



Benefits Enrollment Packet (Group 145W) TPOAM Bus Drivers

BUSINESS SERVICES OFFICE

316 North Main Street • Romeo, Michigan 48065 | www.romeok12.org | (586) 752-0225 • Fax (586) 752-0201

Open Enrollment November 6th – November 17th

OPEN ENROLLMENT CHECKLIST

- ✓ Review your benefit packet before making your selections.
- ✓ If you decide to keep the same benefits as last year, **you do not need to make benefit elections**. Your options will slide to the new plan automatically. Although Open Enrollment can be a great time to update your beneficiaries and address through the MESSA Member Portal Website.
- ✓ If you want to participate in a FSA because you have a low deductible health care plan or are on your spouse's low deductible health care plan, **you will need to sign onto your MESSA account and elect the FSA**.
- ✓ Visit the [MESSA](https://secure.messa.org/MemberPortal/Login) website (<https://secure.messa.org/MemberPortal/Login>) and select Open Enrollment to select your 2024 benefits. Open Enrollment User Guide instructions included in this packet.
- ✓ If you are eligible and elect to Opt Out of medical insurance to receive the monthly stipend incentive, you must complete the Health Benefit Opt Out Form found in this packet. You will also need to provide supporting documentation as required.*

MESSA will not show the hourly employees' cost share amount as it is dependent on the number of hours you work. Please refer to cost share amounts in this packet.

*All completed forms and supporting documentation are due to the RCS Benefits Coordinator's office within thirty (30) days of your benefits eligibility date, to ensure timely processing of your benefits and payroll deductions. Forms and supporting documentation can either be dropped off at the Business Services Office, mailed, or emailed accordingly:

Romeo Community Schools
Business Services Department
316 N. Main St.
Romeo, MI 48065

employeebenefits@romeok12.org

TPOAM

Effective Date: 01/01/2024

MESSA Group: 145W Bus Drivers

Bus Drivers

Option A: With Medical Coverage	
Medical	MESSA Choices MESSA Choices 20% Coinsurance MESSA ABC Plan 1 MESSA ABC Plan 2 All Plans with Basic Term Life \$5,000
*Dental	Dental 80/80/60/80
*Vision	VSP 3 G

Option B: Without Medical Coverage	
Medical	Cash in Lieu of Medical Coverage: \$100.00 (Full Time) Part Time: No Stipend
*Dental	Dental 80/80/60/80
*Vision	VSP 3 G

NIS - National Insurance Services			
With Medical Coverage		Without Medical Coverage	
Life	8 hrs/day - \$30,000 5 hrs - less than 8hrs/day - \$17,500	Life	8 hrs/day - \$60,000 5 hrs - less than 8hrs/day - \$35,000
AD&D	8 hrs/day - \$30,000 5 hrs - less than 8hrs/day - \$17,500	AD&D	8 hrs/day - \$60,000 5 hrs - less than 8hrs/day - \$35,000
LTD	66 2/3% Max \$2,500	LTD	66 2/3% Max \$2,500

Eligibility: Hours per day determine the % of the District and the Employee cost share.

Less than 5 hours per day, no medical, dental, or vision

Eligible 1st month following 30 calendar day probationary period for fully licensed bus drivers.

Eligible 1st month following 90 calendar day probationary period for non fully licensed bus drivers.

***Please note that Dental and Vision plan year has changed to January thru December**

MESSA will not show an hourly employee's cost share amount as it is dependent on the number of hours you work. Please refer to the cost share amounts shown below and on the subsequent pages:

