



**ROME
COMMUNITY
SCHOOLS**

PARAPROFESSIONALS & BTAS

RASPA—GROUP 145H



**2025 Open Enrollment
Benefit Guide**

Open Enrollment November 11th – November 25th

OPEN ENROLLMENT CHECKLIST

- ✓ Review your benefit packet before making your elections.
- ✓ Due to multiple plan changes, all eligible employees **must** make benefit elections for the 2025 calendar year.
- ✓ Open Enrollment can also 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 website (<https://secure.messa.org/MemberPortal/Login>) and select Open Enrollment to select your 2025 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.*

*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 33 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

MESSA Group: 145H Assistant Support Personnel
 Library Aide, Teaching Assistant, Paraprofessional

Option A: With Medical Coverage	
Medical	<ul style="list-style-type: none"> • MESSA Choices 5-Tier • MESSA ABC Plan 2 3Tier • MESSA ABC Plan 2 5-Tier • MESSA ABC Plan 2 5-Tier with 20% coinsurance All Plans include \$5,000 Basic Term Life
*Dental	• Dental 80/80/80/80
*Vision	• VSP 3G

Option B: Without Medical Coverage	
Medical	<ul style="list-style-type: none"> • Cash-in-Lieu of Medical Coverage \$300 (Full-Time) • Part-Time: Pro-Rated
*Dental	• Dental 100/90/90/90
*Vision	• VSP 3 G

NIS—National Insurance Services With Medical Coverage	
Life	<ul style="list-style-type: none"> • Greater than 25 hrs/week—\$40,000 • Less than 25 hrs/week—\$20,000
Dependent Life	• No dependent life
AD&D	<ul style="list-style-type: none"> • Greater than 25 hrs/week—\$40,000 • Less than 25 hrs/week—\$20,000
LTD	• 66 2/3% Max \$5,000

NIS—National Insurance Services Without Medical Coverage	
Life	<ul style="list-style-type: none"> • Greater than 25 hrs/week—\$60,000 • Less than 25 hrs/week—\$20,000
Dependent Life	• \$10,000/\$5,000
AD&D	<ul style="list-style-type: none"> • Greater than 25 hrs/week—\$60,000 • Less than 25 hrs/week—\$20,000
LTD	• 66 2/3% Max \$5,000

Eligibility:

8 hours (5 days a week)

- District Share: 85% Employee Share: 15%

Less than 8 hrs greater than 6 hrs. (5 days a week)

- District Share: 67% Employee Share: 33%

6 hrs or less, but at least 5 hrs. (5 days a week)

- District Share: 45% Employee Share: 55%

Employees hired prior to June 1, 2010, please refer to your CBA for Grandfathered Contribution rates.

*** Dental / Vision plan year is January through 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:

Medical - RASPA 145H - Single						
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			MESSA Choices \$1000/\$2000 5 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 3 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 5 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 20% Co-Insurance 5 Tier RX
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 779.79	\$ 705.23	\$ 670.43	\$ 608.87
Employee Cost Share						
Employees receiving district medical insurance, or employed by the district in any capacity, after June 1, 2010, will share in the cost accordingly:						
8 hours (5 days/week)	85.00%	15.00%	\$ 233.08	\$ 158.52	\$ 123.72	\$ 96.48
<8, but >6 (5 days/week)	67.00%	33.00%	\$ 348.85	\$ 274.29	\$ 239.49	\$ 212.25
6 or less, but at least 5 (5 days/week)	45.00%	55.00%	\$ 490.36	\$ 415.80	\$ 381.00	\$ 353.75
Grandfathered: Employees receiving district medical insurance, or employed by the district in any capacity, as of June 1, 2010, are grandfathered under contribution rates effective the 2004-2007 contract and will share in the cost accordingly:						
6 but less than 8 (5 days/week)	82.00%	18.00%	\$ 252.38	\$ 177.82	\$ 143.02	\$ 115.77
5 but less than 6 (5 days/week)	60.00%	40.00%	\$ 393.88	\$ 319.32	\$ 284.52	\$ 257.28

