



ROMEO
COMMUNITY
SCHOOLS

Benefits Enrollment Packet

(Group 145W)
TPOAM Bus Drivers

BUSINESS SERVICES OFFICE

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



TPOAM

MESSA Group: TPOAM

(145W)

Bus Drivers, Transportation

Effective Date: 01/01/2022

<p>Medical Insurance: MESSA Choices MESSA Choices 20% Coinsurance MESSA ABC Plan 1 MESSA ABC Plan 1 20% Coinsurance All Plans with Basic Term Life \$5,000</p>	<p>No Medical Insurance: Opt-Out of Medical Insurance *Opt-Out Form and proof required</p>
<p>Dental: MESSA Dental 80/80/60/80; \$1,000</p>	<p>Dental: MESSA Dental 80/80/60/80; \$1,000</p>
<p>Vision: VSP 3 G</p>	<p>Vision: VSP 3 G</p>
<p>Life: NIS – \$30,000 8 or more hours/day \$17,500 6 but less than 8 hours/day \$12,500 4 but less than 6 hours/day \$7,500 2 but less than 4 hours/day <i>Grandfathered employees hired prior to March 12, 2013:</i> \$12,500 4 but less than 5 hours/day \$ 7,500 2 but less than 4 hours/day</p>	<p>Life: NIS- \$60,000 8 or more hours/day \$35,000 6 but less than 8 hours/day \$25,000 5 but less than 6 hours/day \$15,000 2 but less than 4 hours/day <i>Grandfathered employees hired prior to March 12, 2013:</i> \$25,000 4 but less than 5 hours/day \$15,000 2 but less than 4 hours/day</p>
<p>AD&D: NIS – \$30,000 8 or more hours/day \$17,500 6 but less than 8 hours/day \$12,500 5 but less than 6 hours/day \$7,500 2 but less than 4 hours/day <i>Grandfathered employees hired prior to March 12, 2013:</i> \$12,500 4 but less than 5 hours/day \$ 7,500 2 but less than 4 hours/day</p>	<p>AD&D: NIS- \$60,000 8 or more hours/day \$35,000 6 but less than 8 hours/day \$25,000 5 but less than 6 hours/day \$15,000 2 but less than 4 hours/day <i>Grandfathered employees hired prior to March 12, 2013:</i> \$25,000 4 but less than 5 hours/day \$15,000 2 but less than 4 hours/day</p>
<p>Negotiated LTD: NIS- 5 hours or more/day: 66 2/3%, up to \$2,500 maximum monthly benefit Grandfathered employees hired prior to March 12, 2013 and working minimum 2 hrs/day are also eligible</p>	<p>Negotiated LTD: NIS- 5 hours or more/day: 66 2/3%, up to \$2,500 maximum monthly benefit Grandfathered employees hired prior to March 12, 2013 and working minimum 2 hrs/day are also eligible</p>
	<p>Cash In Lieu: \$100 (Full-Time only)</p>
<p>Eligibility: Refer to separate Rate Schedule (Hours worked per day determine the % of District and Employee Premium Cost Share) < 5 hours per day, no medical, dental, or vision Eligible 1st of the month following 90 calendar day probationary period.</p>	

BUSINESS SERVICES OFFICE



MESSA In-Network Plan Comparison - Effective 1/1/2022
Romeo Community Schools - 145W Bus Drivers

	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 20% MESSA Saver Rx Mandatory Mail	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABC Rx	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 20% MESSA ABC Rx
In-Network Cost Share After Deductible				
Deductible	\$500/\$1,000	\$500/\$1,000	\$1,400/\$2,800	\$1,400/\$2,800
Coinsurance	0%	20%	0%	20%
Blue Cross online visit copay/coinsurance	\$20	\$20	0%	20%
Office visit copay/coinsurance	\$20	\$20	0%	20%
Specialist visit copay/coinsurance	\$20	\$20	0%	20%
Urgent care copay/coinsurance	\$25	\$25	0%	20%
Emergency room copay/coinsurance	\$50	\$50	0%	20%
Total out-of-pocket maximum	\$2,500/\$5,000	\$3,500/\$7,000	\$2,400/\$4,800	\$3,400/\$6,800
Certain Benefit Differences				
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 80% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 80% after deductible
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Acupuncture	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible



