



**ROMEO
COMMUNITY
SCHOOLS**

TPOAM BUS DRIVERS



**2026 Open Enrollment
Benefit Guide**

Open Enrollment November 10th – November 24th

OPEN ENROLLMENT CHECKLIST

- ✓ Review your benefit guide before making your elections!
- ✓ Medical, FSA, and HSA Elections **must** be made via the plansource website by visiting: <https://benefits.plansource.com/>. For more information on how to access PlanSource, click [HERE](#).
- ✓ Dental, vision, and optional benefit elections will be made via MYMESSA portal <https://secure.messa.org/MemberPortal/Login>
- ✓ If you are eligible and elect to Opt Out of medical insurance to receive the monthly stipend incentive, **you must complete** the Health Benefit opt-out form located at the end of this guide. 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 26 for more details.

Romeo Community Schools

Benefits Quick Reference


Open Enrollment

- Make elections for medical, dental, vision, and FSA.
- Elections effective **Jan 1 – Dec 31**.
- Changes only allowed mid-year with a **qualifying life event**.

Qualifying Life Events (30-Day Rule)

You must make changes **within 30 days** of the event:

- **Family changes:** marriage, divorce, legal separation, annulment
- **Dependents:** birth, adoption, placement, loss/gain of eligibility, death
- **Employment:** change in your or spouse's employment affecting benefits
- **Court order:** Qualified Medical Child Support Order
- **Other coverage:** change in another employer plan

 **Note:** Change must be **consistent** with the event.

- Example: Add spouse after marriage.
- Example: Add dependents if spouse loses employer coverage.

Action Steps

1. Submit changes on the **MESSA employee website** within 30 days.
2. Email proof of the event to: employeebenefits@romeok12.org

Health Savings Account (HSA)

- Contributions may be changed **any time during the year**.
- No qualifying event required.

Important Reminders

- Benefits are paid with **pre-tax dollars** (reduces taxable income).
- Rules are set by the **IRS** – exceptions are not allowed.
- Vendor rules (medical, dental, vision, FSA) may differ – always review your plan booklet.

Plan Offerings

WMHIP/BCBSM Group: 145W Bus Drivers

Bus Drivers

Option A: With Medical Coverage	
Medical	<ul style="list-style-type: none"> • WMHIP/BCBSM ENHANCED 500 118 • WMHIP /BCBSM ENHANCED 500 20% 160 • WMHIP/BCBSM ENHANCED HSA 2000 121/122 • WMHIP/BCBSM HSA 2000 20% 175/176 <p>All Plans include \$5,000 Basic Term Life (through NIS)</p>
*Dental	<ul style="list-style-type: none"> • Dental 80/80/60/80
*Vision	<ul style="list-style-type: none"> • VSP 3G

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

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

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

* Dental / Vision plan year is January through December.