Medical - RASPA 145H - Two 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	
TWO PERSON			MESSA Choices \$1000/\$2000 5 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 3 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 5 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 20% Co-Insurance 5 Tier RX
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 1,754.54	\$ 1,586.78	\$ 1,508.46	\$ 1,369.97
Employee Cost Share						
Employees receiving district medical insurance, or employed by the district in any capacity, after June 1, 2010, will share in the cost accordingly:						
8 hours (5 days/week)	85.00%	15.00%	\$ 611.20	\$ 443.44	\$ 365.12	\$ 226.63
<8, but >6 (5 days/week)	67.00%	33.00%	\$ 853.32	\$ 685.56	\$ 607.24	\$ 468.75
6 or less, but at least 5 (5 days/week)	45.00%	55.00%	\$ 1,149.24	\$ 981.48	\$ 903.16	\$ 764.67
Grandfathered: Employees receiving district medical insurance, or employed by the district in any capacity, as of June 1, 2010, are grandfathered under contribution rates effective the 2004-2007 contract and will share in the cost accordingly:						
6 but less than 8 (5 days/week)	82.00%	18.00%	\$ 651.55	\$ 483.79	\$ 405.47	\$ 266.98
5 but less than 6 (5 days/week)	60.00%	40.00%	\$ 947.48	\$ 779.72	\$ 701.40	\$ 562.91

****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:

Medical - RASPA 145H - 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			MESSA Choices \$1000/\$2000 5 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 3 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 5 Tier RX	MESSA ABC Plan 2 \$2000/\$4000 20% Co-Insurance 5 Tier RX
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 2,183.42	\$ 1,974.65	\$ 1,877.20	\$ 1,704.85
Employee Cost Share						
Employees receiving district medical insurance, or employed by the district in any capacity, after June 1, 2010, will share in the cost accordingly:						
8 hours (5 days/week)	85.00%	15.00%	\$ 692.39	\$ 483.62	\$ 386.17	\$ 263.12
<8, but >6 (5 days/week)	67.00%	33.00%	\$ 1,008.14	\$ 799.37	\$ 701.92	\$ 578.87
6 or less, but at least 5 (5 days/week)	45.00%	55.00%	\$ 1,394.05	\$ 1,185.28	\$ 1,087.83	\$ 964.78
Grandfathered: Employees receiving district medical insurance, or employed by the district in any capacity, as of June 1, 2010, are grandfathered under contribution rates effective the 2004-2007 contract and will share in the cost accordingly:						
6 but less than 8 (5 days/week)	82.00%	18.00%	\$ 745.01	\$ 536.24	\$ 438.79	\$ 315.75
5 but less than 6 (5 days/week)	60.00%	40.00%	\$ 1,130.93	\$ 922.16	\$ 824.71	\$ 701.66

****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 1/1/2025
Romeo Community Schools - All Eligible Employees

	MESSA Choices \$1,000/\$2,000 0% 5-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 5-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 5-Tier Rx
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In-Network Cost Share After Deductible

Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	0%	20%
Teladoc Health virtual primary care	\$20	0%	0%	20%
Office visit	\$20	0%	0%	20%
Specialist visit	\$20	0%	0%	20%
Urgent care	\$25	0%	0%	20%
Emergency room	\$50	0%	0%	20%
Total out-of-pocket maximum	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$8,300

Certain Benefit Differences (cost share is applied after deductible is met)

Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 80% after ded.
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 80% after ded.
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 80% after ded.
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.	80% after ded.
Acupuncture	100% after ded.	100% after ded.	100% after ded.	80% after ded.
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	80% up to a max. benefit after ded.

