



**ROME
COMMUNITY
SCHOOLS**

TPOAM BUS DRIVERS

GROUP 145W



2025 Open Enrollment
Benefit Guide

Open Enrollment November 11th – November 25th

OPEN ENROLLMENT CHECKLIST

- ✓ Review your benefit packet before making your elections.
- ✓ **Medical Elections will be made via paper form (located at the end of this packet) for this first initial year with The Pool.**
- ✓ **Dental and Vision elections will be made via MYMESSA portal.**
- ✓ 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 fill out a paper form (located at the end of 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 located at the end of this packet. You will also need to provide supporting documentation as required.*

*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

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 25 for more details.

Enrollment Opportunities

This Guide will give you an overview of the benefit plans we sponsor.

Open Enrollment

During open enrollment you may add, drop, or modify coverage. You will be locked into the plan selections from January 1 through December 31, unless there is a qualifying change in status event (marriage, divorce, birth, adoption or change in custody of a child, death of a dependent, change in employment status). All changes must be made within 30 days of the event.

Making Mid-Year Changes

Romeo Community School's medical, dental, optical and FSA program allows you to pay for benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state, and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation.

These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the plan year (generally during open enrollment)—January 1 through December 31. The IRS permits you to change your pre-tax contribution amount mid-year only if you have a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Marriage, legal separation, annulment, or divorce.
- Death of a dependent.
- A change in employment status that affects eligibility under the plan.
- A change in election that is on account of, and corresponds with, a change made under another employer plan.
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not initiate your change on the MESSA employee website within 30 days, you must wait until the next annual enrollment period to make a change. Proof of change needs to be submitted to employeebenefits@romeok12.org within 30 days.

Please note: Health Savings Account (HSA) contributions are eligible to be changed at any time throughout the year and do not require a qualifying event to make a change.

These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to add or drop coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

Plan Offerings

WMHIP/BCBSM Group: 145W Bus Drivers

Bus Drivers

Option A: With Medical Coverage	
Medical	<ul style="list-style-type: none"> • WMHIP/BCBSM ENHANCED 500 118 • WMHIP /BCBSM ENHANCED 500 160 • WMHIP/BCBSM ENHANCED HSA 141/142 • WMHIP/BCBSM HSA 2000 121/122 <p>All Plans include \$5,000 Basic Term Life (through NIS)</p>
*Dental	• Dental 80/80/60/80
*Vision	• VSP 3G

Option B: Without Medical Coverage	
Medical	<ul style="list-style-type: none"> • Cash-in-Lieu of Medical Coverage \$100 (Full-Time) • Part-Time: No Stipend
*Dental	• Dental 80/80/60/80
*Vision	• VSP 3 G

NIS—National Insurance Services With Medical Coverage	
Life	<ul style="list-style-type: none"> • 8 hrs/day—\$30,000 • 5 hrs—less than 8 hrs/day—\$17,500
AD&D	<ul style="list-style-type: none"> • 8 hrs/day—\$30,000 • 5 hrs—less than 8 hrs/day—\$17,500
LTD	• 66 2/3% Max \$2,500

NIS—National Insurance Services Without Medical Coverage	
Life	<ul style="list-style-type: none"> • 8 hrs/day—\$60,000 • 5 hrs—less than 8 hrs/day—\$35,000
AD&D	<ul style="list-style-type: none"> • 8 hrs/day—\$60,000 • 5 hrs—less than 8 hrs/day—\$35,000
LTD	• 66 2/3% Max \$2,500

* Dental / Vision plan year is January through December.

2025 The Pool

2025 TRANSPORTATION MEDICAL - SINGLE COVERAGE

2025 Annual Hard Cap			\$ 7,718.26	\$ 7,718.26	\$ 7,718.26	\$ 7,718.26
2025 Monthly Hard Cap			\$ 643.19	\$ 643.19	\$ 643.19	\$ 643.19
SINGLE COVERAGE			Enhanced 500 118 \$500/\$1000	Enhanced 500 160 \$500/\$1000 w/20% Co Insurance	HSA141/142 \$1650/\$3300	HSA121/122 \$2000/\$4000
			Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium
			\$ 766.34	\$ 701.82	\$ 658.76	\$ 622.08
EMPLOYEE COST SHARE						
8.0	100.00%	0.00%	\$ 123.15	\$ 58.63	\$ 15.57	\$ -
7.9	98.75%	1.25%	\$ 131.19	\$ 66.67	\$ 23.61	\$ -
7.8	97.50%	2.50%	\$ 139.23	\$ 74.71	\$ 31.65	\$ -
7.7	96.25%	3.75%	\$ 147.27	\$ 82.75	\$ 39.69	\$ 3.01
7.6	95.00%	5.00%	\$ 155.31	\$ 90.79	\$ 47.73	\$ 11.05
7.5	93.75%	6.25%	\$ 163.35	\$ 98.83	\$ 55.77	\$ 19.09
7.4	92.50%	7.50%	\$ 171.39	\$ 106.87	\$ 63.81	\$ 27.13
7.3	91.25%	8.75%	\$ 179.43	\$ 114.91	\$ 71.85	\$ 35.17
7.2	90.00%	10.00%	\$ 187.47	\$ 122.95	\$ 79.89	\$ 43.21
7.1	88.75%	11.25%	\$ 195.51	\$ 130.99	\$ 87.93	\$ 51.25
7.0	87.50%	12.50%	\$ 203.55	\$ 139.03	\$ 95.97	\$ 59.29
6.9	86.25%	13.75%	\$ 211.59	\$ 147.07	\$ 104.01	\$ 67.33
6.8	85.00%	15.00%	\$ 219.63	\$ 155.11	\$ 112.05	\$ 75.37
6.7	83.75%	16.25%	\$ 227.67	\$ 163.15	\$ 120.09	\$ 83.41
6.6	82.50%	17.50%	\$ 235.71	\$ 171.19	\$ 128.13	\$ 91.45
6.5	81.25%	18.75%	\$ 243.75	\$ 179.23	\$ 136.17	\$ 99.49
6.4	80.00%	20.00%	\$ 251.79	\$ 187.27	\$ 144.21	\$ 107.53
6.3	78.75%	21.25%	\$ 259.83	\$ 195.31	\$ 152.25	\$ 115.57
6.2	77.50%	22.50%	\$ 267.87	\$ 203.35	\$ 160.29	\$ 123.61
6.1	76.25%	23.75%	\$ 275.91	\$ 211.39	\$ 168.33	\$ 131.65
6.0	75.00%	25.00%	\$ 283.95	\$ 219.43	\$ 176.37	\$ 139.69
5.9	73.75%	26.25%	\$ 291.99	\$ 227.47	\$ 184.41	\$ 147.73
5.8	72.50%	27.50%	\$ 300.03	\$ 235.51	\$ 192.45	\$ 155.77
5.7	71.25%	28.75%	\$ 308.07	\$ 243.55	\$ 200.49	\$ 163.81
5.6	70.00%	30.00%	\$ 316.11	\$ 251.59	\$ 208.53	\$ 171.85
5.5	68.75%	31.25%	\$ 324.15	\$ 259.63	\$ 216.57	\$ 179.89
5.4	67.50%	32.50%	\$ 332.19	\$ 267.67	\$ 224.61	\$ 187.93
5.3	66.25%	33.75%	\$ 340.23	\$ 275.71	\$ 232.65	\$ 195.97
5.2	65.00%	35.00%	\$ 348.27	\$ 283.75	\$ 240.69	\$ 204.01
5.1	63.75%	36.25%	\$ 356.31	\$ 291.79	\$ 248.73	\$ 212.05
5.0	62.50%	37.50%	\$ 364.35	\$ 299.83	\$ 256.77	\$ 220.09

