provides benefits at a percentage of a member's salary in the event of total disability. Benefits begin after the satisfaction of a waiting period and continue as long as the member remains totally disabled as described under "Maximum Benefit Period" in the LTD certificate booklet.

This is a brief summary of your coverage available under MESSA's Group LTD insurance. Refer to the actual certificate booklet for complete information.

| Plan Features | Definition | Your Coverage |
|--|---|-------------------|
| Pre-Existing Conditions Waived | Medical conditions for which the advice or treatment was received prior to effective date of coverage are included. However, doctor-verified disabilities in effect prior to the effective date would be excluded. | Yes |
| Waiting Period | <i>Calendar Day (CD):</i> The waiting period is based on actual calendar days. <i>Work Day (WD):</i> The waiting period is based on the consecutive number of contracted work days. <i>Modified Fill (MF):</i> Benefits begin on the latter of exhaustion of sick time/ bank or the specified number of calendar/work day waiting period. <i>Straight Wait (SW):</i> Benefits begin after the specified number of calendar/ work day waiting period. | 90 CDMF |
| Benefit Level | Percent of covered salary. | 66 2/3 % |
| Maximum Benefit Level | Monthly benefit up to the maximum amount bargained. | \$5,000 |
| Minimum Maximum Benefit | There is a minimum monthly benefit of 5% of the gross monthly benefit or \$50, whichever is greater, after all offsets are applied, not to exceed the maximum monthly benefit. | 5 % |
| Offsets | Benefits are reduced by any income the employee receives or is entitled to receive such as vacation pay, salary continuation, workers' compensation, full auto wage loss benefit, any employer-paid group plan, retirement benefits you receive from your employer's retirement or pension plan, including Michigan Public School Employees' Retirement System (MPERS), short-term disability, and others. | |
| Social Security Offsets | <i>Primary:</i> Social security retirement and social security disability are offsets. <i>Family:</i> Any social security disability benefits received by the employee's family due to the employee's disability is an offset. | Primary |
| Freeze on Offsets | Monthly disability benefits will not be reduced because of automatic, statutory or general cost of living increases in income from other sources after MESSA's initial benefit determination for each specified offset has been made. The exception to this is an unsuccessful return to work with increased salary, social security and retirement cost of living. | Yes |
| COLA | An employee's benefit may be increased while on claim due to increase in the cost of living. The increase is based on changes in the Consumer Price Index as of January 1 each year and is payable on the anniversary of the commencement of benefit payment. There is a maximum annual increase of 3%. | No |
| Own Occupation Maximum Benefit Period | Disability benefits may be payable during continuous disability. After the own occupation period, a member must be unable to perform any occupation for which he/she is qualified by training, experience or education. Benefits may be payable up to age 65. For benefits commencing at or after age 60, please see your benefit schedule. | 2 Years |
| Mental / Nervous Conditions | These conditions are covered as any other illness unless you have a 2-year aggregate limitation. | 2-year limitation |
| Alcoholism / Drug Abuse | These conditions are covered as any other illness unless you have a 2-year aggregate limitation. | 2-year limitation |

For additional information please call MESSA's Disability Department at 800.247.6951.

IMPORTANT: All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you "Waive" or "Opt Out" of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA at a bundled price with the eligibility for the negotiated Cash in Lieu amount to offset the Cost of that pak .



MESSA Dental plan highlights



MESSA

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2023

MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium

Employee Group: 862I WCC PT Support Staff

Group/Subgroup: 6491-0051 NON-PAK

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting www.messa.org and using the provider directory search provided by Delta Dental.

Plan Features

| Diagnostic & Preventive Services 50% | Basic Services 50% | Major Services 50% | Orthodontics 0% |
|---|---|--|---|
| <ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p> | <ul style="list-style-type: none"> • Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p> | <ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. | <ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p> |
| <p>\$500 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services</p> | | | <p>\$0 lifetime maximum per person Orthodontics</p> |

PART TIME BENEFITS (20-29 Hours/Week)



VSP-2 Benefits



1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at www.messa.org or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers (Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800.877.7195.

| Benefit | In-network provider | Out-of-network provider maximum allowance |
|--|--|---|
| Examination | | |
| ■ Optometrist | \$6.50 copayment | \$28.50 |
| ■ Ophthalmologist | | \$38.50 |
| Contact lenses (includes examination) | | |
| ■ Elective lenses to improve vision | \$90 allowance | \$90 |
| ■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> | MESSA pays 100% of the approved amount | \$175 |
| Eyeglass frames | \$65 allowance | \$44 |
| Eyeglass lenses | | |
| ■ Single vision | | \$29 |
| ■ Bifocal | \$18 copayment | \$51 |
| ■ Trifocal | | \$63 |
| ■ Lenticular | | \$75 |
| Eyeglass lens enhancements | | |
| ■ Rose #1 or #2 tint | | |
| ■ Rimless | | |
| ■ Oversize | | |
| ■ Blended | | |
| ■ Photochromic | | |
| ■ Progressive | | |
| ■ Tinted | | |
| ● Single vision | | \$33 |
| ● Bifocal | | \$61 |
| ● Trifocal | | \$75 |
| ● Lenticular | | \$89 |
| ■ Polarized | | |
| ● Single vision | | \$47 |
| ● Bifocal | | \$81 |
| ● Trifocal | | \$101 |
| ● Lenticular | | \$119 |

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MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America



MESSA

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2023

MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium

Employee Group: 862I WCC PT Support Staff NON-PAK

This is a brief summary of your coverage available under MESSA's Group Term Life and AD&D policy.
Please refer to your Life & Accident Insurance Certificate Booklet for complete information.

| Plan features | Definition | Your Coverage |
|--|--|---------------|
| Group Term Life Insurance | The amount of your Group Term Life Insurance coverage. | \$10,000 |
| Group AD&D Insurance | The amount of your Accidental Death and Dismemberment (AD&D) coverage. | \$10,000 |
| Group Dependent Term Life Insurance: SPOUSE | This provides a life benefit equal to 50% of the member's benefit (not to exceed \$25,000) for the spouse and does not contain AD&D benefits. | N/A |
| Group Dependent Term Life Insurance: CHILD(REN) | This provides a life benefit equal to 25% of the member's benefit (not to exceed \$12,500) for all eligible children and does not contain AD&D benefits. | N/A |

It is important to note that Group Term Life Insurance in excess of \$50,000 and Group Dependent Term Life Insurance (if the benefit exceeds \$2,000) are taxable benefits.