MESSA In-Network Plan Comparison - Effective: 1/1/2022
Romeo Community Schools - 145W Bus Drivers

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

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

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

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

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



Medical - Single						
2022 Annual Hard Cap			\$ 7,304.51	\$ 7,304.51	\$ 7,304.51	\$ 7,304.51
2022 Monthly Hard Cap			\$ 608.71	\$ 608.71	\$ 608.71	\$ 608.71
2022 Medical Cost Share			MESSA Choices	MESSA Choices w/ Co Insurance	MESSA ABC Plan	MESSA ABC Plan w/ Co Insurance
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 713.21	\$ 629.34	\$ 630.38	\$ 571.75
Employee Cost Share						
8.0	100.00%	0.00%	\$ 104.50	\$ 20.63	\$ 21.67	\$ -
7.9	98.75%	1.25%	\$ 112.11	\$ 28.24	\$ 29.28	\$ -
7.8	97.50%	2.50%	\$ 119.73	\$ 35.85	\$ 36.89	\$ -
7.7	96.25%	3.75%	\$ 127.33	\$ 43.46	\$ 44.50	\$ -
7.6	95.00%	5.00%	\$ 134.94	\$ 51.07	\$ 52.11	\$ -
7.5	93.75%	6.25%	\$ 142.55	\$ 58.68	\$ 59.72	\$ 1.09
7.4	92.50%	7.50%	\$ 150.16	\$ 66.28	\$ 67.32	\$ 8.69
7.3	91.25%	8.75%	\$ 157.77	\$ 73.89	\$ 74.93	\$ 16.30
7.2	90.00%	10.00%	\$ 165.37	\$ 81.50	\$ 82.54	\$ 23.91
7.1	88.75%	11.25%	\$ 172.98	\$ 89.11	\$ 90.15	\$ 31.51
7.0	87.50%	12.50%	\$ 180.60	\$ 96.72	\$ 97.76	\$ 39.13
6.9	86.25%	13.75%	\$ 188.20	\$ 104.33	\$ 105.37	\$ 46.74
6.8	85.00%	15.00%	\$ 195.80	\$ 111.94	\$ 112.98	\$ 54.35
6.7	83.75%	16.25%	\$ 203.41	\$ 119.54	\$ 120.58	\$ 61.95
6.6	82.50%	17.50%	\$ 211.02	\$ 127.15	\$ 128.19	\$ 69.56
6.5	81.25%	18.75%	\$ 218.63	\$ 134.76	\$ 135.80	\$ 77.17
6.4	80.00%	20.00%	\$ 226.24	\$ 142.37	\$ 143.41	\$ 84.78
6.3	78.75%	21.25%	\$ 233.85	\$ 149.98	\$ 151.02	\$ 92.39
6.25	78.13%	21.87%	\$ 237.67	\$ 153.80	\$ 154.83	\$ 96.20
6.2	77.50%	22.50%	\$ 241.46	\$ 157.59	\$ 158.63	\$ 100.00
6.1	76.25%	23.75%	\$ 249.07	\$ 165.20	\$ 166.24	\$ 107.61
6.0	75.00%	25.00%	\$ 256.68	\$ 172.81	\$ 173.85	\$ 115.22
5.9	73.75%	26.25%	\$ 264.30	\$ 180.42	\$ 181.46	\$ 122.84
5.8	72.50%	27.50%	\$ 271.90	\$ 188.03	\$ 189.07	\$ 130.45
5.7	71.25%	28.75%	\$ 279.50	\$ 195.63	\$ 196.67	\$ 138.04
5.6	70.00%	30.00%	\$ 287.11	\$ 203.23	\$ 204.27	\$ 145.65
5.5	68.75%	31.25%	\$ 294.73	\$ 210.85	\$ 211.89	\$ 153.27
5.4	67.50%	32.50%	\$ 302.33	\$ 218.46	\$ 219.50	\$ 160.88
5.3	66.25%	33.75%	\$ 309.94	\$ 226.07	\$ 227.11	\$ 168.48
5.25	65.63%	34.37%	\$ 313.74	\$ 229.87	\$ 230.90	\$ 172.28
5.2	65.00%	35.00%	\$ 317.55	\$ 233.67	\$ 234.71	\$ 176.09
5.1	63.75%	36.25%	\$ 325.17	\$ 241.29	\$ 242.33	\$ 183.71
5.0	62.50%	37.50%	\$ 332.78	\$ 248.90	\$ 249.94	\$ 191.31