MESSA In-Network Plan Comparison - Effective: 1/1/2025
Romeo Community Schools - All Eligible Employees

	MESSA Choices \$1,000/\$2,000 0% 5-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 5-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 5-Tier Rx
Prescription Drugs	5-Tier Rx	3-Tier Rx (after deductible)	5-Tier Rx (after deductible)	5-Tier Rx (after deductible)
Up to a 34-day supply				
Generic	Free or \$10	Free or \$10	Free or \$10	Free or \$10
Preferred brand	\$40	20% coinsurance (\$40 min - \$80 max)	\$40	\$40
Nonpreferred brand	\$80	20% coinsurance (\$60 min - \$100 max)	\$80	\$80
Preferred specialty (generic specialty and brand specialty)	20% coinsurance (\$0 min - \$150 max)	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty	20% coinsurance (\$0 min - \$300 max)		20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)
90-day supply				
Generic, Preferred brand, Nonpreferred brand	3x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Additional Information				
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Not included

ACA = Affordable Care Act

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.

For detailed coverage information please refer to the MESSA Benefit Summaries – www.messa.org.

To access the new prescription formularies for both 3-Tier Rx and 5-Tier Rx, please click the below links:

[ABC Plan 2 - 3 Tier Rx](#)

[ABC Plan 2 - 5-Tier Rx](#)

[Choices - 5-Tier Rx](#)

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

[ABC Plan 2 - 3 Tier Rx](#)

[ABC Plan 2 - 5-Tier Rx](#)

[Choices - 5-Tier Rx](#)

MESSA Choices

Medical plan highlights

Effective Date: 1/1/2025

MESSA Account: Romeo Community Schools

Employee Group: All Eligible Employees

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

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

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

Plan features	In-network
<p>Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	<p>\$1,000 individual/\$2,000 family</p>
<p>Medical copayment A fixed amount you pay for a medical visit.</p>	<p>\$20 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, \$20 Teladoc virtual primary care visit, \$20 office visit for medical, mental health and/or substance use disorder treatment, \$20 specialist visit, \$25 urgent care, \$50 emergency room, if not admitted</p>
<p>Medical coinsurance A fixed percentage you pay for a medical service.</p>	<p>0%</p>
<p>Prescription drug coverage Subject to prescription copayments and coinsurance.</p>	<p>5-Tier Rx</p>
<p>Annual out-of-pocket maximums The most you have to pay for covered medical services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Prescription: The most you have to pay for prescription copayments and coinsurance in a calendar year.</p>	<p>Medical: \$2,000 individual/\$4,000 family Prescription: \$2,000 individual/\$4,000 family</p>
<p>In-network preventive care – no cost to you</p>	
<p>Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.</p>	<p>Prenatal and postnatal care Prenatal and postnatal doctor visits.</p>
<p>In-network services subject to deductible and applicable copayment</p>	
<p>Emergency room (ER) Copayment waived if admitted or due to an accidental injury.</p>	<p>Mental health and substance use disorder - outpatient care</p>
<p>Office visit e.g. primary care physician, obstetrics and gynecology and pediatric visits.</p>	<p>Specialist visit</p>

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

MESSA ABC Plan 2

Medical plan highlights



Effective Date: 1/1/2025

MESSA Account: Romeo Community Schools

Employee Group: All Eligible Employees

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

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Plan features	In-network
<p>Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	<p>Single coverage: \$2000 2-Person & Family coverage: \$4000 When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</p>
<p>Medical coinsurance A fixed percentage you pay for a medical service.</p>	<p>0%</p>
<p>Prescription drug coverage Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See free preventive prescriptions below.</p>	<p>3-Tier Rx</p>
<p>Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.</p>	<p>Single coverage: \$4000 2-Person & Family coverage: \$8000</p>
<p>In-network services covered at no cost to you</p>	
<p>Free preventive prescriptions MESSA ABC covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.</p>	<p>No cost to you</p>
<p>Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.</p>	
<p>Prenatal and postnatal care Prenatal and postnatal doctor visits.</p>	

In-network services subject to deductible and applicable coinsurance

Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist.	Allergy testing and therapy
Ambulance	Autism - applied behavior analysis (ABA) services
Bariatric Surgery	Chiropractic services including modalities Up to 38 visits per calendar year.
Diagnostic lab and X-ray	Durable medical equipment (DME)
Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.	Hearing care Hearing related services performed by an M.D. or D.O.
Home health care	Hospital emergency room (ER)
Human organ transplant Must be performed at an approved facility.	Inpatient hospital
Medical supplies	Mental health and substance abuse - inpatient and outpatient care
Office visit	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Prosthetics and orthotics
Radiation and chemotherapy	Skilled nursing facility Up to a maximum of 120 days per calendar year.
Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	Urgent Care