Employee Medical Contributions

2026 The Pool						
2026 TRANSPORTATION						
MEDICAL - SINGLE COVERAGE						
2026 Annual Hard Cap			\$ 7,942.09	\$ 7,942.09	\$ 7,942.09	\$ 7,942.09
2026 Monthly Hard Cap			\$ 661.84	\$ 661.84	\$ 661.84	\$ 661.84
SINGLE COVERAGE			Enhanced 500 118 \$500/\$1000	Enhanced 500 160 \$500/\$1000 w/20% Coinsurance	HSA 121/122 \$2000/\$4000	HSA 175/176 \$2000/\$4000 W/20% Coinsurance
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 836.08	\$ 765.69	\$ 678.69	\$ 605.98
			EMPLOYEE COST SHARE			
8.0	100.00%	0.00%	\$ 174.24	\$ 103.85	\$ 16.85	\$ -
7.9	98.75%	1.25%	\$ 182.51	\$ 112.12	\$ 25.12	\$ -
7.8	97.50%	2.50%	\$ 190.79	\$ 120.40	\$ 33.40	\$ -
7.7	96.25%	3.75%	\$ 199.06	\$ 128.67	\$ 41.67	\$ -
7.6	95.00%	5.00%	\$ 207.33	\$ 136.94	\$ 49.94	\$ -
7.5	93.75%	6.25%	\$ 215.60	\$ 145.21	\$ 58.21	\$ -
7.4	92.50%	7.50%	\$ 223.88	\$ 153.49	\$ 66.49	\$ -
7.3	91.25%	8.75%	\$ 232.15	\$ 161.76	\$ 74.76	\$ 2.05
7.2	90.00%	10.00%	\$ 240.42	\$ 170.03	\$ 83.03	\$ 10.32
7.1	88.75%	11.25%	\$ 248.70	\$ 178.31	\$ 91.31	\$ 18.60
7.0	87.50%	12.50%	\$ 256.97	\$ 186.58	\$ 99.58	\$ 26.87
6.9	86.25%	13.75%	\$ 265.24	\$ 194.85	\$ 107.85	\$ 35.14
6.8	85.00%	15.00%	\$ 273.52	\$ 203.13	\$ 116.13	\$ 43.42
6.7	83.75%	16.25%	\$ 281.79	\$ 211.40	\$ 124.40	\$ 51.69
6.6	82.50%	17.50%	\$ 290.06	\$ 219.67	\$ 132.67	\$ 59.96
6.5	81.25%	18.75%	\$ 298.33	\$ 227.94	\$ 140.94	\$ 68.23
6.4	80.00%	20.00%	\$ 306.61	\$ 236.22	\$ 149.22	\$ 76.51
6.3	78.75%	21.25%	\$ 314.88	\$ 244.49	\$ 157.49	\$ 84.78
6.2	77.50%	22.50%	\$ 323.15	\$ 252.76	\$ 165.76	\$ 93.05
6.1	76.25%	23.75%	\$ 331.43	\$ 261.04	\$ 174.04	\$ 101.33
6.0	75.00%	25.00%	\$ 339.70	\$ 269.31	\$ 182.31	\$ 109.60
5.9	73.75%	26.25%	\$ 347.97	\$ 277.58	\$ 190.58	\$ 117.87
5.8	72.50%	27.50%	\$ 356.25	\$ 285.86	\$ 198.86	\$ 126.15
5.7	71.25%	28.75%	\$ 364.52	\$ 294.13	\$ 207.13	\$ 134.42
5.6	70.00%	30.00%	\$ 372.79	\$ 302.40	\$ 215.40	\$ 142.69
5.5	68.75%	31.25%	\$ 381.06	\$ 310.67	\$ 223.67	\$ 150.96
5.4	67.50%	32.50%	\$ 389.34	\$ 318.95	\$ 231.95	\$ 159.24
5.3	66.25%	33.75%	\$ 397.61	\$ 327.22	\$ 240.22	\$ 167.51
5.2	65.00%	35.00%	\$ 405.88	\$ 335.49	\$ 248.49	\$ 175.78
5.1	63.75%	36.25%	\$ 414.16	\$ 343.77	\$ 256.77	\$ 184.06
5.0	62.50%	37.50%	\$ 422.43	\$ 352.04	\$ 265.04	\$ 192.33