2024 TRANSPORTATION MEDICAL - SINGLE COVERAGE						
2024 Annual Hard Cap			\$ 7,702.85	\$ 7,702.85	\$ 7,702.85	\$ 7,702.85
2024 Monthly Hard Cap			\$ 641.90	\$ 641.90	\$ 641.90	\$ 641.90
SINGLE COVERAGE			MESSA Choices \$500/\$1000	MESSA Choices \$500/\$1000 w/ Co Insurance	MESSA ABC Plan 1 \$1600/\$3200	MESSA ABC Plan 2 \$2000/\$4000
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 779.42	\$ 694.26	\$ 685.65	\$ 640.98
EMPLOYEE COST SHARE						
8.0	100.00%	0.00%	\$ 137.52	\$ 52.36	\$ 43.75	\$ -
7.9	98.75%	1.25%	\$ 145.54	\$ 60.38	\$ 51.77	\$ 8.02
7.8	97.50%	2.50%	\$ 153.56	\$ 68.40	\$ 59.79	\$ 16.05
7.7	96.25%	3.75%	\$ 161.59	\$ 76.43	\$ 67.82	\$ 24.07
7.6	95.00%	5.00%	\$ 169.61	\$ 84.45	\$ 75.84	\$ 32.10
7.5	93.75%	6.25%	\$ 177.63	\$ 92.47	\$ 83.86	\$ 40.12
7.4	92.50%	7.50%	\$ 185.66	\$ 100.50	\$ 91.89	\$ 48.14
7.3	91.25%	8.75%	\$ 193.68	\$ 108.52	\$ 99.91	\$ 56.17
7.2	90.00%	10.00%	\$ 201.71	\$ 116.55	\$ 107.94	\$ 64.19
7.1	88.75%	11.25%	\$ 209.73	\$ 124.57	\$ 115.96	\$ 72.21
7.0	87.50%	12.50%	\$ 217.75	\$ 132.59	\$ 123.98	\$ 80.24
6.9	86.25%	13.75%	\$ 225.78	\$ 140.62	\$ 132.01	\$ 88.26
6.8	85.00%	15.00%	\$ 233.80	\$ 148.64	\$ 140.03	\$ 96.29
6.7	83.75%	16.25%	\$ 241.83	\$ 156.67	\$ 148.06	\$ 104.31
6.6	82.50%	17.50%	\$ 249.85	\$ 164.69	\$ 156.08	\$ 112.33
6.5	81.25%	18.75%	\$ 257.87	\$ 172.71	\$ 164.10	\$ 120.36
6.4	80.00%	20.00%	\$ 265.90	\$ 180.74	\$ 172.13	\$ 128.38
6.3	78.75%	21.25%	\$ 273.92	\$ 188.76	\$ 180.15	\$ 136.40
6.2	77.50%	22.50%	\$ 281.94	\$ 196.78	\$ 188.17	\$ 144.43
6.1	76.25%	23.75%	\$ 289.97	\$ 204.81	\$ 196.20	\$ 152.45
6.0	75.00%	25.00%	\$ 297.99	\$ 212.83	\$ 204.22	\$ 160.48
5.9	73.75%	26.25%	\$ 306.02	\$ 220.86	\$ 212.25	\$ 168.50
5.8	72.50%	27.50%	\$ 314.04	\$ 228.88	\$ 220.27	\$ 176.52
5.7	71.25%	28.75%	\$ 322.06	\$ 236.90	\$ 228.29	\$ 184.55
5.6	70.00%	30.00%	\$ 330.09	\$ 244.93	\$ 236.32	\$ 192.57
5.5	68.75%	31.25%	\$ 338.11	\$ 252.95	\$ 244.34	\$ 200.60
5.4	67.50%	32.50%	\$ 346.13	\$ 260.97	\$ 252.36	\$ 208.62
5.3	66.25%	33.75%	\$ 354.16	\$ 269.00	\$ 260.39	\$ 216.64
5.2	65.00%	35.00%	\$ 362.18	\$ 277.02	\$ 268.41	\$ 224.67
5.1	63.75%	36.25%	\$ 370.21	\$ 285.05	\$ 276.44	\$ 232.69
5.0	62.50%	37.50%	\$ 378.23	\$ 293.07	\$ 284.46	\$ 240.71