Home delivery of prescription medications

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Covered services and approved amounts

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

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

Life and accidental death & dismemberment insurance

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

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

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

MESSA ABC Plan 2

Medical plan highlights



Effective Date: 1/1/2025

MESSA Account: Romeo Community Schools

Employee Group: All Eligible Employees

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

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

Plan features	In-network
<p>Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	<p>Single coverage: \$2000 2-Person & Family coverage: \$4000 When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</p>
<p>Medical coinsurance A fixed percentage you pay for a medical service.</p>	<p>20%</p>
<p>Prescription drug coverage Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See free preventive prescriptions below.</p>	<p>5-Tier Rx</p>
<p>Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.</p>	<p>Single coverage: \$5000 2-Person & Family coverage: \$8300</p>
<p>In-network services covered at no cost to you</p>	
<p>Free preventive prescriptions MESSA ABC covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.</p>	<p>No cost to you</p>
<p>Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.</p>	
<p>Prenatal and postnatal care Prenatal and postnatal doctor visits.</p>	

In-network services subject to deductible and applicable coinsurance

Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist.	Allergy testing and therapy
Ambulance	Autism - applied behavior analysis (ABA) services
Bariatric Surgery	Chiropractic services including modalities Up to 38 visits per calendar year.
Diagnostic lab and X-ray	Durable medical equipment (DME)
Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.	Hearing care Hearing related services performed by an M.D. or D.O.
Home health care	Hospital emergency room (ER)
Human organ transplant Must be performed at an approved facility.	Inpatient hospital
Medical supplies	Mental health and substance abuse - inpatient and outpatient care
Office visit	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Prosthetics and orthotics
Radiation and chemotherapy	Skilled nursing facility Up to a maximum of 120 days per calendar year.
Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	Urgent Care

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Optum Rx. For more information, go to messa.org to log in to your MyMESSA account and link to the Optum Rx website. For general questions about your prescription coverage, call MESSA at 800-336-0013 or TTY 888-445-5614. For questions about a prescription order, call Optum Rx at 800-903-8346.

Medical care outside the U.S.

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

Covered services and approved amounts

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

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

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

Life and accidental death & dismemberment insurance

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

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

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

MESSA ABC Plan 2

Medical plan highlights



Effective Date: 1/1/2025

MESSA Account: Romeo Community Schools

Employee Group: All Eligible Employees

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

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

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

Plan features	In-network
<p>Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	<p>Single coverage: \$2000 2-Person & Family coverage: \$4000 When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</p>
<p>Medical coinsurance A fixed percentage you pay for a medical service.</p>	<p>0%</p>
<p>Prescription drug coverage Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See free preventive prescriptions below.</p>	<p>5-Tier Rx</p>
<p>Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.</p>	<p>Single coverage: \$4000 2-Person & Family coverage: \$8000</p>
<p>In-network services covered at no cost to you</p>	
<p>Free preventive prescriptions MESSA ABC covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.</p>	<p>No cost to you</p>
<p>Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.</p>	
<p>Prenatal and postnatal care Prenatal and postnatal doctor visits.</p>	

In-network services subject to deductible and applicable coinsurance

Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist.	Allergy testing and therapy
Ambulance	Autism - applied behavior analysis (ABA) services
Bariatric Surgery	Chiropractic services including modalities Up to 38 visits per calendar year.
Diagnostic lab and X-ray	Durable medical equipment (DME)
Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.	Hearing care Hearing related services performed by an M.D. or D.O.
Home health care	Hospital emergency room (ER)
Human organ transplant Must be performed at an approved facility.	Inpatient hospital
Medical supplies	Mental health and substance abuse - inpatient and outpatient care
Office visit	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Prosthetics and orthotics
Radiation and chemotherapy	Skilled nursing facility Up to a maximum of 120 days per calendar year.
Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	Urgent Care

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Covered services and approved amounts

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

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

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

Life and accidental death & dismemberment insurance

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

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

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

Breaking Down MESSA Choices Plan

What is a PPO? PPO stands for Preferred Provider Organization. As a MESSA PPO member, you have access to the worldwide network of MESSA PPO providers. To find MESSA PPO providers, visit www.messa.org. 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.