**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.

Employee Medical Contributions

2026 The Pool						
2026 TRANSPORTATION						
MEDICAL - 2 PERSON						
2026 Annual Hard Cap			\$ 16,609.38	\$ 16,609.38	\$ 16,609.38	\$ 16,609.38
2026 Monthly Hard Cap			\$ 1,384.12	\$ 1,384.12	\$ 1,384.12	\$ 1,384.12
2 PERSON COVERAGE			Enhanced 500 118 \$500/\$1000	Enhanced 500 160 \$500/\$1000 w/20% Coinsurance	HSA 121/122 \$2000/\$4000	HSA 175/176 \$2000/\$4000 W/20% Coinsurance
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 1,881.17	\$ 1,722.80	\$ 1,527.03	\$ 1,363.45
			EMPLOYEE COST SHARE			
8.0	100.00%	0.00%	\$ 497.06	\$ 338.69	\$ 142.92	\$ -
7.9	98.75%	1.25%	\$ 514.36	\$ 355.99	\$ 160.22	\$ -
7.8	97.50%	2.50%	\$ 531.66	\$ 373.29	\$ 177.52	\$ 13.94
7.7	96.25%	3.75%	\$ 548.96	\$ 390.59	\$ 194.82	\$ 31.24
7.6	95.00%	5.00%	\$ 566.26	\$ 407.89	\$ 212.12	\$ 48.54
7.5	93.75%	6.25%	\$ 583.56	\$ 425.19	\$ 229.42	\$ 65.84
7.4	92.50%	7.50%	\$ 600.86	\$ 442.49	\$ 246.72	\$ 83.14
7.3	91.25%	8.75%	\$ 618.17	\$ 459.80	\$ 264.03	\$ 100.45
7.2	90.00%	10.00%	\$ 635.47	\$ 477.10	\$ 281.33	\$ 117.75
7.1	88.75%	11.25%	\$ 652.77	\$ 494.40	\$ 298.63	\$ 135.05
7.0	87.50%	12.50%	\$ 670.07	\$ 511.70	\$ 315.93	\$ 152.35
6.9	86.25%	13.75%	\$ 687.37	\$ 529.00	\$ 333.23	\$ 169.65
6.8	85.00%	15.00%	\$ 704.67	\$ 546.30	\$ 350.53	\$ 186.95
6.7	83.75%	16.25%	\$ 721.97	\$ 563.60	\$ 367.83	\$ 204.25
6.6	82.50%	17.50%	\$ 739.28	\$ 580.91	\$ 385.14	\$ 221.56
6.5	81.25%	18.75%	\$ 756.58	\$ 598.21	\$ 402.44	\$ 238.86
6.4	80.00%	20.00%	\$ 773.88	\$ 615.51	\$ 419.74	\$ 256.16
6.3	78.75%	21.25%	\$ 791.18	\$ 632.81	\$ 437.04	\$ 273.46
6.2	77.50%	22.50%	\$ 808.48	\$ 650.11	\$ 454.34	\$ 290.76
6.1	76.25%	23.75%	\$ 825.78	\$ 667.41	\$ 471.64	\$ 308.06
6.0	75.00%	25.00%	\$ 843.08	\$ 684.71	\$ 488.94	\$ 325.36
5.9	73.75%	26.25%	\$ 860.39	\$ 702.02	\$ 506.25	\$ 342.67
5.8	72.50%	27.50%	\$ 877.69	\$ 719.32	\$ 523.55	\$ 359.97
5.7	71.25%	28.75%	\$ 894.99	\$ 736.62	\$ 540.85	\$ 377.27
5.6	70.00%	30.00%	\$ 912.29	\$ 753.92	\$ 558.15	\$ 394.57
5.5	68.75%	31.25%	\$ 929.59	\$ 771.22	\$ 575.45	\$ 411.87
5.4	67.50%	32.50%	\$ 946.89	\$ 788.52	\$ 592.75	\$ 429.17
5.3	66.25%	33.75%	\$ 964.19	\$ 805.82	\$ 610.05	\$ 446.47
5.2	65.00%	35.00%	\$ 981.50	\$ 823.13	\$ 627.36	\$ 463.78
5.1	63.75%	36.25%	\$ 998.80	\$ 840.43	\$ 644.66	\$ 481.08
5.0	62.50%	37.50%	\$ 1,016.10	\$ 857.73	\$ 661.96	\$ 498.38