****Anyone who works less than 12 months will get 12 months of insurance premiums spread over the number of pays they will receive in that school year.**

MESSA will not show an hourly employee's cost share amount as it is dependent on the number of hours you work. Please refer to the cost share amounts shown below and on the subsequent pages:

2024 TRANSPORTATION MEDICAL - 2 PERSON						
2024 Annual Hard Cap			\$ 16,109.06	\$ 16,109.06	\$ 16,109.06	\$ 16,109.06
2024 Monthly Hard Cap			\$ 1,342.42	\$ 1,342.42	\$ 1,342.42	\$ 1,342.42
2 PERSON COVERAGE			MESSA Choices \$500/\$1000	MESSA Choices \$500/\$1000 w/ Co Insurance	MESSA ABC Plan 1 \$1600/\$3200	MESSA ABC Plan 2 \$2000/\$4000
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 1,753.69	\$ 1,562.07	\$ 1,542.70	\$ 1,442.21
EMPLOYEE COST SHARE						
8.0	100.00%	0.00%	\$ 411.27	\$ 219.65	\$ 200.28	\$ 99.79
7.9	98.75%	1.25%	\$ 428.05	\$ 236.43	\$ 217.06	\$ 116.57
7.8	97.50%	2.50%	\$ 444.83	\$ 253.21	\$ 233.84	\$ 133.35
7.7	96.25%	3.75%	\$ 461.61	\$ 269.99	\$ 250.62	\$ 150.13
7.6	95.00%	5.00%	\$ 478.39	\$ 286.77	\$ 267.40	\$ 166.91
7.5	93.75%	6.25%	\$ 495.17	\$ 303.55	\$ 284.18	\$ 183.69
7.4	92.50%	7.50%	\$ 511.95	\$ 320.33	\$ 300.96	\$ 200.47
7.3	91.25%	8.75%	\$ 528.73	\$ 337.11	\$ 317.74	\$ 217.25
7.2	90.00%	10.00%	\$ 545.51	\$ 353.89	\$ 334.52	\$ 234.03
7.1	88.75%	11.25%	\$ 562.29	\$ 370.67	\$ 351.30	\$ 250.81
7.0	87.50%	12.50%	\$ 579.07	\$ 387.45	\$ 368.08	\$ 267.59
6.9	86.25%	13.75%	\$ 595.85	\$ 404.23	\$ 384.86	\$ 284.37
6.8	85.00%	15.00%	\$ 612.63	\$ 421.01	\$ 401.64	\$ 301.15
6.7	83.75%	16.25%	\$ 629.41	\$ 437.79	\$ 418.42	\$ 317.93
6.6	82.50%	17.50%	\$ 646.19	\$ 454.57	\$ 435.20	\$ 334.71
6.5	81.25%	18.75%	\$ 662.97	\$ 471.35	\$ 451.98	\$ 351.49
6.4	80.00%	20.00%	\$ 679.75	\$ 488.13	\$ 468.76	\$ 368.27
6.3	78.75%	21.25%	\$ 696.53	\$ 504.91	\$ 485.54	\$ 385.05
6.2	77.50%	22.50%	\$ 713.31	\$ 521.69	\$ 502.32	\$ 401.83
6.1	76.25%	23.75%	\$ 730.09	\$ 538.47	\$ 519.10	\$ 418.61
6.0	75.00%	25.00%	\$ 746.87	\$ 555.25	\$ 535.88	\$ 435.39
5.9	73.75%	26.25%	\$ 763.65	\$ 572.03	\$ 552.66	\$ 452.17
5.8	72.50%	27.50%	\$ 780.43	\$ 588.81	\$ 569.44	\$ 468.95
5.7	71.25%	28.75%	\$ 797.21	\$ 605.59	\$ 586.22	\$ 485.73
5.6	70.00%	30.00%	\$ 813.99	\$ 622.37	\$ 603.00	\$ 502.51
5.5	68.75%	31.25%	\$ 830.78	\$ 639.16	\$ 619.79	\$ 519.30
5.4	67.50%	32.50%	\$ 847.56	\$ 655.94	\$ 636.57	\$ 536.08
5.3	66.25%	33.75%	\$ 864.34	\$ 672.72	\$ 653.35	\$ 552.86
5.2	65.00%	35.00%	\$ 881.12	\$ 689.50	\$ 670.13	\$ 569.64
5.1	63.75%	36.25%	\$ 897.90	\$ 706.28	\$ 686.91	\$ 586.42
5.0	62.50%	37.50%	\$ 914.68	\$ 723.06	\$ 703.69	\$ 603.20