****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.**

2025 The Pool

2025 TRANSPORTATION MEDICAL - 2 PERSON

2025 Annual Hard Cap			\$ 16,141.28	\$ 16,141.28	\$ 16,141.28	\$ 16,141.28
2025 Monthly Hard Cap			\$ 1,345.11	\$ 1,345.11	\$ 1,345.11	\$ 1,345.11
2 PERSON COVERAGE			Enhanced 500 118 \$500/\$1000	Enhanced 500 160 \$500/\$1000 w/20% Co Insurance	HSA141/142 \$1650/\$3300	HSA121/122 \$2000/\$4000
			Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
Hours Per Day	District % of Copay	Employee % of Copay	\$ 1,724.26	\$ 1,579.10	\$ 1,482.19	\$ 1,399.66
EMPLOYEE COST SHARE						
8.0	100.00%	0.00%	\$ 379.15	\$ 233.99	\$ 137.08	\$ 54.55
7.9	98.75%	1.25%	\$ 395.97	\$ 250.81	\$ 153.90	\$ 71.37
7.8	97.50%	2.50%	\$ 412.78	\$ 267.62	\$ 170.71	\$ 88.18
7.7	96.25%	3.75%	\$ 429.59	\$ 284.43	\$ 187.52	\$ 104.99
7.6	95.00%	5.00%	\$ 446.41	\$ 301.25	\$ 204.34	\$ 121.81
7.5	93.75%	6.25%	\$ 463.22	\$ 318.06	\$ 221.15	\$ 138.62
7.4	92.50%	7.50%	\$ 480.04	\$ 334.88	\$ 237.97	\$ 155.44
7.3	91.25%	8.75%	\$ 496.85	\$ 351.69	\$ 254.78	\$ 172.25
7.2	90.00%	10.00%	\$ 513.66	\$ 368.50	\$ 271.59	\$ 189.06
7.1	88.75%	11.25%	\$ 530.48	\$ 385.32	\$ 288.41	\$ 205.88
7.0	87.50%	12.50%	\$ 547.29	\$ 402.13	\$ 305.22	\$ 222.69
6.9	86.25%	13.75%	\$ 564.11	\$ 418.95	\$ 322.04	\$ 239.51
6.8	85.00%	15.00%	\$ 580.92	\$ 435.76	\$ 338.85	\$ 256.32
6.7	83.75%	16.25%	\$ 597.73	\$ 452.57	\$ 355.66	\$ 273.13
6.6	82.50%	17.50%	\$ 614.55	\$ 469.39	\$ 372.48	\$ 289.95
6.5	81.25%	18.75%	\$ 631.36	\$ 486.20	\$ 389.29	\$ 306.76
6.4	80.00%	20.00%	\$ 648.17	\$ 503.01	\$ 406.10	\$ 323.57
6.3	78.75%	21.25%	\$ 664.99	\$ 519.83	\$ 422.92	\$ 340.39
6.2	77.50%	22.50%	\$ 681.80	\$ 536.64	\$ 439.73	\$ 357.20
6.1	76.25%	23.75%	\$ 698.62	\$ 553.46	\$ 456.55	\$ 374.02
6.0	75.00%	25.00%	\$ 715.43	\$ 570.27	\$ 473.36	\$ 390.83
5.9	73.75%	26.25%	\$ 732.24	\$ 587.08	\$ 490.17	\$ 407.64
5.8	72.50%	27.50%	\$ 749.06	\$ 603.90	\$ 506.99	\$ 424.46
5.7	71.25%	28.75%	\$ 765.87	\$ 620.71	\$ 523.80	\$ 441.27
5.6	70.00%	30.00%	\$ 782.69	\$ 637.53	\$ 540.62	\$ 458.09
5.5	68.75%	31.25%	\$ 799.50	\$ 654.34	\$ 557.43	\$ 474.90
5.4	67.50%	32.50%	\$ 816.31	\$ 671.15	\$ 574.24	\$ 491.71
5.3	66.25%	33.75%	\$ 833.13	\$ 687.97	\$ 591.06	\$ 508.53
5.2	65.00%	35.00%	\$ 849.94	\$ 704.78	\$ 607.87	\$ 525.34
5.1	63.75%	36.25%	\$ 866.75	\$ 721.59	\$ 624.68	\$ 542.15
5.0	62.50%	37.50%	\$ 883.57	\$ 738.41	\$ 641.50	\$ 558.97