For education employees

messa.org

MESSA gives you options



Take time now to re-evaluate your family's financial protection needs. The following is a summary of MESSA's variable options, along with monthly contribution rates for each plan.

Group Basic Term Life Insurance

- » \$5,000 term life insurance benefit.
- » Includes corresponding accidental death and dismemberment benefits. The AD&D portion terminates when you reach age 65.
- » Available during open enrollment, and without medical evidence of insurability.

Note: *If you do not enroll in a MESSA medical plan, you must enroll in group basic term life insurance in order to enroll in other optional coverage, with the exception of supplemental plans.*

Group Dependent Life Insurance

- » Available only with Group Basic Term Life or a medical plan.
- » Provides lump sum benefit of \$2,000 for a spouse and \$2,000 for each child. A child is eligible for coverage from 14 days of age through the calendar year they turn 25, if unmarried and dependent on you for majority of support. Benefit may continue past the age of 25 if the child is approved by MESSA as having a physical or intellectual impairment, is unmarried, dependent upon you for a majority of their support and is incapable of self-sustaining employment by reason of their physical or intellectual impairment.

Group Supplemental Term Life Insurance

- » Available only with Group Basic Term Life or a medical plan.
- » You may select one of the options below:

Fixed amount

- You may purchase \$10,000, \$20,000, \$30,000 or \$40,000 in term life insurance benefits.
- Includes corresponding AD&D benefits.
- Medical evidence of insurability is not required if you are a new MESSA member electing coverage for the first time or if you want to increase your existing fixed amount by \$10,000.
- Medical evidence of insurability is required if you did not enroll in this coverage within 31 days following the date you first became eligible or if you elect to increase coverage by more than \$10,000.
- Insurance ends the first day of the calendar month in which you become age 65. However, for a person over age 65 and actively employed, insurance ends upon cessation of active employment.

Times salary

- You may purchase an amount of term life insurance benefits determined by a multiple

Please refer to the certificate booklet for specific coverage details.



of 1, 2, 3 or 4 times your salary, up to a maximum of \$150,000.

- Includes corresponding AD&D benefits.
- Medical evidence of insurability is not required when enrolling in up to \$75,000 in coverage.
- Medical evidence of insurability is required when selecting over \$75,000 in coverage.
- Insurance ends the first day of the calendar month in which you become age 65. However, for a person over age 65 and actively school employed, insurance ends upon cessation of active school employment.

Group Survivor Income Insurance

- » Available only with Group Basic Term Life or a medical plan, subject to age and family status requirements on spouse and children.
- » Net monthly benefit: \$400 spouse; \$200 child(ren)

Spouse benefit

- Spouse is eligible until the day before their 65th birthday; benefit will continue until the spouse remarries or dies.

Child benefit

- Children receive benefits until age 25, get married or the member's spouse dies, whichever occurs first. Benefit may continue past the age of 25 if the child is approved by MESSA as having a physical or intellectual impairment, is unmarried, dependent upon you for a majority of their support and is incapable of self-sustaining employment by reason of their physical or intellectual impairment.

Group Short Term Disability Income Insurance

If you need financial protection in the event of a loss of salary due to a disability because you have inadequate sick days to fill in your district's long-term disability waiting period, or your district has no LTD coverage.

- » Available only with Group Basic Term Life or a medical plan.
- » Can select a weekly benefit ranging from \$20 to \$700, provided the amount selected does not exceed the weekly benefit corresponding to your

contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any other compensation.)

- » Benefits are not payable during a summer vacation period unless it is medically necessary for you to be house-confined or hospital-confined. If a disability commences within 30 days from the date of an accidental injury, it is not necessary to be house- or hospital-confined.
- » Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of the following:
 - A period of three consecutive months ending on or after the effective date of insurance if during this time no medical treatment or service, including prescribed drugs or medicines, has been received in connection with the illness or injury; or
 - A period of six consecutive months if during this time the employee has been continuously insured and there has been no loss of time from active employment due to the pre-existing condition; or
 - A period of 12 consecutive months if during this time the employee has been continuously insured for these benefits.
- » Choice of either seven-day or 28-day waiting period with benefits beginning on either the eighth day or the 29th day.
- » Duration of benefits:
 - Maximum period of payment is 52 weeks. Benefits are payable during the maximum period of payment providing you are wholly and continuously unable to perform any and every duty pertaining to your regular occupation and you are under the regular care and attendance of a physician.
- » Maternity disability is treated the same as any other illness.
- » Benefits will be reduced by any income a member receives or is entitled to receive from an employer, workers' compensation, MPSERS, Social Security (including Social Security retirement benefits) or any employer-paid group benefit plan. Benefits are generally payable only after you've exhausted your sick days.

Please refer to the certificate booklet for specific coverage details.



- » Benefits are not payable for disability due to:
 - Self-inflicted injuries if intentional or while insane
 - War
 - Participation in the committing of a felony
 - Cosmetic surgery unless:
 - Caused by accidental bodily injury sustained while insured or an active illness contracted while insured, and
 - You have been continuously insured under this program since such injury was sustained or such illness was contracted.

Group Long Term Disability Income Insurance

To continue disability income protection beyond 52 weeks if your district has no LTD coverage.