****Anyone who works less than 12 months will get 12 months of insurance premiums spread over the number of pays they will receive in that school year.**

MESSA will not show an hourly employee's cost share amount as it is dependent on the number of hours you work. Please refer to the cost share amounts shown below and on the subsequent pages:

2024 TRANSPORTATION MEDICAL - FULL FAMILY						
2024 Annual Hard Cap			\$ 21,007.83	\$ 21,007.83	\$ 21,007.83	\$ 21,007.83
2024 Monthly Hard Cap			\$ 1,750.65	\$ 1,750.65	\$ 1,750.65	\$ 1,750.65
FULL FAMILY COVERAGE			MESSA Choices \$500/\$1000	MESSA Choices \$500/\$1000 w/ Co Insurance	MESSA ABC Plan 1 \$1600/\$3200	MESSA ABC Plan 2 \$2000/\$4000
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 2,182.38	\$ 1,943.92	\$ 1,919.80	\$ 1,794.75
EMPLOYEE COST SHARE						
8.0	100.00%	0.00%	\$ 431.73	\$ 193.27	\$ 169.15	\$ 44.10
7.9	98.75%	1.25%	\$ 453.61	\$ 215.15	\$ 191.03	\$ 65.98
7.8	97.50%	2.50%	\$ 475.49	\$ 237.03	\$ 212.91	\$ 87.86
7.7	96.25%	3.75%	\$ 497.38	\$ 258.92	\$ 234.80	\$ 109.75
7.6	95.00%	5.00%	\$ 519.26	\$ 280.80	\$ 256.68	\$ 131.63
7.5	93.75%	6.25%	\$ 541.14	\$ 302.68	\$ 278.56	\$ 153.51
7.4	92.50%	7.50%	\$ 563.03	\$ 324.57	\$ 300.45	\$ 175.40
7.3	91.25%	8.75%	\$ 584.91	\$ 346.45	\$ 322.33	\$ 197.28
7.2	90.00%	10.00%	\$ 606.79	\$ 368.33	\$ 344.21	\$ 219.16
7.1	88.75%	11.25%	\$ 628.68	\$ 390.22	\$ 366.10	\$ 241.05
7.0	87.50%	12.50%	\$ 650.56	\$ 412.10	\$ 387.98	\$ 262.93
6.9	86.25%	13.75%	\$ 672.44	\$ 433.98	\$ 409.86	\$ 284.81
6.8	85.00%	15.00%	\$ 694.33	\$ 455.87	\$ 431.75	\$ 306.70
6.7	83.75%	16.25%	\$ 716.21	\$ 477.75	\$ 453.63	\$ 328.58
6.6	82.50%	17.50%	\$ 738.09	\$ 499.63	\$ 475.51	\$ 350.46
6.5	81.25%	18.75%	\$ 759.97	\$ 521.51	\$ 497.39	\$ 372.34
6.4	80.00%	20.00%	\$ 781.86	\$ 543.40	\$ 519.28	\$ 394.23
6.3	78.75%	21.25%	\$ 803.74	\$ 565.28	\$ 541.16	\$ 416.11
6.2	77.50%	22.50%	\$ 825.62	\$ 587.16	\$ 563.04	\$ 437.99
6.1	76.25%	23.75%	\$ 847.51	\$ 609.05	\$ 584.93	\$ 459.88
6.0	75.00%	25.00%	\$ 869.39	\$ 630.93	\$ 606.81	\$ 481.76
5.9	73.75%	26.25%	\$ 891.27	\$ 652.81	\$ 628.69	\$ 503.64
5.8	72.50%	27.50%	\$ 913.16	\$ 674.70	\$ 650.58	\$ 525.53
5.7	71.25%	28.75%	\$ 935.04	\$ 696.58	\$ 672.46	\$ 547.41
5.6	70.00%	30.00%	\$ 956.92	\$ 718.46	\$ 694.34	\$ 569.29
5.5	68.75%	31.25%	\$ 978.81	\$ 740.35	\$ 716.23	\$ 591.18
5.4	67.50%	32.50%	\$ 1,000.69	\$ 762.23	\$ 738.11	\$ 613.06
5.3	66.25%	33.75%	\$ 1,022.57	\$ 784.11	\$ 759.99	\$ 634.94
5.2	65.00%	35.00%	\$ 1,044.46	\$ 806.00	\$ 781.88	\$ 656.83
5.1	63.75%	36.25%	\$ 1,066.34	\$ 827.88	\$ 803.76	\$ 678.71
5.0	62.50%	37.50%	\$ 1,088.22	\$ 849.76	\$ 825.64	\$ 700.59