****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.**

2025 The Pool

2025 TRANSPORTATION MEDICAL - FULL FAMILY

2025 Annual Hard Cap			\$ 21,049.85	\$ 21,049.85	\$ 21,049.85	\$ 21,049.85
2025 Monthly Hard Cap			\$ 1,754.15	\$ 1,754.15	\$ 1,754.15	\$ 1,754.15
FULL FAMILY COVERAGE			Enhanced 500 118 \$500/\$1000	Enhanced 500 160 \$500/\$1000 w/20% Co Insurance	HSA141/142 \$1650/\$3300	HSA121/122 \$2000/\$4000
			Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium
			\$ 2,145.75	\$ 1,965.10	\$ 1,844.50	\$ 1,741.80
EMPLOYEE COST SHARE						
8.0	100.00%	0.00%	\$ 391.60	\$ 210.95	\$ 90.35	\$ -
7.9	98.75%	1.25%	\$ 413.52	\$ 232.87	\$ 112.27	\$ 9.57
7.8	97.50%	2.50%	\$ 435.45	\$ 254.80	\$ 134.20	\$ 31.50
7.7	96.25%	3.75%	\$ 457.38	\$ 276.73	\$ 156.13	\$ 53.43
7.6	95.00%	5.00%	\$ 479.30	\$ 298.65	\$ 178.05	\$ 75.35
7.5	93.75%	6.25%	\$ 501.23	\$ 320.58	\$ 199.98	\$ 97.28
7.4	92.50%	7.50%	\$ 523.16	\$ 342.51	\$ 221.91	\$ 119.21
7.3	91.25%	8.75%	\$ 545.08	\$ 364.43	\$ 243.83	\$ 141.13
7.2	90.00%	10.00%	\$ 567.01	\$ 386.36	\$ 265.76	\$ 163.06
7.1	88.75%	11.25%	\$ 588.94	\$ 408.29	\$ 287.69	\$ 184.99
7.0	87.50%	12.50%	\$ 610.87	\$ 430.22	\$ 309.62	\$ 206.92
6.9	86.25%	13.75%	\$ 632.79	\$ 452.14	\$ 331.54	\$ 228.84
6.8	85.00%	15.00%	\$ 654.72	\$ 474.07	\$ 353.47	\$ 250.77
6.7	83.75%	16.25%	\$ 676.65	\$ 496.00	\$ 375.40	\$ 272.70
6.6	82.50%	17.50%	\$ 698.57	\$ 517.92	\$ 397.32	\$ 294.62
6.5	81.25%	18.75%	\$ 720.50	\$ 539.85	\$ 419.25	\$ 316.55
6.4	80.00%	20.00%	\$ 742.43	\$ 561.78	\$ 441.18	\$ 338.48
6.3	78.75%	21.25%	\$ 764.35	\$ 583.70	\$ 463.10	\$ 360.40
6.2	77.50%	22.50%	\$ 786.28	\$ 605.63	\$ 485.03	\$ 382.33
6.1	76.25%	23.75%	\$ 808.21	\$ 627.56	\$ 506.96	\$ 404.26
6.0	75.00%	25.00%	\$ 830.13	\$ 649.48	\$ 528.88	\$ 426.18
5.9	73.75%	26.25%	\$ 852.06	\$ 671.41	\$ 550.81	\$ 448.11
5.8	72.50%	27.50%	\$ 873.99	\$ 693.34	\$ 572.74	\$ 470.04
5.7	71.25%	28.75%	\$ 895.92	\$ 715.27	\$ 594.67	\$ 491.97
5.6	70.00%	30.00%	\$ 917.84	\$ 737.19	\$ 616.59	\$ 513.89
5.5	68.75%	31.25%	\$ 939.77	\$ 759.12	\$ 638.52	\$ 535.82
5.4	67.50%	32.50%	\$ 961.70	\$ 781.05	\$ 660.45	\$ 557.75
5.3	66.25%	33.75%	\$ 983.62	\$ 802.97	\$ 682.37	\$ 579.67
5.2	65.00%	35.00%	\$ 1,005.55	\$ 824.90	\$ 704.30	\$ 601.60
5.1	63.75%	36.25%	\$ 1,027.48	\$ 846.83	\$ 726.23	\$ 623.53
5.0	62.50%	37.50%	\$ 1,049.40	\$ 868.75	\$ 748.15	\$ 645.45

****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.**

Medical Plan Comparison

	WMHIP ENHANCED 500 118	WMHIP ENHANCED 500 160	WMHIP ENHANCED HSA 141/142	WMHIP ENHANCED HSA 2000 121/122
In-Network Cost Share After Deductible				
Deductible	\$500/\$1,000	\$500/\$1,000	\$1,650/\$3,300	\$2,000/\$4,000
Coinsurance	0%	20% up to \$1,000/ \$2,000 coinsurance maximum	0%	0%
Teladoc Health Virtual 24/7 Care for minor illnesses, injuries and mental health copay/coinsurance	\$20	\$20	0% (after deductible)	0% (after deductible)
Teladoc Health Virtual Primary Care Visit Copay/Coinsurance	\$20	\$20	0% (after deductible)	0% (after deductible)
Office Visit Copay/Coinsurance	\$20	\$20	0% (after deductible)	0% (after deductible)
Specialist Visit Copay/ Coinsurance	\$20	\$20	0% (after deductible)	0% (after deductible)
Urgent Care Copay/Coinsurance	\$20 (facility charges may apply towards deductible)	\$20 (facility charges may apply towards deductible)	0% (after deductible)	0% (after deductible)
Emergency Room Copay/ Coinsurance	\$50	\$50	0% (after deductible)	0% (after deductible)
Total Out-of-Pocket Maximum	\$1,500/\$3,000	\$3,000/\$6,000	\$2,650/\$5,300	\$3,000/\$6000
Certain Benefit Differences				
Chiropractic Manipulations	Up to 24 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 24 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 24 visits per calendar year, Covered 100% after deductible	Up to 24 visits per calendar year, Covered 100% after deductible
Massage Therapy	Up to 24 visits per calendar year; Covered 100% after deductible	Up to 24 visits per calendar year; Covered 80% after deductible	Not Covered	Not Covered
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
Hearing Aids	Covered 100% up to a maximum benefit	Covered 100% up to a maximum benefit	Covered 100% up to a maximum benefit	Covered 100% up to a maximum benefit

To access the full benefit summaries, please click the below links:

[WMHIP Enhanced 500 118 Plan](#) [WMHIP Enhanced 500 160 Plan](#)

[WMHIP Enhanced HSA 141/142 Plan](#) [WMHIP Enhanced HSA 2000 121/122 Plan](#)

Prescription Plan Comparison

	WMHIP ENHANCED 500 118	WMHIP ENHANCED 500 160	WMHIP ENHANCED HSA 141/142	WMHIP ENHANCED HSA 2000 121/122
Prescription Drugs	3-Tier Rx	2-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)	\$40	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Non-Preferred Brand-Name Drugs	20% coinsurance (\$60 min - \$100 max)	\$40	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
Non-Preferred Specialty Drugs				
90-day supply				
Generic drugs, Preferred Brand- Name Drugs, Non-Preferred Brand- Name Drugs	2x 1-month supply; Available via mail order only for a 90- day supply	1x 1-month supply; Available via retail and mail order	2x 1-month supply; Available via retail and mail order	2x 1-month supply; Available via retail and 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; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage; These are FREE before you pay your deductible
Supplemental Plans	Not Included	Not Included	Not Included	Not Included

The WMHIP/BCBSM Enhanced HSA 0% plan is subject to change each Jan 1 to remain HSA-Compatible, per IRS rules; out-of-pocket may change based on deductible amounts.

This comparison is provided for informational purposes only and Gallagher assumes no responsibility or liability for errors or omissions in the content. Refer to www.bcbsm.com and the plan booklets for additional information.

To access the prescription formularies, please click the below links:

[WMHIP Enhanced 500 118 Plan](#)

[WMHIP Enhanced 500 160 Plan](#)

[WMHIP Enhanced HSA 141/142 Plan](#)

[WMHIP Enhanced HSA 2000 121/122 Plan](#)

To access the BCBSM list of preventive drugs, please click the below links:

[WMHIP BCBSM Preventive Drugs](#)

Breaking Down WMHIP/BCBSM Enhanced 500 Plans

What is a PPO? The WMHIP/BCBSM Enhanced 500 Plans (both 118 & 160) are considered true PPO's. PPO stands for Preferred Provider Organization. As a WMHIP/BCBSM PPO member, you have access to the worldwide network of Blue Cross Blue Shield PPO providers. To find BCBSM PPO providers, visit www.bcbsm.com. You don't need to choose a Primary Care Physician with a PPO—you can see any provider you want to see, even a specialist. There is a lot of freedom with PPO plans. You can see non-PPO providers, but your benefits will be reduced and you will pay more out-of-pocket.

If you and your dependents are covered under another group medical and prescription drug plan, you may be eligible for the **Opt-Out** bonus. This taxable stipend is paid the first pay period of every month. To be eligible to receive this bonus, you must be eligible as per your contract guidelines and complete the Health Benefit Opt-Out Form.

