



Benefits Enrollment Packet

(Group 145 T)
LHN Teach/ Com Tech

BUSINESS SERVICES OFFICE

316 North Main Street • Romeo, Michigan 48065 | www.romeok12.org | (586) 752-0220 • Fax (586) 752-0227



MESSA Group: Non-Union Teach/Computer Tech

(145T)

Non-Union Teacher, Computer Tech

Effective Date: 01/01/2022

| | |
|--|--|
| <p>Medical Insurance: MESSA Choices MESSA Choices 20% Coinsurance MESSA ABC Plan 1 All Plans with Basic Term Life \$5,000</p> | <p>No Medical Insurance: Opt-Out of Medical Insurance *Opt-Out Form and proof required</p> |
| <p>Dental: MESSA w/ Medical Insurance Dent 80/80/80/80</p> | <p>Dental: MESSA w/out Medical Insurance Dent 100/90/90/90</p> |
| <p>Vision: MESSA VSP w/ Medical Insurance VSP 2 S Plan Year July to July</p> | <p>Vision: MESSA VSP w/out Medical Insurance VSP 3 G Plan Year July to July</p> |
| <p>Negotiated Life: MESSA \$40,000</p> | <p>Negotiated Life: MESSA \$60,000</p> |
| <p>Negotiated AD&D: MESSA \$40,000</p> | <p>Negotiated AD&D: MESSA \$60,000</p> |
| <p>Negotiated Dependent Life: None</p> | <p>Negotiated Dependent Life: MESSA \$10,000 Spouse / \$5,000 Child(ren)</p> |
| <p>Negotiated LTD: MESSA 66 2/3% Max \$5,000</p> | <p>Negotiated LTD: MESSA 66 2/3% Max \$5,000</p> |
| | <p>Cash In Lieu: Based on contract language and prorated for less than 8 hour employees.</p> |
| <p>Eligibility: Refer to Separate Rate Schedule to determine the % of District and Employee Premium Cost Share (prorated for part-time hours worked per day) Eligible 1st day of employment</p> | |



145T

**Non Union Teach &
Computer Tech (FT)**

| | | |
|--|----------|----------|
| 7F - MESSA Choices \$500/\$1000 | | |
| 0% Coinsurance, MESSA Saver Rx | | |
| Effective Date: 01/01/2022 | | |
| Monthly Cost (Full Time) | | |
| | Employee | Employer |
| Single | 97.30 | 608.71 |
| 2-Person | 315.51 | 1273.00 |
| Full Family | 316.70 | 1660.12 |

| | | |
|--|----------|----------|
| 9W - MESSA Choices \$500/\$1000 | | |
| 20% Coinsurance, MESSA Saver Rx Mandatory | | |
| Effective Date: 01/01/2022 | | |
| Monthly Cost (Full Time) | | |
| | Employee | Employer |
| Single | 14.27 | 608.71 |
| 2-Person | 128.73 | 1273.00 |
| Full Family | 84.25 | 1660.12 |

| | | |
|--|----------|----------|
| 7V - MESSA ABC Plan 1 \$1400/\$2800 HSA | | |
| 0% Coinsurance, MESSA ABC RX after deductible | | |
| Effective Date: 01/01/2022 | | |
| Monthly Cost (Full Time) | | |
| | Employee | Employer |
| Single | 15.31 | 608.71 |
| 2-Person | 131.03 | 1273.00 |
| Full Family | 87.12 | 1660.12 |



MESSA In-Network Plan Comparison - Effective 1/1/2022
Romeo Community Schools - 145T Non Union Teach & ComputerTech