Medical - Two Person						
2022 Annual Hard Cap		\$ 15,276.01	\$ 15,276.01	\$ 15,276.01	\$ 15,276.01	\$ 15,276.01
2022 Monthly Hard Cap		\$ 1,273.00	\$ 1,273.00	\$ 1,273.00	\$ 1,273.00	\$ 1,273.00
2022 Medical Cost Share			MESSA Choices	MESSA Choices w/ Co Insurance	MESSA ABC Plan	MESSA ABC Plan w/ Co Insurance
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 1,604.72	\$ 1,416.03	\$ 1,418.36	\$ 1,286.44
Employee Cost Share						
8.0	100.00%	0.00%	\$ 331.72	\$ 143.03	\$ 145.36	\$ 13.44
7.9	98.75%	1.25%	\$ 347.64	\$ 158.94	\$ 161.28	\$ 29.36
7.8	97.50%	2.50%	\$ 363.54	\$ 174.85	\$ 177.18	\$ 45.26
7.7	96.25%	3.75%	\$ 379.46	\$ 190.78	\$ 193.11	\$ 61.19
7.6	95.00%	5.00%	\$ 395.37	\$ 206.68	\$ 209.01	\$ 77.09
7.5	93.75%	6.25%	\$ 411.28	\$ 222.59	\$ 224.93	\$ 93.01
7.4	92.50%	7.50%	\$ 427.19	\$ 238.50	\$ 240.83	\$ 108.90
7.3	91.25%	8.75%	\$ 443.12	\$ 254.42	\$ 256.76	\$ 124.83
7.2	90.00%	10.00%	\$ 459.02	\$ 270.33	\$ 272.66	\$ 140.74
7.1	88.75%	11.25%	\$ 474.93	\$ 286.25	\$ 288.58	\$ 156.65
7.0	87.50%	12.50%	\$ 490.84	\$ 302.15	\$ 304.48	\$ 172.56
6.9	86.25%	13.75%	\$ 506.76	\$ 318.07	\$ 320.40	\$ 188.48
6.8	85.00%	15.00%	\$ 522.67	\$ 333.97	\$ 336.30	\$ 204.39
6.7	83.75%	16.25%	\$ 538.58	\$ 349.89	\$ 352.22	\$ 220.30
6.6	82.50%	17.50%	\$ 554.49	\$ 365.80	\$ 368.12	\$ 236.21
6.5	81.25%	18.75%	\$ 570.41	\$ 381.72	\$ 384.05	\$ 252.14
6.4	80.00%	20.00%	\$ 586.31	\$ 397.63	\$ 399.95	\$ 268.03
6.3	78.75%	21.25%	\$ 602.23	\$ 413.54	\$ 415.87	\$ 283.95
6.25	78.13%	21.87%	\$ 610.18	\$ 421.50	\$ 423.83	\$ 291.91
6.2	77.50%	22.50%	\$ 618.14	\$ 429.44	\$ 431.77	\$ 299.85
6.1	76.25%	23.75%	\$ 634.06	\$ 445.37	\$ 447.70	\$ 315.78
6.0	75.00%	25.00%	\$ 649.97	\$ 461.28	\$ 463.61	\$ 331.69
5.9	73.75%	26.25%	\$ 665.88	\$ 477.19	\$ 479.52	\$ 347.60
5.8	72.50%	27.50%	\$ 681.79	\$ 493.10	\$ 495.44	\$ 363.52
5.7	71.25%	28.75%	\$ 697.71	\$ 509.02	\$ 511.35	\$ 379.43
5.6	70.00%	30.00%	\$ 713.63	\$ 524.93	\$ 527.27	\$ 395.35
5.5	68.75%	31.25%	\$ 729.53	\$ 540.84	\$ 543.17	\$ 411.25
5.4	67.50%	32.50%	\$ 745.44	\$ 556.75	\$ 559.09	\$ 427.16
5.3	66.25%	33.75%	\$ 761.36	\$ 572.67	\$ 575.00	\$ 443.08
5.25	65.63%	34.37%	\$ 769.31	\$ 580.62	\$ 582.95	\$ 451.03
5.2	65.00%	35.00%	\$ 777.27	\$ 588.58	\$ 590.92	\$ 458.99
5.1	63.75%	36.25%	\$ 793.18	\$ 604.48	\$ 606.82	\$ 474.90
5.0	62.50%	37.50%	\$ 809.10	\$ 620.41	\$ 622.74	\$ 490.81