Important: If you are enrolled in an employer-sponsored long-term disability plan, you should know that enrollment in MESSA's optional long-term disability plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

- » Available only with Group Basic Term Life Insurance or a medical plan.
- » Can select a monthly benefit ranging from \$100 to \$1,500 provided the amount selected does not exceed the monthly benefit corresponding to your contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any other compensation.)
- » The amount of the monthly benefit will be offset by any disbursement from any annuity, retirement or pension plan, or life insurance plan because of disability from any employer. It will also be offset by Social Security benefits, any salary, wages, commissions, or other periodic employer disability plan benefits or similar disbursement (i.e., workers' disability compensation).
- » Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of the following:

- A period of three consecutive months ending on or after the effective date of insurance if during this time no medical treatment or service, including prescribed drugs or medicines, has been received in connection with the illness or injury; or
- A period of 12 consecutive months if during this time the employee has been continuously insured for these benefits.
- » Waiting period: 52 consecutive weeks of disability.
- » Must be wholly and continuously unable to perform any and every duty pertaining to your regular occupation while you are under the regular care and attendance of a physician.
- » Duration of benefits:
 - Option 1: Benefits may be provided up to five years but not beyond the day before your 70th birthday.
 - Option 2: Benefits may be provided until the day before your 70th birthday.
 - Disability due to mental or nervous disorder: Benefits are limited and payable for two years during any one period of disability, but not beyond the day before your 70th birthday.
- » Benefits are not payable for disability due to:
 - Self-inflicted injuries if intentional or while insane
 - War
 - Participation in the committing of a felony
 - Cosmetic surgery unless:
 - Caused by accidental bodily injury sustained while insured or an active illness contracted while insured, and
 - You have been continuously insured under this program since such injury was sustained or such illness was contracted.

Please refer to the certificate booklet for specific coverage details.



Supplemental Plans

Critical Illness Coverage

- » Benefits paid when diagnosed with a covered serious illness or condition.
- » Use benefits to pay out-of-pocket medical costs or personal expenses.
- » Select between two plans:
 - Critical Illness
 - Critical Illness Plus
- » Plan highlights:
 - HSA eligible
 - Cash paid directly to you
 - Pre-existing conditions waived
- » Plan features:
 - Subsequent critical illness diagnosis benefit
 - Recurrence critical illness diagnosis benefit
 - Recurrence cancer (invasive) diagnosis benefit
 - Recurrence carcinoma (non-invasive) diagnosis benefit
 - Health screening benefit
 - Portable coverage should employment terminate
- » Premium discount for non-tobacco users.
- » Coverage available for member, spouse and dependents under the age of 26.

Hospital Indemnity Coverage

- » Pays benefits when you have a planned or unplanned hospital stay.
- » Lump-sum benefit for admission; daily benefit for covered hospital stay.
- » Use benefits to help pay out-of-pocket medical costs or personal expenses.
- » Select between two plans:
 - Hospital Indemnity
 - Hospital Indemnity Plus
- » Plan highlights:
 - HSA eligible
 - Cash paid directly to you
 - Pre-existing conditions waived

» Plan features:

- Lump-sum payment for first day of inpatient stay
 - Daily benefit payment beginning the second day
 - Increased per day payment in an intensive care unit (ICU)
 - Waiver of premium
 - Portable coverage should employment terminate
- » Coverage available for member, spouse and dependents under the age of 26.

Accident Coverage

- » Pays benefits for covered minor and serious injuries due to accident.
- » Use benefits to help pay out-of-pocket medical costs or personal expenses.
- » Select between two plans:
 - Accident
 - Accident Plus
- » Plan highlights:
 - HSA eligible
 - Cash benefits paid directly to you
- » Plan features:
 - Full schedule of benefits payable for accidental injuries, including initial and follow-up treatment, medical imaging, surgeries and more
 - Coverage applies both at home and at work
 - Organized sports rider (children only)
 - Waiver of premium
 - Portable coverage should employment terminate
- » Coverage available for member, spouse and dependents under the age of 26.

Important: Members enrolled in MESSA Balance+ medical coverage are automatically enrolled in all three supplemental plans at no additional cost.

Please refer to the certificate booklet for specific coverage details.



Monthly contribution rates for optional coverage

The Group Dependent Life Insurance and/or the coverages below are available only in **addition** to a MESSA health insurance plan **or** the Group Basic Term Life Insurance

LIFE COVERAGE

\$5,000 GROUP BASIC TERM LIFE INSURANCE AND AD&D Monthly rate: **\$2.19**

Available only if not enrolled in MESSA medical plan.

\$2,000 GROUP DEPENDENT LIFE INSURANCE Monthly rate: **\$1.38**

\$2,000 for spouse, and \$2,000 for each eligible dependent.

FIXED AMOUNT SUPPLEMENTAL TERM LIFE

The monthly rate is based on your age on Jan. 1 of the current year.

| \$10,000 LIFE AND AD&D | | \$20,000 LIFE AND AD&D | |
|------------------------|----------|------------------------|----------|
| UNDER AGE 40 | \$1.40 | UNDER AGE 40 | \$2.79 |
| AGE 40-49 | \$2.79 | AGE 40-49 | \$5.58 |
| AGE 50-59 | \$6.05 | AGE 50-59 | \$12.09 |
| AGE 60-64 | \$10.70 | AGE 60-64 | \$21.39 |
| AGE 65-69 | \$16.28 | AGE 65-69 | \$32.55 |
| AGE 70-74 | \$27.90 | AGE 70-74 | \$55.80 |
| AGE 75 AND OLDER | \$40.92 | AGE 75 AND OLDER | \$81.84 |
| \$30,000 LIFE AND AD&D | | \$40,000 LIFE AND AD&D | |
| UNDER AGE 40 | \$4.19 | UNDER AGE 40 | \$5.58 |
| AGE 40-49 | \$8.37 | AGE 40-49 | \$11.16 |
| AGE 50-59 | \$18.14 | AGE 50-59 | \$24.18 |
| AGE 60-64 | \$32.09 | AGE 60-64 | \$42.78 |
| AGE 65-69 | \$48.83 | AGE 65-69 | \$65.10 |
| AGE 70-74 | \$83.70 | AGE 70-74 | \$111.60 |
| AGE 75 AND OLDER | \$122.76 | AGE 75 AND OLDER | \$163.68 |

TIMES SALARY SUPPLEMENTAL TERM LIFE | Rates per \$1,000 Life and AD&D

Calculate Times Salary monthly cost: Multiply your contractual annual salary by the level of coverage selected (1, 2, 3, or 4 times salary), divide by 1,000, then multiply by the rate from the Times Salary rate chart.