| | MESSA Choices \$500/\$1,000 0% MESSA Saver Rx | MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABC Rx | MESSA Choices \$500/\$1,000 20% MESSA Saver Rx Mandatory Mail |
|---|---|---|--|
| In-Network Cost Share After Deductible | | | |
| Deductible | \$500/\$1,000 | \$1,400/\$2,800 | \$500/\$1,000 |
| Coinsurance | 0% | 0% | 20% |
| Blue Cross online visit copay/coinsurance | \$20 | 0% | \$20 |
| Office visit copay/coinsurance | \$20 | 0% | \$20 |
| Specialist visit copay/coinsurance | \$20 | 0% | \$20 |
| Urgent care copay/coinsurance | \$25 | 0% | \$25 |
| Emergency room copay/coinsurance | \$50 | 0% | \$50 |
| Total out-of-pocket maximum | \$2,500/\$5,000 | \$2,400/\$4,800 | \$3,500/\$7,000 |
| Certain Benefit Differences | | | |
| Chiropractic manipulations | Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply | Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible | Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible; \$20 office visit copay may apply |
| Osteopathic manipulations | Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply | Up to 38 visits per calendar year; Covered 100% after deductible | Up to 38 visits per calendar year; Covered 80% after deductible; \$20 office visit copay may apply |
| Outpatient physical, occupational and speech therapy | Up to a combined 60 visits per calendar year; Covered 100% after deductible | Up to a combined 60 visits per calendar year; Covered 100% after deductible | Up to a combined 60 visits per calendar year; Covered 80% after deductible |
| Bariatric surgery | Covered 100% after deductible | Covered 100% after deductible | Covered 80% after deductible |
| Acupuncture | Covered 100% after deductible | Covered 100% after deductible | Covered 80% after deductible |
| Hearing aids | Covered 100% up to a maximum benefit after deductible | Covered 100% up to a maximum benefit after deductible | Covered 80% up to a maximum benefit after deductible |



MESSA In-Network Plan Comparison - Effective 1/1/2022
 Romeo Community Schools - 145T Non Union Teach & ComputerTech

| | MESSA Choices \$500/\$1,000 0% MESSA Saver Rx | MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABC Rx | MESSA Choices \$500/\$1,000 20% MESSA Saver Rx Mandatory Mail |
|--|--|--|---|
| Prescription Drugs | MESSA Saver Rx | MESSA ABC Rx (after deductible) | MESSA Saver Rx Mandatory Mail |
| 34-day supply | | | |
| Generic drug | \$2 or \$10 | Free, \$2 or \$10 | \$2 or \$10 |
| Preferred brand drug | \$20 or \$40 | Free, \$20 or \$40 | \$20 or \$40 |
| Non-preferred brand drug | | | |
| 90-day supply | | | |
| Generic drug, Preferred brand drug, Non-preferred brand drug | 2x copay of applicable 34-day supply; Available via retail or mail order | 2x copay of applicable 34-day supply; Available via retail or mail order | 2x copay of applicable 34-day supply; Only available via mail order |
| Additional Rx Information | | | |
| Free preventive drug lists | Affordable Care Act (ACA) Free Preventive Drug Coverage | Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible | Affordable Care Act (ACA) Free Preventive Drug Coverage |

* For Saver Rx and ABC Rx, the reduced cost Generic drugs at \$2 and Brand Name drugs at \$20, include medications for Asthma, Diabetes, Coronary Artery Disease, High Blood Pressure and High Cholesterol.

* The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 to remain HSA-compatible according to IRS rules governing HSAs.

If you have any questions, please contact your MESSA Field Representative, Heather Scott, at 800.292.4910.

Information on this document is a general overview. Refer to MESSA.org and the plan booklets for additional information.



LHN TEACHERS / COM TECH (145T) DENTAL

WHO DO TAKE HEALTH AND DO NOT HAVE DENTAL THROUGH ANOTHER SOURCE

MESSA DENTAL PLANS - Group # 6319-0027

Underwritten by Delta Dental Plan of Michigan

| | | |
|---------------------------------|--|--|
| <p>CLASS I 80%</p> | <p>Diagnostic</p> <ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride • Emergency Palliative | <p>\$1,000 Class I, II, & III Annual Maximum Per Person</p> |
| <p>CLASS II 80%</p> | <p>Basic Services</p> <ul style="list-style-type: none"> • Radiographs • Restoratives • Crown Jackets • Oral Surgery • Endodontic & Periodontal Services | |
| <p>CLASS III 80%</p> | <p>Procedures for the construction of fixed bridgework partial and complete dentures</p> | |
| <p>CLASS IV 80%</p> | <p>Orthodontics Necessary treatment and procedures required for the correction of malposed teeth to age 19</p> <p>√ Initial Exam, Radiographs, and Extractions are covered under Class I</p> <p>Riders</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Adult Ortho - Removes age limitations</p> | <p>\$1,300 Class IV Lifetime Maximum Per Person</p> |

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LHN TEACHERS / COM TECH (145T) DENTAL