How does deductible, coinsurance and out-of-pocket maximum work under the MESSA Choices 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 MESSA insurance starts contributing towards the costs. However, since the MESSA Choices 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 MESSA Choices plans, there are flat dollar copays for office visits, urgent care, emergency room, prescriptions, etc that are not subject to deductible.
 - For example, Choices Plan \$1,000 0% plan has a \$1,000 single / \$2,000 2-person/family deductible. Members will have to pay the first \$1,000 single or \$2,000 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:** The MESSA Choices plan does not have coinsurance, therefore this does not apply.
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, MESSA will cover 100% of the remaining covered expenses for the rest of the plan year.
 - **The out-of-pocket maximum includes the 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 MESSA ABC Plans

Do the ABC 2 Plans operate the same way for deductible / coinsurance as the MESSA Choices plan?

The answer is yes and no.

First what is different: Under a plan with a high deductible health plan (HDHP), aka MESSA ABC Plans, **all services with the exception of preventive care are subject to deductible and applicable coinsurance.**

Under an HDHP plan such as ABC 2 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, ABC Plan 2 has a \$2,000 single / \$4,000 2-person/family deductible. Members will have to pay the first \$2,000 (single or \$4,000 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.

In addition, if members elect the ABC Plan 2 20% plan, after deductible is met, members will be responsible for coinsurance. Coinsurance would apply AFTER deductible. Coinsurance works the same way as deductible, meaning it applies to all services (with the exception of preventive 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). Members would continue to pay their 20% until the out-of-pocket maximum is met.

As for what is the same: The out-of-pocket will work the exact same way as the MESSA Choices 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, MESSA 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

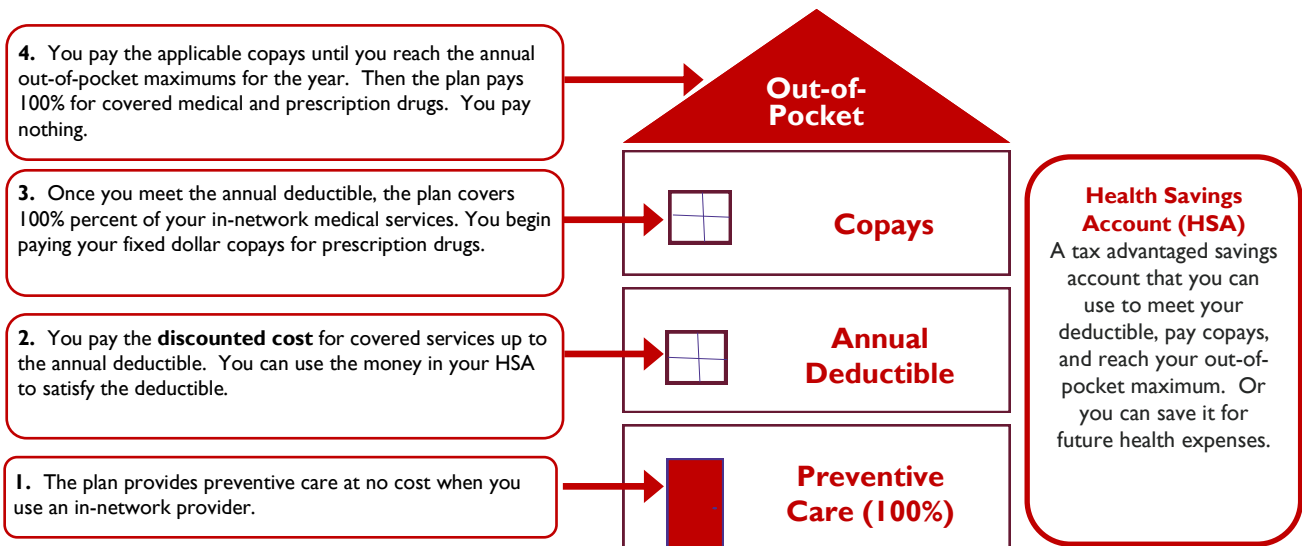
High Deductible Health Plans (PPO) with a Health Savings Account (aka MESSA ABC 2 Plans)