****Anyone who works less than 12 months will get 12 months of insurance premiums spread over the number of pays they will receive in that school year.**

MESSA In-Network Plan Comparison - Effective 1/1/2024
Romeo Community Schools - All Employees

	MESSA Choices \$500/\$1,000 0% 3-Tier Rx	MESSA Choices \$500/\$1,000 20% 3-Tier Rx	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx
In-Network Cost Share After Deductible				
Deductible	\$500/\$1,000	\$500/\$1,000	\$1,600/\$3,200	\$2,000/\$4,000
Coinsurance	0%	20%	0%	0%
Teladoc Health virtual 24/7 care for minor illnesses, injuries and mental health copay/coinsurance	\$20	\$20	0%	0%
Teladoc Health virtual primary care visit copay/coinsurance	\$20	\$20	0%	0%
Office visit copay/coinsurance	\$20	\$20	0%	0%
Specialist visit copay/coinsurance	\$20	\$20	0%	0%
Urgent care copay/coinsurance	\$25	\$25	0%	0%
Emergency room copay/coinsurance	\$50	\$50	0%	0%
Total out-of-pocket maximum	\$3,500/\$7,000	\$4,500/\$9,000	\$3,600/\$7,200	\$4,000/\$8,000
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 80% 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 100% after deductible
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 80% 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 100% after deductible
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 80% 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 100% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 100% after deductible
Acupuncture	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 100% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible

MESSA In-Network Plan Comparison - Effective: 1/1/2024
Romeo Community Schools - All Employees

	MESSA Choices \$500/\$1,000 0% 3-Tier Rx	MESSA Choices \$500/\$1,000 20% 3-Tier Rx	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx
Prescription Drugs	3-Tier Rx	3-Tier Rx	3-Tier Rx (after deductible)	3-Tier Rx (after deductible)
Up to a 34-day supply				
Generic drugs	\$10	\$10	Free or \$10	Free or \$10
Preferred brand-name drugs	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand-name drugs	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
Preferred specialty drugs (includes generic specialty and preferred brand specialty)	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories
Nonpreferred specialty drugs				
90-day supply				
Generic drugs, Preferred brand-name drugs, Nonpreferred brand-name drugs	2.5x 1-month supply; Available via retail or mail order	2.5x 1-month supply; Available via retail or mail order	2.5x 1-month supply; Available via retail or mail order	2.5x 1-month supply; Available via retail or mail order
Additional Information				
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible
Supplemental Plans	Not included	Not included	Not included	Not included

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Heather Scott, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.