BUSINESS SERVICES OFFICE



Medical - Full Family							
2022 Annual Hard Cap			\$ 19,921.45	\$ 19,921.45	\$ 19,921.45	\$ 19,921.45	
2022 Monthly Hard Cap			\$ 1,660.12	\$ 1,660.12	\$ 1,660.12	\$ 1,660.12	
2022 Medical Cost Share			MESSA Choices	MESSA Choices w/ Co Insurance	MESSA ABC Plan	MESSA ABC Plan w/ Co Insurance	
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	
			\$ 1,996.99	\$ 1,762.17	\$ 1,765.07	\$ 1,600.92	
Employee Cost Share							
8.0	100.00%	0.00%	\$ 336.87	\$ 102.05	\$ 104.95	\$ -	
7.9	98.75%	1.25%	\$ 357.62	\$ 122.80	\$ 125.70	\$ -	
7.8	97.50%	2.50%	\$ 378.37	\$ 143.55	\$ 146.45	\$ -	
7.7	96.25%	3.75%	\$ 399.12	\$ 164.30	\$ 167.21	\$ 3.05	
7.6	95.00%	5.00%	\$ 419.88	\$ 185.05	\$ 187.96	\$ 23.81	
7.5	93.75%	6.25%	\$ 440.62	\$ 205.80	\$ 208.70	\$ 44.55	
7.4	92.50%	7.50%	\$ 461.38	\$ 226.55	\$ 229.46	\$ 65.31	
7.3	91.25%	8.75%	\$ 482.12	\$ 247.31	\$ 250.21	\$ 86.06	
7.2	90.00%	10.00%	\$ 502.88	\$ 268.06	\$ 270.96	\$ 106.81	
7.1	88.75%	11.25%	\$ 523.63	\$ 288.81	\$ 291.71	\$ 127.56	
7.0	87.50%	12.50%	\$ 544.38	\$ 309.56	\$ 312.46	\$ 148.31	
6.9	86.25%	13.75%	\$ 565.14	\$ 330.32	\$ 333.22	\$ 169.08	
6.8	85.00%	15.00%	\$ 585.90	\$ 351.07	\$ 353.98	\$ 189.82	
6.7	83.75%	16.25%	\$ 606.63	\$ 371.82	\$ 374.72	\$ 210.57	
6.6	82.50%	17.50%	\$ 627.39	\$ 392.55	\$ 395.46	\$ 231.32	
6.5	81.25%	18.75%	\$ 648.14	\$ 413.32	\$ 416.21	\$ 252.06	
6.4	80.00%	20.00%	\$ 668.89	\$ 434.07	\$ 436.97	\$ 272.82	
6.3	78.75%	21.25%	\$ 689.64	\$ 454.82	\$ 457.72	\$ 293.57	
6.25	78.13%	21.87%	\$ 700.02	\$ 465.20	\$ 468.09	\$ 303.95	
6.2	77.50%	22.50%	\$ 710.40	\$ 475.58	\$ 478.48	\$ 314.33	
6.1	76.25%	23.75%	\$ 731.15	\$ 496.33	\$ 499.23	\$ 335.08	