**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.

Employee Medical Contributions

2026 The Pool						
2026 TRANSPORTATION MEDICAL - FULL FAMILY						
2026 Annual Hard Cap			\$ 21,660.30	\$ 21,660.30	\$ 21,660.30	\$ 21,660.30
2026 Monthly Hard Cap			\$ 1,805.03	\$ 1,805.03	\$ 1,805.03	\$ 1,805.03
FULL FAMILY COVERAGE			Enhanced 500 118 \$500/\$1000	Enhanced 500 160 \$500/\$1000 w/20% Coinsurance	HSA 121/122 \$2000/\$4000	HSA 175/176 \$2000/\$4000 W/20% Coinsurance
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 2,341.01	\$ 2,143.92	\$ 1,900.30	\$ 1,696.74
			EMPLOYEE COST SHARE			
8.0	100.00%	0.00%	\$ 535.99	\$ 338.90	\$ 95.28	\$ -
7.9	98.75%	1.25%	\$ 558.55	\$ 361.46	\$ 117.84	\$ -
7.8	97.50%	2.50%	\$ 581.11	\$ 384.02	\$ 140.40	\$ -
7.7	96.25%	3.75%	\$ 603.67	\$ 406.58	\$ 162.96	\$ -
7.6	95.00%	5.00%	\$ 626.24	\$ 429.15	\$ 185.53	\$ -
7.5	93.75%	6.25%	\$ 648.80	\$ 451.71	\$ 208.09	\$ 4.53
7.4	92.50%	7.50%	\$ 671.36	\$ 474.27	\$ 230.65	\$ 27.09
7.3	91.25%	8.75%	\$ 693.92	\$ 496.83	\$ 253.21	\$ 49.65
7.2	90.00%	10.00%	\$ 716.49	\$ 519.40	\$ 275.78	\$ 72.22
7.1	88.75%	11.25%	\$ 739.05	\$ 541.96	\$ 298.34	\$ 94.78
7.0	87.50%	12.50%	\$ 761.61	\$ 564.52	\$ 320.90	\$ 117.34
6.9	86.25%	13.75%	\$ 784.18	\$ 587.09	\$ 343.47	\$ 139.91
6.8	85.00%	15.00%	\$ 806.74	\$ 609.65	\$ 366.03	\$ 162.47
6.7	83.75%	16.25%	\$ 829.30	\$ 632.21	\$ 388.59	\$ 185.03
6.6	82.50%	17.50%	\$ 851.86	\$ 654.77	\$ 411.15	\$ 207.59
6.5	81.25%	18.75%	\$ 874.43	\$ 677.34	\$ 433.72	\$ 230.16
6.4	80.00%	20.00%	\$ 896.99	\$ 699.90	\$ 456.28	\$ 252.72
6.3	78.75%	21.25%	\$ 919.55	\$ 722.46	\$ 478.84	\$ 275.28
6.2	77.50%	22.50%	\$ 942.12	\$ 745.03	\$ 501.41	\$ 297.85
6.1	76.25%	23.75%	\$ 964.68	\$ 767.59	\$ 523.97	\$ 320.41
6.0	75.00%	25.00%	\$ 987.24	\$ 790.15	\$ 546.53	\$ 342.97
5.9	73.75%	26.25%	\$ 1,009.80	\$ 812.71	\$ 569.09	\$ 365.53
5.8	72.50%	27.50%	\$ 1,032.37	\$ 835.28	\$ 591.66	\$ 388.10
5.7	71.25%	28.75%	\$ 1,054.93	\$ 857.84	\$ 614.22	\$ 410.66
5.6	70.00%	30.00%	\$ 1,077.49	\$ 880.40	\$ 636.78	\$ 433.22
5.5	68.75%	31.25%	\$ 1,100.06	\$ 902.97	\$ 659.35	\$ 455.79
5.4	67.50%	32.50%	\$ 1,122.62	\$ 925.53	\$ 681.91	\$ 478.35
5.3	66.25%	33.75%	\$ 1,145.18	\$ 948.09	\$ 704.47	\$ 500.91
5.2	65.00%	35.00%	\$ 1,167.74	\$ 970.65	\$ 727.03	\$ 523.47
5.1	63.75%	36.25%	\$ 1,190.31	\$ 993.22	\$ 749.60	\$ 546.04
5.0	62.50%	37.50%	\$ 1,212.87	\$ 1,015.78	\$ 772.16	\$ 568.60

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

Medical Plan Comparison

	WMHIP ENHANCED 500 118	WMHIP ENHANCED 500 20% 160	WMHIP ENHANCED HSA 2000 121/122	WMHIP ENHANCED HSA 2000 20% 175/176
In-Network Cost Share After Deductible				
Deductible	\$500/\$1,000	\$500/\$1,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	20% up to \$1,000/ \$2,000 coinsurance maximum	0%	20%
Teladoc Health Virtual 24/7 Care for minor illnesses, injuries and mental health copay/coinsurance	\$20	\$20	0% (after deductible)	20% (after deductible)
Teladoc Health Virtual Primary Care Visit Copay/Coinsurance	\$20	\$20	0% (after deductible)	20% (after deductible)
Office Visit Copay/Coinsurance	\$20	\$20	0% (after deductible)	20% (after deductible)
Specialist Visit Copay/ Coinsurance	\$20	\$20	0% (after deductible)	20% (after deductible)
Urgent Care Copay/Coinsurance	\$20 (facility charges may apply towards ded)	\$20 (facility charges may apply towards ded)	0% (after deductible)	20% (after deductible)
Emergency Room Copay/ Coinsurance	\$50	\$50	0% (after deductible)	20% (after deductible)
Total Out-of-Pocket Maximum	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6000	\$3,000/\$6000
Certain Benefit Differences				
Chiropractic Manipulations	Up to 24 visits per calendar year; Covered 100% after ded; \$20 office visit copay may apply	Up to 24 visits per calendar year; Covered 100% after ded; \$20 office visit copay may apply	Up to 24 visits per calendar year, Covered 100% after deductible	Up to 24 visits per calendar year, Covered 80% after deductible
Massage Therapy	Up to 24 visits per calendar year; Covered 100% after ded	Up to 24 visits per calendar year; Covered 80% after ded	Not Covered	Not Covered
Outpatient Physical, Occupational and Speech Therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible
Bariatric Surgery	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	Covered 100% up to a maximum benefit	Covered 100% up to a maximum benefit	Covered 100% up to a maximum benefit