2024 TRANSPORTATION DENTAL

2024 Dental Cost Share			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 41.74	\$ 79.03	\$ 134.90
EMPLOYEE COST SHARE					
8.0	100.00%	0.00%	\$ -	\$ -	\$ -
7.9	98.75%	1.25%	\$ -	\$ 0.47	\$ 1.16
7.8	97.50%	2.50%	\$ -	\$ 0.93	\$ 2.33
7.7	96.25%	3.75%	\$ -	\$ 1.40	\$ 3.49
7.6	95.00%	5.00%	\$ -	\$ 1.86	\$ 4.66
7.5	93.75%	6.25%	\$ -	\$ 2.33	\$ 5.82
7.4	92.50%	7.50%	\$ -	\$ 2.80	\$ 6.99
7.3	91.25%	8.75%	\$ -	\$ 3.26	\$ 8.15
7.2	90.00%	10.00%	\$ -	\$ 3.73	\$ 9.32
7.1	88.75%	11.25%	\$ -	\$ 4.20	\$ 10.48
7.0	87.50%	12.50%	\$ -	\$ 4.66	\$ 11.65
6.9	86.25%	13.75%	\$ -	\$ 5.13	\$ 12.81
6.8	85.00%	15.00%	\$ -	\$ 5.59	\$ 13.97
6.7	83.75%	16.25%	\$ -	\$ 6.06	\$ 15.14
6.6	82.50%	17.50%	\$ -	\$ 6.53	\$ 16.30
6.5	81.25%	18.75%	\$ -	\$ 6.99	\$ 17.47
6.4	80.00%	20.00%	\$ -	\$ 7.46	\$ 18.63
6.3	78.75%	21.25%	\$ -	\$ 7.92	\$ 19.80
6.2	77.50%	22.50%	\$ -	\$ 8.39	\$ 20.96
6.1	76.25%	23.75%	\$ -	\$ 8.86	\$ 22.13
6.0	75.00%	25.00%	\$ -	\$ 9.32	\$ 23.29
5.9	73.75%	26.25%	\$ -	\$ 9.79	\$ 24.45
5.8	72.50%	27.50%	\$ -	\$ 10.25	\$ 25.62
5.7	71.25%	28.75%	\$ -	\$ 10.72	\$ 26.78
5.6	70.00%	30.00%	\$ -	\$ 11.19	\$ 27.95
5.5	68.75%	31.25%	\$ -	\$ 11.65	\$ 29.11
5.4	67.50%	32.50%	\$ -	\$ 12.12	\$ 30.28
5.3	66.25%	33.75%	\$ -	\$ 12.59	\$ 31.44
5.2	65.00%	35.00%	\$ -	\$ 13.05	\$ 32.61
5.1	63.75%	36.25%	\$ -	\$ 13.52	\$ 33.77
5.0	62.50%	37.50%	\$ -	\$ 13.98	\$ 34.93

MESSA Dental plan highlights



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

Effective Date: 01/01/2024

MESSA Account: Romeo Community Schools

Employee Group: 145W Bus Drivers

Group/Subgroup: 06319-0033

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 80%	Basic Services 80%	Major Services 60%	Orthodontics 80%
<ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Pallative • 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>\$1,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services</p>			<p>\$1,000 lifetime maximum per person Orthodontics</p>

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.