6.0	75.00%	25.00%	\$ 751.91	\$ 517.09	\$ 519.99	\$ 355.84	
5.9	73.75%	26.25%	\$ 772.65	\$ 537.84	\$ 540.74	\$ 376.58	
5.8	72.50%	27.50%	\$ 793.39	\$ 558.58	\$ 561.48	\$ 397.32	
5.7	71.25%	28.75%	\$ 814.15	\$ 579.33	\$ 582.22	\$ 418.08	
5.6	70.00%	30.00%	\$ 834.90	\$ 600.09	\$ 602.98	\$ 438.84	
5.5	68.75%	31.25%	\$ 855.64	\$ 620.84	\$ 623.74	\$ 459.59	
5.4	67.50%	32.50%	\$ 876.40	\$ 641.59	\$ 644.49	\$ 480.34	
5.3	66.25%	33.75%	\$ 897.15	\$ 662.34	\$ 665.24	\$ 501.09	
5.25	65.63%	34.37%	\$ 907.52	\$ 672.71	\$ 675.61	\$ 511.45	
5.2	65.00%	35.00%	\$ 917.91	\$ 683.09	\$ 685.99	\$ 521.84	
5.1	63.75%	36.25%	\$ 938.66	\$ 703.84	\$ 706.75	\$ 542.59	
5.0	62.50%	37.50%	\$ 959.41	\$ 724.59	\$ 727.50	\$ 563.35	

BUSINESS SERVICES OFFICE



TRANSPORTATION (145W) DENTAL

MESSA DENTAL PLANS - Group # 6319-0033

Underwritten by Delta Dental Plan of Michigan

<p>CLASS I 80%</p>	<p>Diagnostic</p> <ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride • Emergency Palliative 	<p>\$1,000 Class I, II, & III Annual Maximum Per Person</p>
<p>CLASS II 80%</p>	<p>Basic Services</p> <ul style="list-style-type: none"> • Radiographs • Restoratives • Crown Jackets • Oral Surgery • Endodontic & Periodontal Services 	
<p>CLASS III 60%</p>	<p>Procedures for the construction of fixed bridgework partial and complete dentures</p>	
<p>CLASS IV 80%</p>	<p>Orthodontics Necessary treatment and procedures required for the correction of malposed teeth to age 19</p> <p>√ Initial Exam, Radiographs, and Extractions are covered under Class I</p> <p>Riders</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Adult Ortho - Removes age limitations</p>	<p>\$1,000 Class IV Lifetime Maximum Per Person</p>