How does deductible, coinsurance and out-of-pocket maximum work under the WMHIP/BCBSM Enhanced 500 plans? A deductible, coinsurance and an out-of-pocket maximum are three different terms that refer to different aspects of the plan's cost-sharing structure.

1. **Deductible:** A deductible is the amount of money that an individual must pay out of their own pocket for covered medical expenses before the WMHIP/BCBSM insurance starts contributing towards the costs. However, since the WMHIP/BCBSM Enhanced 500 plans are not considered true high deductible health plans (compatible with an HSA), all services are NOT subject to deductible.
 - Under a true PPO (non HDHP), the only services that would be subject to deductible (or coinsurance) are services that are considered diagnostic. To be considered diagnostic, your provider would bill as medically necessary (meaning there is a medical "problem" that they are trying to diagnose or fix).
 - Under the WMHIP/BCBSM Enhanced 500 plans, there are flat dollar copays for office visits, urgent care, emergency room, prescriptions, etc that are not subject to deductible.
 - For example, WMHIP/BCBSM Enhanced 500 0% plan has a \$500 single / \$1,000 2-person/family deductible. Members will have to pay the first \$500 single or \$1000 for 2 person/family of covered medical expenses before the insurance coverage kicks in. As a reminder, this does not include preventive care or flat dollar copays for office visit copays, urgent care copays, emergency room copays or prescription copays).
2. **Coinsurance:** If members elect the WMHIP/BCBSM Enhanced 500 plan that has 20% coinsurance, the coinsurance would apply AFTER deductible. Coinsurance works the same way as deductible (under the Choices plan), meaning it applies to diagnostic services. However, under coinsurance there is a cost-share, where the plan pays 80% of the cost of services and the member is responsible for 20% (after deductible). There is no coinsurance cost sharing with the WMHIP/BCBSM Enhanced 500 plan 0%.
3. **Out-of-pocket maximum:** The out-of-pocket maximum is the maximum amount of money that an individual is required to pay for covered medical expenses during a plan year. You could look at it as "worst case scenario" or a cap. Once this maximum limit is reached, WMHIP/BCBSM will cover 100% of the remaining covered expenses for the rest of the plan year.
 - **The out-of-pocket maximum includes deductible, coinsurance and flat dollar copays (such as office visit, urgent care, emergency room and prescriptions).**
 - It is important to note that some expenses, such as premiums (what members pay in their paycheck to have the coverage), or non-covered services will not count towards the out-of-pocket maximum.

In summary, deductible and coinsurance are the initial amounts an individual must pay before insurance coverage begins, while the out-of-pocket maximum is the maximum amount an individual will have to pay for covered medical expenses in a plan year.

Breaking Down WMHIP/BCBSM Enhanced HSA Plans

Do the WMHIP/BCBSM Enhanced HSA (141/142 & 121/122) plans operate the same way for deductible / coinsurance as the WMHIP/BCBSM Enhanced 500 plans?

The answer is yes and no.

First what is different: Under a plan with a high deductible health plan (HDHP), aka WMHIP/BCBSM Enhanced HSA Plans, **all services with the exception of preventive care are subject to deductible**. There is no coinsurance (shared responsibility) under either WMHIP/BCBSM Enhanced HSA Plan.

Under an HDHP plan such as WMHIP/BCBSM Enhanced HSA Plans, there are no flat dollar copays prior to the deductible being met. All services including office visits, urgent care visits, prescriptions, emergency rooms, etc are all subject to the deductible. The plan operates this way in order to qualify as an IRS determined high deductible health plan eligible for an HSA (Health Savings Account).

- For example, WMHIP/BCBSM Enhanced HSA 0% Plan has a \$1,650 single / \$3,300 2-person/family deductible. Members will have to pay the first \$1,650 (single or \$3,300 for 2 person/family) of covered medical expenses before the insurance coverage kicks in.
 - As mentioned, the exception to this rule would be preventive services (such as annual exam or preventive lab work).
 - All other services office visits, urgent care, surgeries, outpatient procedures, prescriptions, etc will be subject to deductible before the plan will pay.

As for what is the same: The out-of-pocket will work the exact same way as the WMHIP/BCBSM Enhanced 500 plans. The out-of-pocket maximum is the maximum amount of money that an individual is required to pay for covered medical expenses during a plan year. Once this maximum limit is reached, WMHIP/BCBSM will cover 100% of the remaining covered expenses for the rest of the plan year.

- **The out-of-pocket maximum includes deductible, applicable coinsurance and prescription flat dollar copays.**
- It is important to note that some expenses, such as premiums (what members pay in their paycheck to have the coverage), or non-covered services will not count towards the out-of-pocket maximum.

Medical Plans

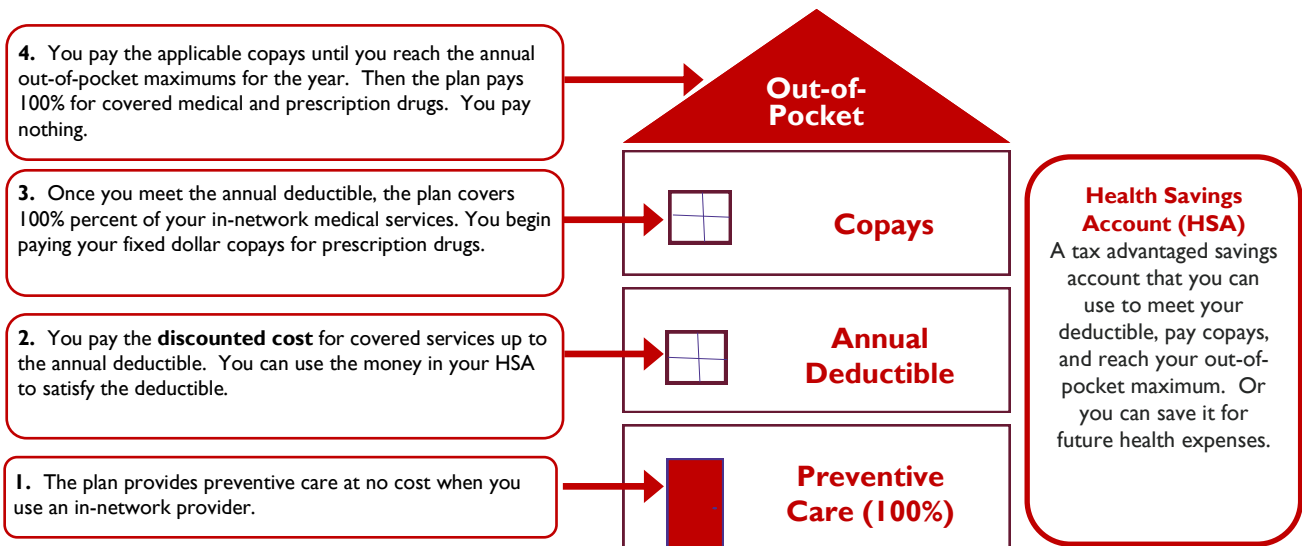
High Deductible Health Plans (PPO) with a Health Savings Account (aka WMHIP/BCBSM Enhanced HSA Plans)

The **WMHIP/BCBSM High Deductible Health Plans / HDHP (WMHIP/BCBSM Enhanced HSA 141/142 & WMHIP Enhanced HSA 2000 121/122)** works much like our other PPO Plans. A *high deductible health plan* pairs a high-deductible, lower premium health plan with a tax-free **Health Savings Account (HSA)**. All services, including prescriptions and office visits are subject to the annual deductible with the exception of certain preventive care services. Preventive care services are covered at 100% with no deductible when performed by a in-network provider.