2024 TRANSPORTATION VISION

2024 Vision Cost Share			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 7.32	\$ 15.70	\$ 23.59
EMPLOYEE COST SHARE					
8.0	100.00%	0.00%	\$ -	\$ -	\$ -
7.9	98.75%	1.25%	\$ -	\$ 0.10	\$ 0.20
7.8	97.50%	2.50%	\$ -	\$ 0.21	\$ 0.41
7.7	96.25%	3.75%	\$ -	\$ 0.31	\$ 0.61
7.6	95.00%	5.00%	\$ -	\$ 0.42	\$ 0.81
7.5	93.75%	6.25%	\$ -	\$ 0.52	\$ 1.02
7.4	92.50%	7.50%	\$ -	\$ 0.63	\$ 1.22
7.3	91.25%	8.75%	\$ -	\$ 0.73	\$ 1.42
7.2	90.00%	10.00%	\$ -	\$ 0.84	\$ 1.63
7.1	88.75%	11.25%	\$ -	\$ 0.94	\$ 1.83
7.0	87.50%	12.50%	\$ -	\$ 1.05	\$ 2.03
6.9	86.25%	13.75%	\$ -	\$ 1.15	\$ 2.24
6.8	85.00%	15.00%	\$ -	\$ 1.26	\$ 2.44
6.7	83.75%	16.25%	\$ -	\$ 1.36	\$ 2.64
6.6	82.50%	17.50%	\$ -	\$ 1.47	\$ 2.85
6.5	81.25%	18.75%	\$ -	\$ 1.57	\$ 3.05
6.4	80.00%	20.00%	\$ -	\$ 1.68	\$ 3.25
6.3	78.75%	21.25%	\$ -	\$ 1.78	\$ 3.46
6.2	77.50%	22.50%	\$ -	\$ 1.89	\$ 3.66
6.1	76.25%	23.75%	\$ -	\$ 1.99	\$ 3.86
6.0	75.00%	25.00%	\$ -	\$ 2.10	\$ 4.07
5.9	73.75%	26.25%	\$ -	\$ 2.20	\$ 4.27
5.8	72.50%	27.50%	\$ -	\$ 2.30	\$ 4.47
5.7	71.25%	28.75%	\$ -	\$ 2.41	\$ 4.68
5.6	70.00%	30.00%	\$ -	\$ 2.51	\$ 4.88
5.5	68.75%	31.25%	\$ -	\$ 2.62	\$ 5.08
5.4	67.50%	32.50%	\$ -	\$ 2.72	\$ 5.29
5.3	66.25%	33.75%	\$ -	\$ 2.83	\$ 5.49
5.2	65.00%	35.00%	\$ -	\$ 2.93	\$ 5.69
5.1	63.75%	36.25%	\$ -	\$ 3.04	\$ 5.90
5.0	62.50%	37.50%	\$ -	\$ 3.14	\$ 6.10

VSP 3 G Benefits



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

Effective Date: 1/1/2024

MESSA Account: Romeo Community Schools

Employee Group: 145W Bus Drivers

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 messa.org/vision 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	No copayment	\$45
Contact lenses (includes examination)		
Elective lenses to improve vision	\$135 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	\$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		
Single vision	MESSA pays 100% of the approved amount	\$42
Bifocal		\$70
Trifocal		\$84
Lenticular		\$118
Polarized		
Single vision	MESSA pays 100% of the approved amount	\$56
Bifocal		\$90
Trifocal		\$110
Lenticular		\$138

HSA vs. FSA

What's the difference?

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
What is it?	Tax-advantaged account owned by employee that allows the account holder to save and pay for qualified medical expenses	Tax-advantaged accounts 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 contributions in 2024?	<ul style="list-style-type: none">• Individual - \$4,150• Family - \$8,300 <i>(Annual limit is subject to change according to the IRS rules)</i>	<ul style="list-style-type: none">• \$3,200 <i>(Annual limit is subject to change according to the 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 \$640.
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



ONLINE ENROLLMENT AT A GLANCE



Creating/Logging in to your MYMESSA Account

- Go to www.messa.org
- Click MyMESSA Login
- Log in to your account
- If you do not have an account, Create one now

Accessing MESSA's Online Benefits Website

- Once logged in to your account, click on the **"Select your benefits"** link in the blue box. (If you do not see this link, please call Member Services at 800.336.0013).