BUSINESS SERVICES OFFICE



Dental - AFSCME Food Service						
2022 Dental Cost Share			Single	Two Person	Full Family	
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	
			\$ 40.19	\$ 74.66	\$ 128.27	
			Employee Cost Share			
8.0	100.00%	0.00%	\$ -	\$ -	\$ -	
7.9	98.75%	1.25%	\$ 0.50	\$ 0.93	\$ 1.60	
7.8	97.50%	2.50%	\$ 1.00	\$ 1.87	\$ 3.21	
7.7	96.25%	3.75%	\$ 1.51	\$ 2.80	\$ 4.81	
7.6	95.00%	5.00%	\$ 2.01	\$ 3.73	\$ 6.41	
7.5	93.75%	6.25%	\$ 2.51	\$ 4.67	\$ 8.02	
7.4	92.50%	7.50%	\$ 3.01	\$ 5.60	\$ 9.62	
7.3	91.25%	8.75%	\$ 3.52	\$ 6.53	\$ 11.22	
7.2	90.00%	10.00%	\$ 4.02	\$ 7.47	\$ 12.83	
7.1	88.75%	11.25%	\$ 4.52	\$ 8.40	\$ 14.43	
7.0	87.50%	12.50%	\$ 5.02	\$ 9.33	\$ 16.03	
6.9	86.25%	13.75%	\$ 5.53	\$ 10.27	\$ 17.64	
6.8	85.00%	15.00%	\$ 6.03	\$ 11.20	\$ 19.24	
6.7	83.75%	16.25%	\$ 6.53	\$ 12.13	\$ 20.84	
6.6	82.50%	17.50%	\$ 7.03	\$ 13.07	\$ 22.45	
6.5	81.25%	18.75%	\$ 7.54	\$ 14.00	\$ 24.05	
6.4	80.00%	20.00%	\$ 8.04	\$ 14.93	\$ 25.65	
6.3	78.75%	21.25%	\$ 8.54	\$ 15.87	\$ 27.26	
6.25	78.13%	21.87%	\$ 8.79	\$ 16.33	\$ 28.05	
6.2	77.50%	22.50%	\$ 9.04	\$ 16.80	\$ 28.86	
6.1	76.25%	23.75%	\$ 9.55	\$ 17.73	\$ 30.46	
6.0	75.00%	25.00%	\$ 10.05	\$ 18.67	\$ 32.07	
5.9	73.75%	26.25%	\$ 10.55	\$ 19.60	\$ 33.67	
5.8	72.50%	27.50%	\$ 11.05	\$ 20.53	\$ 35.27	
5.7	71.25%	28.75%	\$ 11.55	\$ 21.46	\$ 36.88	
5.6	70.00%	30.00%	\$ 12.06	\$ 22.40	\$ 38.48	
5.5	68.75%	31.25%	\$ 12.56	\$ 23.33	\$ 40.08	
5.4	67.50%	32.50%	\$ 13.06	\$ 24.26	\$ 41.69	
5.3	66.25%	33.75%	\$ 13.56	\$ 25.20	\$ 43.29	
5.25	65.63%	34.37%	\$ 13.81	\$ 25.66	\$ 44.09	
5.2	65.00%	35.00%	\$ 14.07	\$ 26.13	\$ 44.89	
5.1	63.75%	36.25%	\$ 14.57	\$ 27.06	\$ 46.50	
5.0	62.50%	37.50%	\$ 15.07	\$ 28.00	\$ 48.10	



VSP-3 G Benefits



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

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at www.messa.org or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers (Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800.877.7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
■ Optometrist	No copayment	\$35
■ Ophthalmologist		\$45
Contact lenses (includes examination)		
■ Elective lenses to improve vision	\$135 allowance	\$115
■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i>	MESSA pays 100% of the approved amount	\$200
Eyeglass frames	\$130 allowance	\$55
Eyeglass lenses		
■ Single vision	MESSA pays 100% of the approved amount	\$38
■ Bifocal		\$60
■ Trifocal		\$72
■ Lenticular		\$108
Eyeglass lens enhancements		
■ Rose #1 or #2 tint	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge.
■ Rimless		
■ Oversize		
■ Blended		
■ Photochromic		
■ Progressive	Not covered	
■ Tinted	MESSA pays 100% of the approved amount	
○ Single vision		\$42
○ Bifocal		\$70
○ Trifocal		\$84
○ Lenticular		\$118
■ Polarized		
○ Single vision		\$56
○ Bifocal		\$90
○ Trifocal		\$110
○ Lenticular		\$138