HealthEquity is the administrator of the Health Savings Account (HSA) with the WMHIP/BCBSM Enhanced HSA plans. An HSA is an interest bearing account that enables you to pay for current health care expenses with tax-free money (such as deductible and coinsurance) or to save for future health care expenses. It is designed to follow you into retirement. Therefore, money rolls over year after year and earns interest.

It's important to note that the annual deductible under the WMHIP/BCBSM Enhanced HSA Plans works differently than the WMHIP/BCBSM Enhanced 500 Plans. Under the Enhanced HSA Plans two person or family coverage, benefits for an individual will be payable only when the **FULL** family Enhanced HSA Plans (HDHP) deductible has been met. That means that services for an individual are not covered after they have satisfied the individual deductible as they are under the other Enhanced 500 plans.

How the WMHIP/BCBSM Enhanced HSA (HDHP) Plans Work



For more info on HSA, go to www.healthequity.com or direct to the IRS website for Publication 969

WMHIP/BCBSM Enhanced 500 Plans vs. WMHIP/BCBSM Enhanced HSA Plans?

- **WMHIP/BCBSM Enhanced 500 Plans:** Lower-deductible health plans with higher premiums.
- **WMHIP/BCBSM Enhanced HSA Plans:** High-deductible health plans (HDHP) that save you money through lower premiums. WMHIP/BCBSM Enhanced HSA plans are also compatible with a tax-savings health savings account (HSA).

Medical Plans

Health Savings Account

- Health Savings Accounts (HSA) are **only** available to employees enrolled in the one of the WMHIP/BCBSM Enhanced HSA Plans aka High Deductible Health Plan (HDHP). To be eligible to contribute to an HSA, you cannot be covered by another health plan. This includes a Flexible Spending Account, Medicare or any health plan that does not qualify as a “high deductible health plan”. You must not have received VA benefits for non-service related care, or non-preventive Indian Health Services at any time over the past three months. Lastly, you cannot be claimed as a tax dependent by anyone else.
- You can use the money in your HSA to pay for medical expenses for yourself, your spouse and tax dependents even if they are not covered under the HDHP. With an HSA, you do not have to submit a claim with receipts. Instead, you’ll use the debit card to pay for medical expenses.
- **The maximum annual contributions for 2025 are \$4,300 for single coverage and \$8,550 for family coverage.**
- Individuals age 55 or older (and not enrolled in Medicare) may contribute an additional amount referred to as a catch-up contribution. The maximum annual catch-up contribution is \$1,000.

Top Reasons to Enroll in an HSA

- HSAs triple your savings.
- Contributions are not taxed.
- Your earnings and growth are not taxed.
- Reimbursements to pay for medical care are tax free too
- The money in your account is accessible. You will receive a debit card, and by swiping the card at your doctor’s office or pharmacy, you withdraw money from your account. Or you can request a disbursement from your HSA from HealthEquity.
- There’s no “use it or lose it” rule. HSAs are designed to follow you into retirement. Therefore, the money rolls over year after year.
- Like your 401(k), HSAs grow with time. You earn interest on the money in your HSA, and better yet, can invest amounts over \$2,000 in mutual funds.
- You own it. You control it. No matter where you go or what you do, you can take your HSA with you.

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 \$1,650 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	
HSA Balance	\$1,000
Total Expenses: - Prescription drugs: \$150	(-\$150)
HSA Rollover to Year 2	\$850
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	



Year 2	
HSA Balance	\$1,850
Total Expenses: - Office visits: \$100 - Prescription drugs: \$200 - Preventive care services: \$0 (covered by insurance)	(-\$300)
HSA Rollover to Year 3	\$1,550
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.	

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 - \$4,300 Family - \$8,550 <i>(Annual limit is subject to change according to the IRS rules)</i>	<ul style="list-style-type: none"> \$3,300 <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

Flexible Spending Accounts

Flexible Spending Accounts let you pay for health care and day care expenses with tax-free dollars. They help you stretch your money and reduce your federal, state, and social security taxes. How much you save depends on how much you pay in income tax.

There are two types of accounts under this plan:

- **Health Care Flexible Spending Account (HCFSA)**
- **Dependent Care Flexible Spending Account (DCFSA)**

OptionALL administers the plan for Romeo Community Schools. When you elect an HCFSA and/or DCFSA through HealthEquity, all eligible FSA expenses must be submitted manually for reimbursement.

With an HCFSA or DCFSA, you decide before your benefits effective date (or start of new plan year) how much to contribute to each account. Your contributions are withheld in equal amounts on a pre-tax basis from your paychecks throughout the year. The money is set aside to use for out-of-pocket health care and dependent care expenses incurred during the plan year.

These accounts help you save money.

If you enroll in either of the Pool Enhanced HSA Medical Plans, you are not eligible to participate in the Health Care Flexible Spending Account.

However, you are eligible to contribute to an HSA and/or Dependent Care Flexible Spending Account.

If you rolled over money in your Health Care Flexible Spending Account from 2024 to 2025, you are not eligible to make any contributions to an HSA.

FSA 2025 Maximum Annual Contribution

Health Care: \$3,300

Dependent Care: \$5,000, or \$2,500 if married and filing separate tax returns

How the Accounts Save You Money	Without a HCFSA or DCFSA	With a HCFSA or DCFSA
Gross Salary	\$40,000	\$40,000
Less Annual Amount Deposited into HCFSA/DCFSA	\$0	(\$2,000)
Taxable Income	\$40,000	\$38,000
Less Annual Taxes (assumed at 25%)	(\$6,250)	(\$5,750)
Net Salary	\$33,750	\$32,250
Less Out-of-Pocket Health Care and/or Dependent Care Expenses for the Year	(\$2,000)	N/A
Disposable Income	\$31,750	\$32,250
Tax Savings	None	\$500

Flexible Spending Accounts

Health Care Flexible Spending Accounts (HCFSAs)

The HCFSAs help you pay for medical, dental, and vision expenses that are not covered by insurance, such as copays and deductibles.

- You have immediate access to your entire HCFSAs election as of January 1 (or, for new hires, as of your benefits eligibility date). You may be reimbursed up to your entire annual election at any point during the plan year, even if you have not yet contributed that amount to your FSA via payroll deductions.
- You may carry over up to \$660 of unused funds remaining in your HCFSAs at the end of a plan year, as long as you enroll in the FSA for the following year. This amount may be used for eligible expenses incurred during the entire plan year in which it is carried over. Please note that any carry over amount is in addition to the annual maximum contribution that you can elect, which is \$3,300. For example, if you carry over \$350 from your 2025 HCFSAs, those funds are available to you throughout 2026, until they are spent.
- Please remember to keep all documentation related to your FSA claims, such as itemized receipts and Explanations of Benefits. All eligible expenses will be submitted manually for reimbursement.
- For a complete list of the expenses eligible for reimbursement review Publication 502 on the IRS website.