| | | | |
|--------------|--------|------------------|--------|
| UNDER AGE 40 | \$0.14 | AGE 65-69 | \$1.63 |
| AGE 40-49 | \$0.28 | AGE 70-74 | \$2.79 |
| AGE 50-59 | \$0.60 | AGE 75 AND OLDER | \$4.09 |
| AGE 60-64 | \$1.07 | | |

GROUP SURVIVOR INCOME INSURANCE

The monthly rate is based on your age on Jan. 1 of the current year.

| | | | |
|--------------|--------|------------------|---------|
| UNDER AGE 30 | \$2.96 | AGE 45-49 | \$11.57 |
| AGE 30-34 | \$3.91 | AGE 50-54 | \$14.69 |
| AGE 35-39 | \$5.47 | AGE 55 AND OLDER | \$17.58 |
| AGE 40-44 | \$8.28 | | |

GROUP SHORT TERM DISABILITY INCOME INSURANCE

Benefits are reduced by other income. Waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column.

| ANNUAL SALARY | WEEKLY BENEFIT | 8TH DAY | 29TH DAY |
|---------------|----------------|---------|----------|
| \$1,300 | \$20.00 | \$2.00 | \$1.40 |
| \$2,600 | \$40.00 | \$4.00 | \$2.80 |
| \$3,900 | \$60.00 | \$6.00 | \$4.20 |
| \$5,200 | \$80.00 | \$8.00 | \$5.60 |
| \$6,500 | \$100.00 | \$10.00 | \$7.00 |
| \$8,000 | \$120.00 | \$12.00 | \$8.40 |
| \$9,500 | \$140.00 | \$14.00 | \$9.80 |
| \$11,000 | \$160.00 | \$16.00 | \$11.20 |
| \$12,500 | \$180.00 | \$18.00 | \$12.60 |
| \$14,000 | \$200.00 | \$20.00 | \$14.00 |
| \$15,500 | \$220.00 | \$22.00 | \$15.40 |
| \$17,000 | \$240.00 | \$24.00 | \$16.80 |
| \$18,500 | \$260.00 | \$26.00 | \$18.20 |
| \$20,000 | \$280.00 | \$28.00 | \$19.60 |
| \$21,500 | \$300.00 | \$30.00 | \$21.00 |
| \$23,000 | \$320.00 | \$32.00 | \$22.40 |
| \$24,500 | \$340.00 | \$34.00 | \$23.80 |
| \$26,000 | \$360.00 | \$36.00 | \$25.20 |
| \$27,500 | \$380.00 | \$38.00 | \$26.60 |
| \$29,000 | \$400.00 | \$40.00 | \$28.00 |
| \$30,500 | \$420.00 | \$42.00 | \$29.40 |
| \$32,000 | \$440.00 | \$44.00 | \$30.80 |
| \$33,500 | \$460.00 | \$46.00 | \$32.20 |
| \$35,000 | \$480.00 | \$48.00 | \$33.60 |
| \$36,500 | \$500.00 | \$50.00 | \$35.00 |
| \$38,000 | \$520.00 | \$52.00 | \$36.40 |
| \$39,500 | \$540.00 | \$54.00 | \$37.80 |
| \$41,000 | \$560.00 | \$56.00 | \$39.20 |
| \$42,500 | \$580.00 | \$58.00 | \$40.60 |
| \$44,000 | \$600.00 | \$60.00 | \$42.00 |
| \$45,500 | \$620.00 | \$62.00 | \$43.40 |
| \$47,000 | \$640.00 | \$64.00 | \$44.80 |
| \$48,500 | \$660.00 | \$66.00 | \$46.20 |
| \$50,000 | \$680.00 | \$68.00 | \$47.60 |
| \$51,500 | \$700.00 | \$70.00 | \$49.00 |



GROUP LONG TERM DISABILITY INCOME INSURANCE

Important – If you are enrolled in an employer-sponsored long term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

You may elect one \$100 monthly benefit unit for each \$2,000 of annual salary up to \$30,000 (for a maximum of 15 units). The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a Maximum Benefit Period. This plan has a 52-week waiting period.

Option 1: Benefits may be provided up to five years but not beyond the day before your 70th birthday.

Option 2: Benefits may be provided, but not beyond the day before your 70th birthday.

Benefits are payable for two years during any one period of disability due to a mental or nervous disorder, but not beyond the day before your 70th birthday.

Determine the amount of monthly benefit you would like: Contractual annual salary divided by \$2,000 equals the number of \$100 benefits you may select (maximum of 15 \$100 benefit units allowed).

Calculate the cost for optional LTD: multiply the number of units you would like to purchase by the rate (based on your age) for the plan option you would like.

Monthly rate for each \$100 monthly benefit unit

| | OPTION 1 | OPTION 2 |
|------------------|----------|----------|
| UNDER AGE 40 | \$0.20 | \$0.30 |
| AGE 40-49 | \$0.50 | \$0.80 |
| AGE 50 AND OLDER | \$1.40 | \$2.10 |

SUPPLEMENTAL PLANS

3-PLAN BUNDLE

| | SINGLE | 2-PERSON | FULL-FAMILY |
|-----------------------------|---------|----------|-------------|
| OPTIONAL ACCIDENT | | | |
| OPTIONAL CRITICAL ILLNESS | \$29.69 | \$49.63 | \$64.41 |
| OPTIONAL HOSPITAL INDEMNITY | | | |

Members enrolled in MESSA Balance+ medical coverage are automatically enrolled in all three supplemental plans at no additional cost.