The **MESSA High Deductible Health Plans / HDHP (ABC 2 Plans)** 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 MESSA ABC 2 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 ABC Plans works differently than the Choices Plan. Under the ABC 2 Plans two person or family coverage, benefits for an individual will be payable only when the **FULL** family ABC 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 Choices plans.

How the High Deductible Health Plan (MESSA ABC 2 Plans) Works



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

MESSA Choices vs. MESSA ABC Plan?

- **MESSA Choices:** Lower-deductible health plans with higher premiums.
- **MESSA ABC Plans:** High-deductible health plans (HDHP) that save you money through lower premiums. MESSA ABC 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 MESSA ABC 2 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 \$2,000 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	(-\$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)**

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.

If you enroll in either of the MESSA ABC 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.

****New This year, FSA Debit Cards****

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 (HCFSA)

The HCFSA helps 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 HCFSA election as of January 1 (or, for new hires, as of your benefits eligibility date). Members have the option to pay for medical, dental and vision expenses via their debit card or through manual reimbursement.
- You may carry over up to \$660 of unused funds remaining in your HCFSA 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 HCFSA, 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 as you may be asked to provide medical substantiation.
- 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

Effective Date: 01/01/2025

MESSA Account: Romeo Community Schools

Employee Group: RASPA (Assistants Suppt Pers.)

Group/Subgroup: 06319-0029

WITH MEDICAL

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 80%	Orthodontics 80%
<ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p>	<ul style="list-style-type: none"> • Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, 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>\$1,300 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.

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: RASPA (Assistants Suppt Pers.)

Group/Subgroup: 06319-0030

WITHOUT MEDICAL

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 100%	Basic Services 90%	Major Services 90%	Orthodontics 90%
<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>\$1,500 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.

Dental - RASPA 145H -MESSA					
2025 Dental Cost Share with Medical			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 41.21	\$ 76.41	\$ 143.86
Employees receiving district dental insurance, or employed by the district in any capacity, after June 1, 2010, will share in the cost accordingly:					
8 hours (5 days/week)	85.00%	15.00%	\$ -	\$ 5.28	\$ 15.40
<8, but >6 (5 days/week)	67.00%	33.00%	\$ -	\$ 11.62	\$ 33.87
6 or less, but at least 5 (5 days/week)	45.00%	55.00%	\$ -	\$ 19.36	\$ 56.46
Grandfathered: Employees receiving district dental insurance, or employed by the district in any capacity, as of June 1, 2010, are grandfathered under contribution rates effective the 2004-2007 contract and will share in the cost accordingly:					
6 but less than 8 (5 days/week)	82.00%	18.00%	\$ -	\$ 6.34	\$ 18.48
5 but less than 6 (5 days/week)	60.00%	40.00%	\$ -	\$ 14.08	\$ 41.06

Dental - RASPA 145H - MESSA					
2025 Dental Cost Share without Medical			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 45.47	\$ 85.25	\$ 168.59
Employees receiving district dental insurance, or employed by the district in any capacity, after June 1, 2010, will share in the cost accordingly:					
8 hours (5 days/week)	85.00%	15.00%	\$ -	\$ 5.97	\$ 18.47
<8, but >6 (5 days/week)	67.00%	33.00%	\$ -	\$ 13.13	\$ 40.63
6 or less, but at least 5 (5 days/week)	45.00%	55.00%	\$ -	\$ 21.88	\$ 67.72
Grandfathered: Employees receiving district dental insurance, or employed by the district in any capacity, as of June 1, 2010, are grandfathered under contribution rates effective the 2004-2007 contract and will share in the cost accordingly:					
6 but less than 8 (5 days/week)	82.00%	18.00%	\$ -	\$ 7.16	\$ 22.16
5 but less than 6 (5 days/week)	60.00%	40.00%	\$ -	\$ 15.91	\$ 49.25

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: RASPA (Assistants Suppt Pers.)