Dependent Care Flexible Spending Account (DCFSA)

The DCFSA helps you pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare. **You can contribute up to \$5,000 into the DCFSA in 2025.** But if both you and your spouse work, the IRS limits your maximum contribution to a DCFSA.

- If you file separate income tax returns, the annual contribution amount is limited to **\$2,500** each for you and your spouse.
- If you file a joint tax return and your spouse also contributes to a DCFSA, your family's combined limit is \$5,000.
- If your spouse is disabled or a full-time student, special limits apply.
- If you or your spouse earn less than \$5,000, the maximum is limited to earnings under **\$5,000**.

Your dependents must be:

- Under age 13 or mentally or physically unable to care for themselves.
- Spending at least 8 hours a day in your home.
- Eligible to be claimed as a dependent on your federal income tax.
- Receiving care when you are at work and your spouse (if you are married) is at work or is searching for work, is in school full-time, or is mentally or physically disabled and unable to provide the care.

Flexible Spending Accounts

DCFSA, continued

- You can only be reimbursed for dependent care expenses up to the amount you have already contributed to your DCFSA via payroll deductions. The full amount of your DCFSA election is not available on the first day of the plan year, January 1 (or, for new hires, as of your benefits eligibility date). If you file a claim for more than your balance, you will be reimbursed as new deposits are made.
- **There is no carry over feature for the DCFSA.** IRS regulations state money remaining in DCFSA accounts at the end of the plan year must be forfeited. This is referred to as the “use it or lose it” rule.
- Eligible dependent care expenses can either be reimbursed through the DCFSA or used to obtain the federal tax credit. You can not use both options to pay for the same expenses. Usually the DCFSA will save more money than the tax credit. But to find out what is best for you and your family, talk to your tax advisor or take a look at Publication 503 on the IRS website.
- If you contribute to a DCFSA, you must file an IRS Form 2441 with your Federal Income Tax Return. Form 2441 is simply an informational form on which you report the amount you pay and who you paid for day care.

MESSA Dental plan highlights



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

Effective Date: 01/01/2025

MESSA Account: Romeo Community Schools

Employee Group: 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 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 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, endosteal 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.

2025 TRANSPORTATION DENTAL

2025 Dental Cost Share			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 44.38	\$ 81.14	\$ 148.34
EMPLOYEE COST SHARE					
8.0	100.00%	0.00%	\$ -	\$ -	\$ -
7.9	98.75%	1.25%	\$ -	\$ 0.46	\$ 1.30
7.8	97.50%	2.50%	\$ -	\$ 0.92	\$ 2.60
7.7	96.25%	3.75%	\$ -	\$ 1.38	\$ 3.90
7.6	95.00%	5.00%	\$ -	\$ 1.84	\$ 5.20
7.5	93.75%	6.25%	\$ -	\$ 2.30	\$ 6.50
7.4	92.50%	7.50%	\$ -	\$ 2.76	\$ 7.80
7.3	91.25%	8.75%	\$ -	\$ 3.22	\$ 9.10
7.2	90.00%	10.00%	\$ -	\$ 3.68	\$ 10.40
7.1	88.75%	11.25%	\$ -	\$ 4.14	\$ 11.70
7.0	87.50%	12.50%	\$ -	\$ 4.60	\$ 13.00
6.9	86.25%	13.75%	\$ -	\$ 5.05	\$ 14.29
6.8	85.00%	15.00%	\$ -	\$ 5.51	\$ 15.59
6.7	83.75%	16.25%	\$ -	\$ 5.97	\$ 16.89
6.6	82.50%	17.50%	\$ -	\$ 6.43	\$ 18.19
6.5	81.25%	18.75%	\$ -	\$ 6.89	\$ 19.49
6.4	80.00%	20.00%	\$ -	\$ 7.35	\$ 20.79
6.3	78.75%	21.25%	\$ -	\$ 7.81	\$ 22.09
6.2	77.50%	22.50%	\$ -	\$ 8.27	\$ 23.39
6.1	76.25%	23.75%	\$ -	\$ 8.73	\$ 24.69
6.0	75.00%	25.00%	\$ -	\$ 9.19	\$ 25.99
5.9	73.75%	26.25%	\$ -	\$ 9.65	\$ 27.29
5.8	72.50%	27.50%	\$ -	\$ 10.11	\$ 28.59
5.7	71.25%	28.75%	\$ -	\$ 10.57	\$ 29.89
5.6	70.00%	30.00%	\$ -	\$ 11.03	\$ 31.19
5.5	68.75%	31.25%	\$ -	\$ 11.49	\$ 32.49
5.4	67.50%	32.50%	\$ -	\$ 11.95	\$ 33.79
5.3	66.25%	33.75%	\$ -	\$ 12.41	\$ 35.09
5.2	65.00%	35.00%	\$ -	\$ 12.87	\$ 36.39
5.1	63.75%	36.25%	\$ -	\$ 13.33	\$ 37.69
5.0	62.50%	37.50%	\$ -	\$ 13.79	\$ 38.98

VSP 3 G Benefits



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

Effective Date: 1/1/2025

MESSA Account: Romeo Community Schools

Employee Group: 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 or 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 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 contact lens 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

* The cost of the eye exam is covered separately and does not count against the contact lens allowance.

2025 TRANSPORTATION VISION

2025 Vision Cost Share			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 7.33	\$ 15.72	\$ 23.62
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	\$ 1.43
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	\$ 2.04
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	\$ 2.65
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	\$ 3.26
6.3	78.75%	21.25%	\$ -	\$ 1.78	\$ 3.46
6.2	77.50%	22.50%	\$ -	\$ 1.89	\$ 3.67
6.1	76.25%	23.75%	\$ -	\$ 1.99	\$ 3.87
6.0	75.00%	25.00%	\$ -	\$ 2.10	\$ 4.07
5.9	73.75%	26.25%	\$ -	\$ 2.20	\$ 4.28
5.8	72.50%	27.50%	\$ -	\$ 2.31	\$ 4.48
5.7	71.25%	28.75%	\$ -	\$ 2.41	\$ 4.68
5.6	70.00%	30.00%	\$ -	\$ 2.52	\$ 4.89
5.5	68.75%	31.25%	\$ -	\$ 2.62	\$ 5.09
5.4	67.50%	32.50%	\$ -	\$ 2.73	\$ 5.29
5.3	66.25%	33.75%	\$ -	\$ 2.83	\$ 5.50
5.2	65.00%	35.00%	\$ -	\$ 2.94	\$ 5.70
5.1	63.75%	36.25%	\$ -	\$ 3.04	\$ 5.91
5.0	62.50%	37.50%	\$ -	\$ 3.15	\$ 6.11

BCBSM - Options for Care

KNOW WHERE TO GO

Not sure where to go when you're sick and you can't get an appointment with your doctor? Do you need someone to talk to when you're feeling stressed, overwhelmed or exhausted? You have options—click [HERE](#) to access a flyer to assist you in making the best choice when you need medical care.