Electing Benefits

- Click "Make Benefit Elections"

Demographics

- Review your Demographic Information and make any necessary updates.
- When finished, click the **"I agree"** box and click **"Continue"**.

Dependents

- Review/add/edit your Family Information.
- When finished, click the **"I agree"** box and click **"Continue"**.

Benefit Election

- To elect benefits, click on **"View Plan Options"** Step

- To cover a dependent, check the box next to their name and click continue.
- To remove a dependent, uncheck the box next to their name.
- Click **"Continue"**.
- Select a benefit plan by clicking **"Select"**.
- When finished electing all benefits, click **"Continue"** on the right-hand side.

Beneficiaries

- It's recommended that you designate at least one primary beneficiary.
 - Add a beneficiary to this plan from your dependents or add a new beneficiary.
 - Click 'Add Selected'.
 - Percentage total must equal 100%.
- When finished click "**Continue**".

Basic Term Life
Please choose your beneficiaries

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

+ Add Beneficiary

Negotiated Life
Please choose your beneficiaries

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

+ Add Beneficiary

Other Medical Insurance

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click "**Yes**" next to "Current or Prior Coverages" and enter the following information.
- Once you have entered the information, click "**Save**".
- If you do not have other medical coverage, keep "Current or Prior Coverages" as "**No**" and click "**Continue**".

Review and Confirm

- Now that you have elected all of your benefits, review your selections and scroll to the bottom of the page to view the "Participation" statement. Check the "**I agree, and I'm finished with my enrollment**" box.

Review and Confirm

! Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

CHANGED BENEFITS: Medical Dental Vision Basic Term Life Optional Supplemental Term Life Optional Basic Term Life
Optional Survivor Income Insurance Optional Dependent Life

*INDICATES CHANGED BENEFITS

Your Total Cost **\$0.00**
Per Month

Medical* Your cost per month **\$0.00**

! This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan Cost Details Per Month
Coverage: Employee + Dependent Your Cost \$0.00

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	Cover
Sally Tests	Spouse	Cover
Chloe Tests	Daughter	No Coverage

Edit Selection

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

Confirmation Statement

- You may view, email, or print your confirmation statement.

✓ Your enrollment is complete!

You may make changes to your elections until **March 21, 2020**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

MESSA is not responsible for the costs shown.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW EMAIL PRINT

Enrollment Forms



Health Benefit Opt Out

Group ID 145 (All Groups)

For the period from January 1, 2024 – December 31, 2024

I elect to forgo participating in health care coverage offered by Romeo Community Schools. Depending on current contract language, I agree that in lieu of health care coverage, I will receive a monthly stipend incentive. I further understand that the stipend incentive amount will be paid monthly in the first pay of the month and added to my taxable wages.

If I am employed less than full time, I acknowledge that the stipend will be prorated in proportion to the percentage equivalent to my employment status (i.e., 80%, 50%, etc.) and current contract language.

Selection and enrollment in the Opt Out program after the first of the month, will result in the payment of the Opt Out stipend beginning with the following month payable in first pay of that month. If eligible for non-medical coverage (Dental, Vision, Life & LTD), complete the necessary online enrollment. Contact the Employee Compensation Coordinator information regarding the MESSA online benefits enrollment.

I hereby acknowledge that I am covered by other health coverage with:

Carrier Name: _____ Subscriber Name: _____

Policy/Contract Number: _____ Group Number: _____

Medical Insurance Effective Date: _____

(A photocopy of insurance card must be attached to this form.)

I understand that I may not modify this selection except, during the normal Open Enrollment dates, within 30 days of my current coverage being cancelled, life status change, or as approved by the carrier.

The stipend amount paid will be according to the current contract language.

Effective Date: _____ Print Name: _____

Signature: _____ Date: _____

Return form and attachment via scan to:

Romeo Community Schools – Business Services Department
Employee Compensation Coordinator
employeebenefits@romeok12.org

BUSINESS SERVICES OFFICE

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