A LA CARTE

| | SINGLE | 2-PERSON | FULL-FAMILY |
|---------------------------|---------|----------|-------------|
| | PLUS | PLUS | PLUS |
| OPTIONAL ACCIDENT | \$7.79 | \$11.60 | \$14.04 |
| OPTIONAL CRITICAL ILLNESS | \$20.98 | \$19.25 | \$29.35 |

| | | | | | | |
|-----------------------------|---------|---------|---------|---------|---------|---------|
| OPTIONAL HOSPITAL INDEMNITY | \$13.54 | \$20.48 | \$23.57 | \$35.59 | \$33.84 | \$51.19 |
| OPTIONAL CRITICAL ILLNESS | | PLUS | | PLUS | | PLUS |

Non-Tobacco

| | | | | | | |
|------------------|---------|----------|---------|----------|---------|----------|
| UNDER AGE 20 | \$1.99 | \$2.97 | \$3.47 | \$5.04 | \$4.85 | \$7.17 |
| AGE 20-24 | \$2.33 | \$3.65 | \$3.96 | \$6.04 | \$5.35 | \$8.16 |
| AGE 25-29 | \$2.86 | \$4.70 | \$4.68 | \$7.47 | \$6.06 | \$9.60 |
| AGE 30-34 | \$3.50 | \$5.99 | \$5.62 | \$9.34 | \$7.00 | \$11.47 |
| AGE 35-39 | \$4.48 | \$7.96 | \$7.06 | \$12.23 | \$8.44 | \$14.36 |
| AGE 40-44 | \$6.23 | \$11.44 | \$9.64 | \$17.38 | \$11.02 | \$19.51 |
| AGE 45-49 | \$9.11 | \$17.22 | \$13.90 | \$25.90 | \$15.28 | \$28.30 |
| AGE 50-54 | \$13.74 | \$26.46 | \$20.85 | \$39.80 | \$22.23 | \$41.93 |
| AGE 55-59 | \$20.39 | \$39.77 | \$30.81 | \$59.73 | \$32.19 | \$61.85 |
| AGE 60-64 | \$29.13 | \$57.26 | \$43.76 | \$85.62 | \$45.14 | \$87.75 |
| AGE 65-69 | \$41.28 | \$81.54 | \$60.66 | \$119.43 | \$62.04 | \$121.55 |
| AGE 70 AND OLDER | \$53.37 | \$105.73 | \$77.15 | \$152.40 | \$78.53 | \$154.53 |

Tobacco

| | | | | | | |
|------------------|---------|----------|----------|----------|----------|----------|
| UNDER AGE 20 | \$2.66 | \$4.32 | \$4.55 | \$7.20 | \$6.44 | \$10.35 |
| AGE 20-24 | \$3.23 | \$5.46 | \$5.38 | \$8.87 | \$7.28 | \$12.02 |
| AGE 25-29 | \$4.12 | \$7.23 | \$6.59 | \$11.29 | \$8.49 | \$14.44 |
| AGE 30-34 | \$5.21 | \$9.41 | \$8.16 | \$14.44 | \$10.06 | \$17.59 |
| AGE 35-39 | \$6.86 | \$12.72 | \$10.60 | \$19.31 | \$12.50 | \$22.46 |
| AGE 40-44 | \$9.80 | \$18.59 | \$14.94 | \$27.99 | \$16.84 | \$31.14 |
| AGE 45-49 | \$14.66 | \$28.32 | \$22.12 | \$42.34 | \$24.01 | \$45.49 |
| AGE 50-54 | \$22.45 | \$43.90 | \$33.83 | \$65.77 | \$35.72 | \$68.82 |
| AGE 55-59 | \$33.67 | \$66.33 | \$50.62 | \$99.34 | \$52.51 | \$102.49 |
| AGE 60-64 | \$48.40 | \$95.78 | \$72.43 | \$142.97 | \$74.33 | \$146.12 |
| AGE 65-69 | \$68.86 | \$136.71 | \$100.91 | \$199.93 | \$102.80 | \$203.08 |
| AGE 70 AND OLDER | \$89.24 | \$177.46 | \$128.69 | \$255.49 | \$130.59 | \$258.64 |

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Full-Time Employees of Saline Area Schools

Benefits At-A-Glance

Term Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Saline Area Schools employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee

| | |
|--|--|
| Newly hired employee guaranteed coverage amount | \$200,000 |
| Continuing employee guaranteed coverage annual increase amount | Choice of \$10,000 or \$20,000 |
| Maximum coverage amount | 4 times your annual salary (\$200,000 maximum in increments of \$10,000) |
| Minimum coverage amount | \$10,000 |

Spouse

| | |
|--|---|
| Newly hired employee guaranteed coverage amount | \$50,000 |
| Continuing employee guaranteed coverage annual increase amount | Choice of \$5,000 or \$10,000 |
| Maximum coverage amount | 50% of the employee coverage amount (\$50,000 maximum in increments of \$5,000) |
| Minimum coverage amount | \$5,000 |

Dependent Children

| | |
|--|----------|
| 6 months to age 19 (to age 25 if full-time student) guaranteed coverage amount | \$10,000 |
| Age 14 days to 6 months guaranteed coverage amount | \$250 |



What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 4 times your annual salary (\$200,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is \$50,000.
- Your coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; and an additional 15% of the original amount when you reach age 75.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$50,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$50,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$10,000

Life Insurance Benefits At-A-Glance



Additional Plan Benefits

| | |
|---------------------------|----------|
| Accelerated Death Benefit | Included |
| Premium Waiver | Included |
| Conversion | Included |
| Portability | Included |

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations may apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. TravelConnect™ travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.





Full-Time Employees of Saline Area Schools

Benefits At-A-Glance

AD&D Insurance

The Lincoln AD&D Insurance Plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Saline Area Schools employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support
- Also includes *TravelConnect*™ services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee

| | |
|-------------------------|---|
| Maximum coverage amount | 5 times your annual salary (\$200,000 maximum) in \$10,000 increments |
| Minimum coverage amount | \$10,000 |

Your employee AD&D coverage amount will reduce by 35% when you reach age 65, an additional 25% of the original amount when you reach age 70, and an additional 15% of the original amount when you reach age 75. Benefits end when you retire.

Spouse

| | |
|-------------------------|--------------------------------------|
| Maximum coverage amount | Up to \$50,000 in \$5,000 increments |
| Minimum coverage amount | \$5,000 |

You can secure AD&D insurance for your spouse if you select coverage for yourself.

The spouse AD&D coverage amount will reduce by 35% when the spouse reaches age 65. Benefits end when you retire.