TELADOC: Whole person virtual care that makes healthier possible. Virtual Care by Teladoc includes the below coverage for members and covered dependents:

- 24/7 Care for Urgent Care Type Situations
- Mental Health

What to learn more? Click [HERE](#) to access more information.

WMHIP / BCBSM - Save Money and Live Healthier with Blue365

The Pool members are eligible for special savings on a variety of healthy products and services from businesses in Michigan and across the United States. Member discounts with Blue365 offers exclusive deals on things like:

- Fitness and wellness: Health magazines, fitness gear and gym memberships.
- Healthy eating: In-store discounts, cookbooks, cooking classes and weight-loss programs.
- Lifestyle: Travel and recreation.
- Financial Health: Pet insurance and cell phone providers.
- Personal care: Lasik and eye care services, dental care and hearing aids.

Show your WMHIP/BCBSM ID card at the participating local retailers or use an offer code online to take advantage of these savings. You can view all savings in one place through your member account at www.bcbsm.com or by downloading the Pool mobile app.

Click [HERE](#) to learn more

Additional Benefit Offerings

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

- NurseLine access 24 hours/7 days a week, click [HERE](#) for more information
- WMHIP / BCBSM Wellness Tools
- Blue365 premier health & wellness discounts, Click [HERE](#) to learn more
- Virta: A diabetic reversal program, click [HERE](#) for more information
- Teladoc Health (formerly Livongo): A diabetic management program, click [HERE](#) for more information
- Omada: A Diabetic Prevention program (for pre-diabetics), click [HERE](#) for more information
- Hinge Health: A virtual physical therapy program to assist with back, joint and muscle pain, click [HERE](#) for more information
- 2nd MD: A virtual consult with specialists for a second opinion on diagnosis, upcoming surgeries, chronic conditions or pain, click [HERE](#) for more information

The above list is not all inclusive. All WMHIP/BCBSM programs and health resources available to WMHIP/BCBSM medical plan enrollees can be found on BCBSM's website at www.bcbsm.com or by downloading the WMHIP/The Pool mobile app. Click [HERE](#) for more information on The Pool App

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

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.

Enrollment at a Glance

Beneficiaries

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

The screenshot shows two sections for selecting beneficiaries: "Basic Term Life" and "Negotiated Life". Each section has a heading "Please choose your beneficiaries" and a sub-heading "Primary Beneficiaries". Below each heading is a note: "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." A warning message states: "There are no beneficiaries added to this plan. If this was made in error, click on 'Add Beneficiary' button below." In both sections, the "Add Beneficiary" button is circled in green.

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.

The screenshot shows the "Review and Confirm" page. At the top, a red warning icon and text say "Please Review All of Your Selections". Below this, it says "Once you have completed your review, click the 'Complete Enrollment' button at the right side of the page." There are links for "CHANGED BENEFITS" including Medical, Dental, Vision, Basic Term Life, Optional Supplemental Term Life, and Optional Basic Term Life. A box shows "Your Total Cost \$0.00 Per Month". The "Medical*" section shows "MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan" with a cost of \$0.00 per month. A table lists dependents: Adam Tests (Employee, Cover), Sally Tests (Spouse, Cover), and Chase Tests (Daughter, No Coverage). At the bottom, a confirmation statement is shown with a green checkmark and the text "I agree, and I'm finished with my enrollment" circled in green.

Confirmation Statement

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

The screenshot shows the "Your enrollment is complete!" page. It includes a green checkmark icon and text: "You may make changes to your elections until: March 31, 2020". Below this, it says "Please view your enrollment confirmation statement and verify that your selections are correct." There are buttons for "VIEW", "EMAIL", and "PRINT".

Contact Information

Provider/Benefit	Website	Contact Information	Phone Number / E-Mail
WMHIP / The Pool • Medical	www.bcbsm.com	Member Services	877.752.1233
MESSA • Dental • Vision • Flexible Spending Account (FSA)	http://www.messa.org	Member Services (for website assistance) Heather Scott, Field Services Representative (for specific benefit related questions)	800.336.0013 800.292.4910
HealthEquity • Health Savings Account (HSA)	www.healthequity.com	Member Services	866-346-5800
NurseLine • 24/7 Access			800.414.2014
Romeo Community Schools	https://romeok12.org	Employee Compensation Coordinators: Contract Employees: Shelley Wetherholt Hourly Employees: Michele Newsome	Email: EmployeeBenefits@romeok12.org 586.281.1406 586.281.1410

Important Links

To access the full WMHIP/BCBSM benefit summaries, please click the below links:

[WMHIP Enhanced 500 118 Plan](#) [WMHIP Enhanced 500 160 Plan](#)
[WMHIP Enhanced HSA 141/142 Plan](#) [WMHIP Enhanced HSA 2000 121/122 Plan](#)

To access the prescription formularies, please click the below links:

[WMHIP Enhanced 500 118 Plan](#) [WMHIP Enhanced 500 160 Plan](#)
[WMHIP Enhanced HSA 141/142 Plan](#) [WMHIP Enhanced HSA 2000 121/122 Plan](#)

To access the BCBSM list of preventive drugs, please click the below links:

[WMHIP BCBSM Preventive Drugs](#)

- To access the WMHIP/BCBSM Options for Care Link, click [HERE](#)
- To access the WMHIP/BCBSM Teladoc flyer, click [HERE](#)
- To access the WMHIP/BCBSM Nurse line flyer, click [HERE](#)
- To access the WMHIP/BCBSM Blue365 Discount Program flyer, click [HERE](#)
- Click the appropriate links to learn about WMHIP/BCBSM Value Added Benefits such as: [Virta](#), [Livongo](#), [Omada](#), [Hinge Health](#) & [2ndMD](#)
- To obtain more information about MESSA/Delta Dental providers, visit: [Plans and Services - MESSA](#)
- A directory of Signature network doctors is available at: messa.org/vision
- For more information about MESSA Additional Benefit Offerings, go to: https://www.messa.org/pdf/messa_gives_you_options.pdf

To access the Important Annual Notices, please click the below applicable link:

- [Women's Health & Cancer Rights Act](#)
- [Newborns' and Mothers' Health Protection Act](#)
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
- [HIPAA Notice of Privacy Practices Reminder](#)
- [HIPAA Special Enrollment Rights](#)
- [Notice of Creditable Coverage](#)
- [COBRA General Notice](#)
- [Marketplace Notice](#)
- [Important Annual Notices Disclaimers](#)

Enrollment Forms

Health Benefit Opt-Out

Group ID 145 (All Groups)

(ONLY TO BE COMPLETED IF YOU ARE DECLINING MEDICAL COVERAGE)

I acknowledge that I have been given the opportunity to enroll in group health coverage offered by Romeo Community Schools and decline the opportunity to enroll in this coverage. I understand that I will not have another opportunity to enroll in group health coverage offered by the District until the next open enrollment period or the date of a qualifying event (if any) permitting earlier enrollment, assuming that I am otherwise eligible to enroll in coverage at that time.