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.

Vision - RASPA 145H -MESSA					
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
Employees receiving district dental insurance, or employed by the district in any capacity, after June 1, 2010, will share in the cost accordingly:					
8 Hours (5 days/week)	85.00%	15.00%	\$ -	\$ 1.26	\$ 2.44
<8, but >6 (5 days/week)	67.00%	33.00%	\$ -	\$ 2.77	\$ 5.38
6 or less, but at least 5 (5 days/week)	45.00%	55.00%	\$ -	\$ 4.61	\$ 8.96
Grandfathered: Employees receiving district dental insurance, or employed by the district in any capacity, as of June 1, 2010, are grandfathered under contribution rates effective the 2004-2007 contract and will share in the cost accordingly:					
6 but less than 8 (5 days/week)	82.00%	18.00%	\$ -	\$ 1.51	\$ 2.93
5 but less than 6 (5 days/week)	60.00%	40.00%	\$ -	\$ 3.36	\$ 6.52

MESSA - 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. Telahealth solutions for MESSA members and covered dependents include:

- 24/7 Care
- Mental Health
- Virtual Primary Care
- Chronic Condition Management

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

MESSA - Save Money and Live Healthier with Blue365

MESSA 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 MESSA 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 messa.org.

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 Care 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 above list 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

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." Underneath, there is a warning: "There are no beneficiaries added to this plan. If this was made in error, click on 'Add Beneficiary' button below." At the bottom of each section is a green button labeled "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.

The screenshot shows the "Review and Confirm" page. At the top, there is a red warning icon and the text "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". Below that, there is a section for "Medical*" with a warning "This benefit election is pending until approved by your Benefits Administrator". It shows "MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan" with "Your cost per month \$0.00". A table lists dependents: Adam Tests (Employee, Cover), Sally Tests (Spouse, Cover), and Chase Tests (Daughter, No Coverage). At the bottom, there is a green button labeled "I agree, and I'm finished with my enrollment".

Confirmation Statement

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

The screenshot shows the "Your enrollment is complete!" screen. It features a green checkmark icon and the text "Your enrollment is complete!". Below this, it says "You may make changes to your elections until: March 31, 2020". There is a note: "Please view your enrollment confirmation statement and verify that your selections are correct." Below that, it says "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." At the bottom, it says "MESSA is not responsible for the costs shown." There is a box that says "Your Confirmation Statement is ready" and "Your Confirmation Statement is an overview of your new benefits and costs for your review and records." Below this are three buttons: "VIEW", "EMAIL", and "PRINT".

Contact Information

Provider/Benefit	Website	Contact Information	Phone Number / E-Mail
MESSA <ul style="list-style-type: none"> • Medical • 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 <ul style="list-style-type: none"> • Health Savings Account (HSA) 	www.healthequity.com	Member Services	866-346-5800
NurseLine <ul style="list-style-type: none"> • 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

- ABC Plan 2 - 3 Tier Rx Formulary: [ABC Plan 2 - 3 Tier Rx](#)
- ABC Plan 2 - 5-Tier Rx Formulary: [ABC Plan 2 - 5-Tier Rx](#)
- Choices - 5-Tier Rx Formulary: [Choices - 5-Tier Rx](#)
- ABC Plan 2 - 3-Tier Rx Preventive Listing: [ABC Plan 2 - 3 Tier Rx](#)
- ABC Plan 2 - 5-Tier Rx Preventive Listing: [ABC Plan 2 - 5-Tier Rx](#)
- Choices - 5-Tier Rx Preventive Listing: [Choices - 5-Tier Rx](#)
- To access the MESSA Choices for Care Link, click [HERE](#)
- To access the MESSA Teladoc flyer, click [HERE](#)
- 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 make your benefit selections, please log into MyMESSA account at: [Login - MyMESSA](#)

**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)

For the period from January 1, 2025—December 31, 2025

(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.