Dependent Children

| | |
|--|----------|
| 14 days to age 19 (to age 25 if full-time student) Maximum coverage amount | \$10,000 |
| Minimum coverage amount | \$10,000 |

You can secure AD&D insurance for your dependent children when you choose coverage for yourself.



| Additional Plan Benefits | |
|---|----------|
| Safe Driver Benefit | Included |
| Education Benefit | Included |
| Spouse Training Benefit | Included |
| Felonious Assault | Included |
| Child Care Benefit | Included |
| Coma Benefit | Included |
| Common Disaster Benefit | Included |
| Exposure Benefit | Included |
| Disappearance Benefit | Included |
| Common Carrier Benefit | Included |
| Repatriation Benefit | Included |
| Enhanced Dismemberment Benefit For Dependent Children | Included |
| Spouse Critical Period Benefit | Included |
| Monthly Survivor Benefit | Included |
| Helmet Benefit | Included |
| Surgical Reattachment Benefit | Included |
| Third Degree Burn Benefit | Included |
| Rehabilitation Reimbursement | Included |
| 24 Hour Coverage | Included |

Benefit Exclusions

Like any insurance, this AD&D insurance policy does have exclusions. Benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Intentionally inflicting or attempting to inflict injury to one's self
- Participating in a war, act of war, or riot
- Serving on full-time active duty in the armed forces of any state or country (this does not include duty of 30 days or less training in the Reserves or National Guard)
- Flying on any non-commercial airplane or aircraft, such as a hot air balloon or glider (see the contract for details and exceptions)
- Flying on a commercial airline or aircraft as a pilot or crewmember
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those taken as prescribed by a licensed physician
- Driving while intoxicated, impaired, or under the influence of drugs

In addition, this AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

Note: See the policy for details and specific requirements for each of these benefits

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. TravelConnectSM travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.





Plan Benefits

The legal and identity theft plans provide employees with a number of benefits, all of which are listed in detail in the plan contract.

Employees Can Call Their Provider Law Firm

One of the most important and valuable benefits of the membership is the ability to talk with a lawyer about any personal legal issue employees might encounter.

- Any personal legal matter
- Phone call made on their behalf
- Letter written on their behalf
- Review a contract or legal document
- Will prepared
- Assistance with traffic citations
- 24/7 emergency access for covered situations
- 25% Preferred Member Discount
- ...and more!

Plan benefits differ in certain states and provinces. Please consult membership contract or brochure for more details and for benefit exclusions.

Employees Have Identity Theft Experts on Their Side

Identity theft is when someone uses your personal identifying information, like your name and Social Security Number, without your permission, to commit fraud or other crimes. It's one of the fastest growing crimes in North America today. The FTC estimates that as many as 9 million Americans fall victim to identity theft each year. A victim of identity theft could face any number of issues such as lost job opportunities, issues getting a loan, issues over unreported income, harassment from debt collectors, or even face arrest for crimes the identity thief committed.

Coverage that will help protect against, and resolve, identity theft issues:

- Identity theft advisor
- Credit report review
- Consultation/Advice
- Credit monitoring
- Restoration Services
- Monday through Friday 7 am - 7 pm CT
- 24/7 emergency access for covered situations

Where to Direct Employees Who Have Questions

Any employees who have additional questions may log onto [mylegalshield.com](https://www.mylegalshield.com) or [myidshield.com](https://www.myidshield.com) for further assistance.

[LegalShield/IDShield Pricing](#)

Web Enrollment Website: <https://www.legalshield.com/info/salineschools>



inspira™
FINANCIAL



FLEXIBLE SPENDING ACCOUNT (FSA)

Save smarter with an FSA

Use your pretax dollars to pay for eligible out-of-pocket health and dependent care expenses

The savings are real. With an FSA, you set aside pretax earnings to pay for eligible health and dependent care expenses. That adds purchasing power, because the money you would have paid in taxes is available for you to spend.



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→ Health care FSA

Eligible health care expenses include copays, coinsurance, and deductibles; dental and vision expenses; prescriptions and over-the-counter health care supplies from select retailers.

Plus, you may enjoy extra savings on eligible over-the-counter health care items for online and in-store purchases.

→ Dependent care FSA

Pay for eligible child and adult care expenses, such as day care, preschool, and nursery school, in-home aid, and more. Funds are for your dependent(s) age 12 or younger or a spouse or dependent incapable of self-care.

VOLUNTARY BENEFITS - INSPIRA Flexible Spending Account



You can contribute up to the IRS limit in pretax dollars and, for health care FSAs, the full amount is available to use from the start of the plan year.*



Helpful FSA tips

- 1 Save your receipts, in case you need to submit documentation for a purchase.
- 2 Check IRS contribution limits and the list of common eligible expense items on your employer's plan document or at inspirafinancial.com.
- 3 Change your contribution if you have a change in status**, such as marital, employment, or number of tax dependents.
- 4 There is a use-it-or-lose-it rule — you should carefully estimate your expenses so you don't lose funds at the end of the year. There's a run-out period that gives you extra time to submit claims for reimbursement and some plans offer a grace period that gives you additional days to use your funds.* See your plan details to know how long you have to submit your claims after your plan year ends.
- 5 You must be working or looking for work to use your dependent care funds. If you're married, your spouse must either be working, looking for work, or a full-time student.

Choose your way to pay

→ Pay yourself back

with funds from your FSA when you use cash, a check, or your personal credit card.

→ Pay your provider

directly from your account.

→ Use your Inspira Card™

for a health care expense and it will be paid automatically from your account. Save receipts and explanation of benefits in case you need to substantiate a purchase.

Get the Inspira Mobile™ app

It's the easiest way to manage your account and view alerts, submit claims, and use the barcode scanner to verify eligible items in-store.

→ Add an FSA to your benefits plan today

For more information visit inspirafinancial.com or scan the QR code.



*Employer plans may differ. See your employer's Summary Plan Description for specific details about your plan.