WHO DO NOT TAKE HEALTH AND DO NOT HAVE DENTAL THROUGH ANOTHER SOURCE

MESSA DENTAL PLANS - Group # 6319-0028

Underwritten by Delta Dental Plan of Michigan

| | | |
|---------------------------------|--|--|
| <p>CLASS I 100%</p> | <p>Diagnostic</p> <ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride • Emergency Palliative | <p>\$1,000 Class I, II, & III Annual Maximum Per Person</p> |
| <p>CLASS II 90%</p> | <p>Basic Services</p> <ul style="list-style-type: none"> • Radiographs • Restoratives • Crown Jackets • Oral Surgery • Endodontic & Periodontal Services | |
| <p>CLASS III 90%</p> | <p>Procedures for the construction of fixed bridgework partial and complete dentures</p> | |
| <p>CLASS IV 90%</p> | <p>Orthodontics Necessary treatment and procedures required for the correction of malposed teeth to age 19</p> <p>√ Initial Exam, Radiographs, and Extractions are covered under Class I</p> <p>Riders</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Adult Ortho - Removes age limitations</p> | <p>\$1,500 Class IV Lifetime Maximum Per Person</p> |

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VSP-3 G 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 | No copayment | \$35 |
| ■ Ophthalmologist | | \$45 |
| Contact lenses (includes examination) | | |
| ■ Elective lenses to improve vision | \$135 allowance | \$115 |
| ■ 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 | \$200 |
| Eyeglass frames | \$130 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 | |

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VSP-2 S Benefits



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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 | \$110 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 | \$130 allowance | \$44 |
| Eyeglass lenses | | |
| ■ Single vision | | \$29 |
| ■ Bifocal | \$18 copayment | \$51 |
| ■ Trifocal | | \$63 |
| ■ Lenticular | | \$75 |
| Eyeglass lens enhancements | | |
| ■ Rose #1 or #2 tint | | Member must pay the difference between the approved amount and the provider charge. |
| ■ Rimless | | |
| ■ Oversize | MESSA pays 100% of the approved amount | |
| ■ Blended | | |
| ■ Photochromic | | |
| ■ Progressive | Not covered | |
| ■ Tinted | | |
| ○ Single vision | | \$33 |
| ○ Bifocal | | \$61 |
| ○ Trifocal | | \$75 |
| ○ Lenticular | MESSA pays 100% of the approved amount | \$89 |
| ■ Polarized | | |
| ○ Single vision | | \$47 |
| ○ Bifocal | | \$81 |
| ○ Trifocal | | \$101 |
| ○ Lenticular | | \$119 |

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Health Savings Accounts

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high-deductible health plans such as the MESSA ABC Plan(s) offered. High deductible health plans (HDHPs) offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in). RCS uses **Health Equity** as the HSA Administrator.

What are the benefits of an HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in **2022** is \$3,650 for individual coverage and \$7,300 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catchup” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

Only employees enrolled in any of the MESSA high deductible ABC Medical Plans are eligible to participate in the HSA.

HSA Example:

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,400 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

| Year 1 | | → | Year 2 | |
|---|----------|---|---|----------|
| HSA Balance | \$1,000 | | HSA Balance | \$1,850 |
| Total Expenses: | | | Total Expenses: | |
| - Prescription drugs: \$150 | (-\$150) | | - Office visits: \$100 | (-\$300) |
| | | | - Prescription drugs: \$200 | |
| | | | - Preventive care services: \$0 (covered by insurance) | |
| HSA Rollover to Year 2 | \$850 | | HSA Rollover to Year 3 | \$1,550 |
| Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year. | | | Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year. | |

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Flexible Spending Accounts

Paying for health care can be stressful. That's why RCS offers an employer-sponsored flexible spending account (FSA) administered by **MESSA OptionALL**. Two types of FSA's are available through OptionALL: Health Reimbursement FSA and Dependent Care FSA.

What are the benefits of an FSA?

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money.** Allows you put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. **If you do not use it, you lose it.** You should only contribute the amount of money you expect to pay out of pocket that year.

Health Reimbursement FSA

Health Reimbursement FSAs allow you to contribute pre-tax dollars to qualified health care. The maximum amount you may contribute each year is \$2,750.

Employees enrolled in any of the MESSA medical, dental, or vision plans are eligible to participate in the FSA, however, those enrolled in MESSA's high deductible ABC Medical Plans, have the option of enrolling in either the FSA or HSA plan, not both.

Dependent care FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000.