I understand that, unless I have health coverage that satisfies my individual responsibility under the Affordable Care Act, I may be assessed a tax penalty for my failure to obtain coverage. I further understand that, even if I satisfy applicable household income requirements, I may not be eligible for a tax credit or subsidy for health coverage that I purchase on a health care exchange (Health Insurance Marketplace) for any month in which I was given the opportunity to participate in the District's group health coverage

Special Enrollments

If you are declining enrollment for yourself and/or your tax dependents (including your spouse) because of other group medical coverage, and lose access to that coverage, you may be able to enroll yourself and/or your dependents in this plan. In addition, in order to have special enrollment rights for you and your dependents, you must complete this form indicating that the other coverage is the reason you are waiving coverage under this plan and you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

I understand that I must provide proof of other coverage by attaching a copy of my insurance card to this form in order to be eligible for any applicable contractual monthly stipend incentive. If employed less than full-time, I acknowledge that the stipend will prorate in proportion to the percentage of my employment status (i.e., 80%, 50%, etc) as well as applicable current contract language.

Selection and enrollment in the Opt-Out Program after the first of the month will result in the Opt-Out stipend payment issued on the first of the following month. If eligible for non-medical coverage (Dental, Vision, Life and LTD), complete the necessary online enrollment. Contact the Employee Compensation Coordinator regarding the MESSA online benefits enrollment.

In addition, if you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your dependent(s). However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, please contact your Employee Compensation Coordinator.

Check here to confirm that you and your tax dependents (including spouse) are covered by other group medical coverage

Carrier / Name of Plan: _____

Subscriber Name: _____

Effective Date of Medical Insurance: _____

The other coverage is the reason for not enrolling myself and/or my eligible dependents under the Romeo Community Schools Medical Plan

I understand that by not enrolling in plan coverage now, the opportunity to enroll later is limited as explained above.

Employee Signature: _____

Date: _____

Enrollment Form

Name of employer/plan sponsor: WMHIP – Romeo Community Schools		Group #: 71565	Plan choice: <input type="checkbox"/> Enhanced 500 118 – \$500/100% PPO, \$10/20%/20% Rx <input type="checkbox"/> Enhanced 500 160 – \$500/80% PPO, \$10/\$40 Rx <input type="checkbox"/> Enhanced Level HSA 141/142 – \$1,650 /100% HSA <input type="checkbox"/> Enhanced 2000 HSA 121/122 – \$2,000/100% HSA		
Check one:	<input type="checkbox"/> Initial	<input type="checkbox"/> Change	<input type="checkbox"/> Termination	<input type="checkbox"/> Reinstatement	
Reason for change (check all that apply): <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Status Change: _____ <input type="checkbox"/> Other: _____			Date of hire:		
			Occupation:		
			Hours worked weekly:		
			Effective date of coverage or change:		
Employee Name (last, first, middle initial):			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	Social Security Number:
Street Address:			Telephone (including area code):		
Email Address:			Work:	Home:	
City:			State:	ZIP Code:	
Dependent's Name	Relationship to Child	Birth Date	Social Security Number	Gender	Termination Date
Spouse:				<input type="checkbox"/> Female <input type="checkbox"/> Male	
Child:	<input type="checkbox"/> Natural <input type="checkbox"/> Step			<input type="checkbox"/> Female <input type="checkbox"/> Male	
Child:	<input type="checkbox"/> Natural <input type="checkbox"/> Step			<input type="checkbox"/> Female <input type="checkbox"/> Male	
Child:	<input type="checkbox"/> Natural <input type="checkbox"/> Step			<input type="checkbox"/> Female <input type="checkbox"/> Male	
Child:	<input type="checkbox"/> Natural <input type="checkbox"/> Step			<input type="checkbox"/> Female <input type="checkbox"/> Male	
Employee certification and signature:					
<ul style="list-style-type: none"> To the best of my knowledge and belief, the information I have provided on this form is correct. I hereby certify that the dependents listed above are my dependents within the definition contained in the group Plan of my employer. I agree to notify the Plan Administrator if and when there is a change in any dependent's status. The current benefits have been explained to me thoroughly. I hereby request coverage as outlined above under the Plan offered by my employer for which I am or may become eligible, and I authorize my employer to deduct any required contribution from my earnings. I understand that under IRS regulations, I cannot change or revoke this election during the plan year unless I experience a "change in status" or other such events permitted by the Plan. I understand that it is my responsibility to notify the Human Resource Department of a Special Enrollment Event within 30 days of the Event taking place. I understand that any person who knowingly and with intent to defraud submits an application or files a claim containing any materially false or misleading information commits a fraudulent act, which is a crime. I understand that in the event of any discrepancy between this enrollment form and any policy in which I am enrolling, the terms of the policy shall apply. I understand my coverage begins on the effective date assigned by the Administrator, provided I have met all eligibility requirements. 					
Employee signature:			Date:		

**Flexible spending account (FSA)
employee enrollment form**

Please return this form to your HR department.

Employer information	
Employer name	

Account holder information			
First name	M.I.	Last name	
SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	
Email address		Home phone	
Physical street address	City	State	ZIP
Mailing address (if different)	City	State	ZIP

FSA coverage	
Coverage effective date	

Annual elections			
	Contribution per pay period	Number of pay periods remaining in plan year	Your annual election amount
Flexible spending account	\$	X	= \$
Limited purpose flexible spending account (LPFSA)	\$	X	= \$
Dependent care flexible spending account (DCRA)	\$	X	= \$
Contribution per pay period x number of pay periods = your annual election amount			

Signature <input type="checkbox"/> I decline to participate in the FSA plan.		
Print name	Signature	Date

Health savings account (HSA) employee enrollment form



Return completed forms to your Human Resources Department.

Employer information
Enrollment cannot be processed without your employer's name.
Employer name ROMEO COMMUNITY SCHOOLS

Account holder information			
First name	M.I.	Last name	
SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	
Email address		Home phone ()	
Physical street address	City	State	ZIP
Mailing address (if different)	City	State	ZIP

Insurance coverage	
Insurance carrier BLUE CROSS BLUE SHIELD OF MICHIGAN	
Coverage effective date	Coverage type <input type="checkbox"/> Single <input type="checkbox"/> Family

Authorization and certification		
<p>By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the HSA custodial agreement here: http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf. Upon enrollment, you understand and agree to the following:</p> <ul style="list-style-type: none"> You are covered by a qualified high deductible health plan (HDHP). You are not covered by any other non-qualified health coverage, including Medicare. You are not claimed as a dependent on another individual's tax return. HealthEquity must verify your identity in order to open your HSA. <p>For further information regarding HSA laws, go to http://www.irs.gov/pub/irs-pdf/p969.pdf.</p>		
Print name	Signature	Date

Contribution information and authorization	Frequency of payroll <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Please withhold \$_____ from my payroll and apply the funds to my HealthEquity HSA.	
Signature	Date

2024 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-Only	\$4,150	\$345.83
Family	\$8,300	\$691.66

2025 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-Only	\$4,300	\$358.33
Family	\$8,550	\$712.50

*Employer and employee contributions count towards the maximum yearly contribution amount.

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.