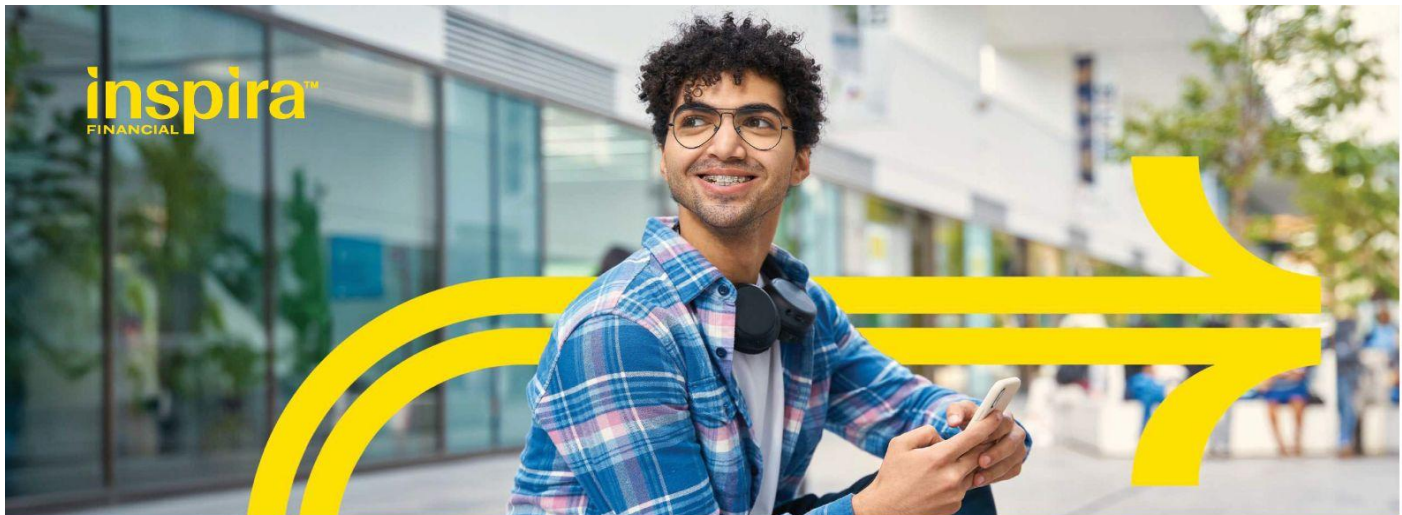
**You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.

Note: Standard text messaging rates and other rates from your wireless carrier may apply when using the Inspira App.

Inspira Financial Health, Inc. does not provide legal, tax, or financial advice. Please contact a professional for advice on eligibility, tax treatment, and other restrictions. Inspira and Inspira Financial are trademarks of Inspira Financial Trust, LLC.

This material is for informational purposes only. It is not an offer of coverage and it does not constitute a contract. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change.

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LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

Save money on dental and vision expenses

Taking advantage of every chance to pay for health care expenses with pretax dollars just makes sense. Enrolling in a limited purpose flexible spending account (LPFSA) from Inspira will save money on dental and vision expenses for you and your family.



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Save more with an LPFSA

- Contribute up to your plan's limit in pretax dollars from your paycheck.*
- Your full election is available at the start of the plan year.
- An LPFSA works well with an HSA, since it helps save your HSA dollars for future expenses.
- If your plan includes a post-deductible phase, your LPFSA funds will be used first, once you meet your deductible, until the funds run out — then you may use your health savings account (HSA) funds.

***Important note:** Some plans are designed with pre- and post-deductible phases. This means that before you meet your health plan deductible, funds are used for vision and dental expenses. Then, once you meet your health plan deductible, you can use funds to pay for all eligible health care expenses. Please confirm your plan details with your employer.

Eligible expenses may include:



Dental and orthodontia care, such as fillings, X-rays, and braces



Vision care, including eyeglasses, contact lenses, and LASIK surgery

VOLUNTARY BENEFITS - INSPIRA Flexible Spending Account



Key tip

Save your receipts and explanation of benefits, in case you need to submit documentation for a purchase.

Learn how to use your LPFSA

- Review the IRS contribution limits and a list of common eligible expense items on the Inspira website.
- There is a use-it-or-lose-it rule — you should carefully estimate your expenses so you don't lose funds at the end of the year. There's a run-out period that gives you extra time to submit claims for reimbursement and some plans offer a grace period that gives you additional days to use your funds.*
- If your plan allows you to carry over unused health care FSA funds, the grace period doesn't apply.
- You can change your contribution if you have a change in status* (marital and employment status, number of tax dependents, etc.). You must apply for a change in your election through your employer.

Choose your payment method

→ Use the Inspira Card™

Your expense is automatically paid from your account.

→ Pay yourself back

Pay for eligible expenses with cash, check, or your personal credit card then pay yourself back from your account.

→ Use Inspira Mobile™

Submit a claim through the app or website or fax/mail the claim directly.

On-the-go with Inspira Mobile

- Manage your account and view alerts
- Snap a photo of your receipts to submit claims
- View Inspira Card transactions
- View common eligible expense items, and more

⇒ Expand your buying power with an LPFSA

For more information visit inspirafinancial.com or scan the QR code.



*See your employer's Summary Plan Description for specific details about your plan.

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MEDICAL APPOINTMENT OPTIONS



Know where to go

Not sure where to go when you're sick and you can't get an appointment with your doctor? You have options – review them now so you can make the best choice when you need medical care.

ONLINE VISITS

MESSA and Blue Cross Online Visits have partnered to provide convenient, affordable care for minor, nonemergency illnesses and therapy sessions.

- Mental health visits and counseling
- Sinus or respiratory infection
- Cold or flu
- Seasonal allergies
- Urinary tract infection
- Eye irritation or redness
- Strains and sprains
- Pink eye
- Rash
- Skin wound

Go to messa.org/messaonlinevisits.

URGENT CARE

Handles problems that need immediate attention but aren't life-threatening or emergencies.
Average cost per visit: \$120

- Stitches
- Back pain
- Mild asthma symptoms
- Strains and sprains
- Nausea, vomiting, diarrhea
- Bumps, cuts, scrapes
- Cough, sore throat
- Ear or sinus pain
- Eye swelling, irritation
- Insect/animal bites
- Allergies

ER

Provides fast, life-or-limb-saving care.
If in doubt, call 911 or go to the closest ER.
Average cost per visit: \$1,413

- Sudden or unexplained loss of consciousness
- Persistent chest pain
- Signs of a stroke
- Severe shortness of breath
- High fever
- Coughing up or vomiting blood
- Cut or wound that won't stop bleeding
- Broken bone or dislocated joint
- Severe pain, particularly in abdomen
- Serious burns
- Head trauma

About MESSA coverage

All medical services are subject to the terms of your MESSA plan, including deductibles and applicable copayments or coinsurance.