FSA Example:

FSAs provide you with an important tax advantage that can help you pay for health care expenses on a pretax basis. Due to the personal tax savings you incur, your spendable income will increase. The example that follows illustrates how an FSA can save money.

Bob and Jane have a combined annual gross income of \$45,000 and expect to spend \$3,000 in eligible medical expenses in the plan year. They decide to direct a total of \$2,750 (maximum allowed per individual, for that taxable year) into their FSAs..

| | Without FSA | With FSA |
|---------------------------------|-----------------|-----------------|
| Gross income | \$45,000 | \$45,000 |
| FSA contributions | \$0 | (-\$2,750) |
| Gross income | \$45,000 | \$42,250 |
| Estimated taxes | (-\$5,532)* | (-\$4,999)* |
| After-tax earnings | \$39,468 | \$37,251 |
| Eligible out-of-pocket expenses | (-\$3,000) | (-\$400) |
| Remaining spendable income | \$36,468 | \$36,851 |
| Spendable income increase | -- | \$383 |

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HSA vs. FSA

What's the difference?

| | HSA Health savings account | FSA Flexible spending account |
|--|--|--|
| What is it? | Tax-advantaged account owned by employee that allows the account holder to save and pay for qualified medical expenses | Tax-advantaged account owned by employer that allows employee to pay for qualified medical expenses |
| Who is eligible? | Individuals covered by a high-deductible health plan (HDHP) and who don't have other, non-HDHP coverage | Any employee, subject to employer-designed exclusions |
| Who can fund it? | <ul style="list-style-type: none"> • Individual • Employee via payroll deduction • Employer | <ul style="list-style-type: none"> • Employee via payroll deduction • Employer |
| Maximum annual contribution in 2022? | <ul style="list-style-type: none"> • Individual – \$3,650 • Family – \$7,300 <i>(Annual limit is subject to change according to IRS rules)</i> | <ul style="list-style-type: none"> • \$2,750 <i>(Annual limit is subject to change according to IRS rules)</i> |
| Catch-up contributions? | Yes, ages 55 and older until they are enrolled in Medicare at age 65 – \$1,000 | No |
| Is contribution amount adjustable? | Yes | No, unless there is a qualifying life event and the plan document allows for such a change. |
| Year-over-year carryover of unused funds? | Yes. An HSA is a savings tool. If you don't spend the money during the calendar year, it rolls over to the next year. | No, funds are forfeited to the employer at the end of the year unless the plan document allows for a carryover up to \$550 or has been amended to provide a carryover of all or part of the unused amounts to the 2022 plan year |
| Interest and earnings? | Yes | No |
| Is personal health information private? | Yes, employees do not need to disclose private health information to their employer or HSA administrator to get reimbursed. | No, employee has to provide explanation of expenses to employer and/or FSA administrator to get reimbursed. |
| Investment options? | Yes | No |
| Portability? | Yes, the employee owns the account and can use it in retirement or if they change employers. | No |
| If I close my account, can I receive any remaining balance? | Yes, if the employee is age 65 or older, they may close the account and receive any remaining balance without penalties, subject to taxes. | No |
| Can I pay COBRA premiums or other plan premiums with it? | Yes | No |



Additional Benefit Offerings

Employees and dependents enrolled in any of the MESSA medical plans offered are also eligible for the following programs and health resources at no cost:

- Experian Identity Theft and Credit Protection
- NurseLine access 24 hours/7 days a week (1-800-414-2014)
- Livongo Diabetes Management
- MESSA Case Management Programs for most common chronic illnesses:
 - Asthma Case Management Program
 - Diabetes Case Management Program
 - Cardiovascular Case Management Program
 - Medical Case Management Program
- MESSA Wellness Tools
- Blue365 premier health & wellness discounts

The list above is not all inclusive. All MESSA programs and health resources available to MESSA medical plan enrollees can be found on MESSA's website at www.messa.org.

MESSA Gives You Options

All RCS employees are eligible to enroll or participate in MESSA's variable option plans (voluntary plans) at a minimal cost to the employee.

- Group Supplemental Term Life Insurance
- Group Survivor Income Insurance
- Group Dependent Life Insurance
- Group Short Term Disability Income Insurance
- Group Long Term Disability Income Insurance
- Indemnity Plans (Critical Illness Coverage, Hospital Indemnity Coverage, Accident Coverage)

A summary of the MESSA Variable Option Plans and Rates for those plans can be found at:

https://www.messa.org/pdf/messa_gives_you_options.pdf

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