



ROMEO
COMMUNITY
SCHOOLS

Benefits Enrollment Packet

(Group 145Y)

Child Care

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

145Y
Full Time Child Care

BC - MESSA Choices \$500/\$1000		
0% Coinsurance, 3Tier RX		
Effective Date: 01/01/2024		
Monthly Cost (Full Time)		
	Employee	Employer
Single	145.39	641.90
2-Person	1129.50	641.90
Full Family	1562.52	641.90

BG - MESSA Choices \$500/\$1000		
20% Coinsurance, 3Tier RX		
Effective Date: 01/01/2024		
Monthly Cost (Full Time)		
	Employee	Employer
Single	59.37	641.90
2-Person	935.95	641.90
Full Family	1321.66	641.90

CU - MESSA ABC Plan 1 \$1600/\$3200 HSA		
0% Coinsurance, 3Tier RX after deductible		
Effective Date: 01/01/2024		
Monthly Cost (Full Time)		
	Employee	Employer
Single	50.67	641.90
2-Person	916.38	641.90
Full Family	1297.29	641.90

DG - MESSA ABC Plan 2 \$2000/\$4000 HSA		
0% Coinsurance, 3Tier RX after deductible		
Effective Date: 01/01/2024		
Monthly Cost (Full Time)		
	Employee	Employer
Single	5.56	641.90
2-Person	814.88	641.90
Full Family	1170.98	641.90

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

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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.

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
Coverage: **Employee + Dependent** Cost Details Per Month

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	<input checked="" type="checkbox"/> Cover
Sally Tests	Spouse	<input checked="" type="checkbox"/> Cover
Chloe Tests	Daughter	<input type="checkbox"/> No Coverage

Edit Selection

Your Cost \$0.00

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](#)