If you have questions about your coverage, call MESSA's Member Service Center at 800.336.0013.



SMARTPHONE ACCESS

Access your MESSA card from your smartphone.

Download your MESSA card from the MyMESSA secure member portal at messa.org so you'll always have it handy.

You can also print extra copies of your card for family members on your plan.

Questions? Call MESSA's award-winning Member Service Center in East Lansing at 800.336.0013 for expert, friendly help.



messa.org



Free MESSA resources for you

Member Service Center | 800.336.0013

Our Member Service Center is available Monday through Thursday, 8 a.m. to 5:30 p.m and Fridays, 8 a.m. to 5 p.m. Our member service specialists are experts at answering questions about your plan and helping with claims.

Your MESSA field representative | 800.292.4910

Monica McKay is your local field representative. She can explain benefits and answer questions, attend meetings or arrange visits from other MESSA experts, including nurse educators. Email Monica at mmckay@messa.org.

Case management programs | 800.336.0022, prompt 3

MESSA members and their dependents who have asthma, diabetes or cardiovascular conditions can get information and support from nurse educators to help set and reach health goals.

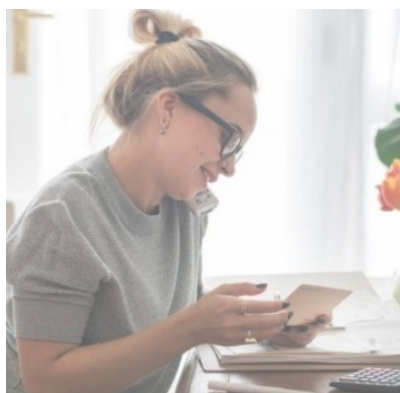
Medical case management | 800.441.4626

MESSA's medical case management nurses can help members and dependents with a catastrophic injury or serious illness get access to the right care at the right time and return to their highest quality of life.

Health promotion consultant | 800.292.4910

MESSA's health promotion consultant can help you and your coworkers develop or strengthen a worksite wellness program.

WHO SHOULD I CALL?



Most of the day to day administration of your employee benefits coverage can be accomplished directly with the insurance providers either through their websites or customer service telephone numbers.

For additional information and assistance, visit our District Website FOR STAFF Portal

<https://www.salineschools.org/for-staff/>

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|--|--|---|--|
| <p>MESSA ENROLLMENT SITE</p> <p>MyMESSA Account</p> <p>800.336.0013</p>  | <p>MESSA MEDICAL & Rx</p> <p>Medical Plans</p> <p>Find In-Network Provider</p> <p>Prescription Drug Plans</p> <p>800.336.0013</p>  | <p>MESSA DENTAL</p> <p>Delta Dental</p> <p>Find In-Network Provider</p> <p>800.336.0013</p>  | <p>MESSA VISION</p> <p>VSP</p> <p>Find In-Network Provider</p> <p>800.336.0013</p>  |
| <p>Inspira Financial Healthcare, Limited Purpose & Dependent Care Flex Spending Accounts</p> <p>Inspira Financial</p> <p>888.488.5054</p>  | <p>LINCOLN FINANCIAL GROUP TERM LIFE & AD&D</p> <p>LFG Online Service Center</p> <p>800.423.2765</p>  | <p>LEGALSHIELD & IDShield PROTECTION</p> <p>Legal Shield Website</p> <p>855.907.0729</p>  | <p>HEALTH EQUITY Health Savings Account Administration</p> <p>Online Member Portal</p> <p>866.346.5800</p>  |

Saline Area Schools Department of Human Resources | **Contact Information**

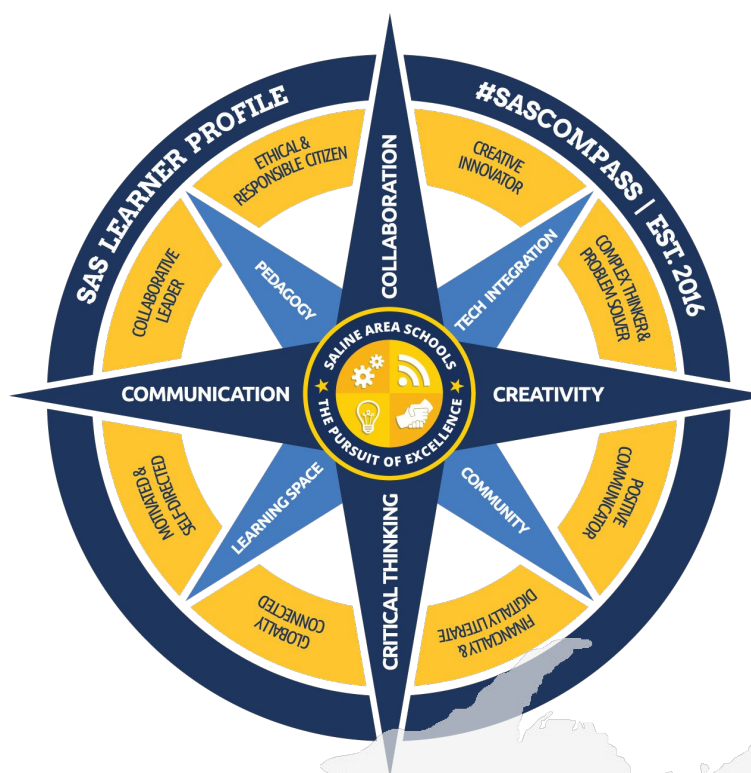
Karle Downing, **Benefits Coordinator**

Phone: 734.401.4009

Fax: 734.401.4096

Email: downingk@salineschools.org





This Benefits Guide is intended to provide a general summary of benefits but does not include all coverage details or plan requirements. The terms of the plan are governed by legal plan documents, including but not limited to Summary Plan Descriptions (SPDs), insurance contracts and certificates of coverage. Please refer to the legal plan documents for detailed information regarding your benefits. While every effort was taken to ensure the accuracy of the information in this Benefits Guide, errors are always possible. In the event of a discrepancy between the Guide and the plan documents, the terms of the plan documents will prevail.