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Vision - Food Service - MESSA

2022 Vision Cost Share			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 8.09	\$ 17.36	\$ 26.10
Employee Cost Share					
8.0	100.00%	0.00%	\$ -	\$ -	\$ -
7.9	98.75%	1.25%	\$ 0.10	\$ 0.22	\$ 0.33
7.8	97.50%	2.50%	\$ 0.20	\$ 0.43	\$ 0.65
7.7	96.25%	3.75%	\$ 0.30	\$ 0.65	\$ 0.98
7.6	95.00%	5.00%	\$ 0.40	\$ 0.87	\$ 1.31
7.5	93.75%	6.25%	\$ 0.51	\$ 1.09	\$ 1.63
7.4	92.50%	7.50%	\$ 0.61	\$ 1.30	\$ 1.96
7.3	91.25%	8.75%	\$ 0.71	\$ 1.52	\$ 2.28
7.2	90.00%	10.00%	\$ 0.81	\$ 1.74	\$ 2.61
7.1	88.75%	11.25%	\$ 0.91	\$ 1.95	\$ 2.94
7.0	87.50%	12.50%	\$ 1.01	\$ 2.17	\$ 3.26
6.9	86.25%	13.75%	\$ 1.11	\$ 2.39	\$ 3.59
6.8	85.00%	15.00%	\$ 1.21	\$ 2.60	\$ 3.92
6.7	83.75%	16.25%	\$ 1.31	\$ 2.82	\$ 4.24
6.6	82.50%	17.50%	\$ 1.42	\$ 3.04	\$ 4.57
6.5	81.25%	18.75%	\$ 1.52	\$ 3.26	\$ 4.89
6.4	80.00%	20.00%	\$ 1.62	\$ 3.47	\$ 5.22
6.3	78.75%	21.25%	\$ 1.72	\$ 3.69	\$ 5.55
6.25	78.13%	21.87%	\$ 1.77	\$ 3.80	\$ 5.71
6.2	77.50%	22.50%	\$ 1.82	\$ 3.91	\$ 5.87
6.1	76.25%	23.75%	\$ 1.92	\$ 4.12	\$ 6.20
6.0	75.00%	25.00%	\$ 2.02	\$ 4.34	\$ 6.53
5.9	73.75%	26.25%	\$ 2.12	\$ 4.56	\$ 6.85
5.8	72.50%	27.50%	\$ 2.22	\$ 4.77	\$ 7.18
5.7	71.25%	28.75%	\$ 2.33	\$ 4.99	\$ 7.50
5.6	70.00%	30.00%	\$ 2.43	\$ 5.21	\$ 7.83
5.5	68.75%	31.25%	\$ 2.53	\$ 5.42	\$ 8.16
5.4	67.50%	32.50%	\$ 2.63	\$ 5.64	\$ 8.48
5.3	66.25%	33.75%	\$ 2.73	\$ 5.86	\$ 8.81
5.25	65.63%	34.37%	\$ 2.78	\$ 5.97	\$ 8.97
5.2	65.00%	35.00%	\$ 2.83	\$ 6.08	\$ 9.13
5.1	63.75%	36.25%	\$ 2.93	\$ 6.29	\$ 9.46
5.0	62.50%	37.50%	\$ 3.03	\$ 6.51	\$ 9.79



Health Savings Accounts

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

What are the benefits of an HSA?

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

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

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

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

HSA Example:

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

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

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Flexible Spending Accounts

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

What are the benefits of an FSA?

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

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

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

Health Reimbursement FSA

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

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

Dependent care FSA?

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

FSA Example:

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

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

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

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HSA vs. FSA

What's the difference?

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



Additional Benefit Offerings

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

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

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

MESSA Gives You Options

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

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

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

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

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