To access the full benefit summaries, please click the below links: [WMHIP Enhanced 500 118 Plan](#)
[WMHIP Enhanced 500 160 Plan](#) [WMHIP Enhanced HSA 2000 121/122 Plan](#)
[WMHIP Enhanced HSA 2000 175/176 Plan](#)

Prescription Plan Comparison

	WMHIP ENHANCED 500 118	WMHIP ENHANCED 500 20% 160	WMHIP ENHANCED HSA 2000 121/122	WMHIP ENHANCED HSA 2000 20% 175/176
Prescription Drugs	3-Tier Rx	2-Tier Rx	3-Tier Rx (after deductible)	3-Tier Rx (after deductible)
Up to a 34-day supply				
Generic Drugs	\$10	\$10	Free or \$10	Free or \$10
Preferred Brand-Name Drugs	20% coinsurance (\$40 min - \$80 max)	\$40	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Non-Preferred Brand-Name Drugs	20% coinsurance (\$60 min - \$100 max)	\$40	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
Preferred Specialty Drugs (includes Generic Specialty and Preferred Brand Specialty)	Specialty Drugs included in one of the above pricing categories	Specialty Drugs included in one of the above pricing categories	Specialty Drugs included in one of the above pricing categories	Specialty Drugs included in one of the above pricing categories
Non-Preferred Specialty Drugs				
90-day supply				
Generic drugs, Preferred Brand- Name Drugs, Non-Preferred Brand- Name Drugs	2x 1-month supply; Available via mail order only for a 90- day supply	1x 1-month supply; Available via retail and mail order	2x 1-month supply; Available via retail and mail order	2x 1-month supply; Available via retail and mail order
Additional Information				
Free Preventive Drug Lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage; These are FREE before you pay your ded	Affordable Care Act (ACA) Free Preventive Drug Coverage; These are FREE before you pay your ded
Supplemental Plans	Not Included	Not Included	Not Included	Not Included

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

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

[WMHIP Enhanced 500 118 Plan](#)

[WMHIP Enhanced 500 160 Plan](#)

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

[WMHIP Enhanced HSA 2000 175/176 Plan](#)

To access the BCBSM list of preventive drugs, please click the below links: [WMHIP BCBSM Preventive Drugs](#)

Understanding Your WMHIP/BCBSM PPO Enhanced 500 Plans

(118 and 160 Plans)

What is a PPO?

PPO stands for **Preferred Provider Organization**.

As a WMHIP/BCBSM PPO member, you have access to Blue Cross Blue Shield's worldwide network of PPO providers.

Visit www.bcbsm.com to find a provider.

Key Features of a PPO:

- **No Primary Care Physician (PCP) required** — see any doctor or specialist without a referral.
 - **Freedom to choose providers** — in or out of network.
 - **Lower costs** when you use BCBSM's in network PPO providers.
 - **Higher costs** if you choose non-PPO providers.
-

Understanding Deductible, Coinsurance & Out-of-Pocket Maximum

Deductible

The deductible is what you pay first for covered services before your insurance begins to pay.

WMHIP/BCBSM Value 500 plans are not high-deductible plans, so **not all services apply to the deductible**. Only services that are **diagnostic or medically necessary** are subject to it.

You'll pay flat-dollar copays (not subject to the deductible) for:

Office visits

Urgent care

Emergency room visits

Prescriptions

Example:

In the **WMHIP/BCBSM Enhanced 500 Plans**, you pay the first

\$500 (single) or \$1,000 (two-person/family) in covered medical expenses before insurance pays.

Coinsurance

- The WMHIP/BCBSM Enhanced 500 (118) plan does not include coinsurance, so this does not apply.
- The Enhanced 500 (160) plan includes a 20%-member cost share (BCBSM picks up the remaining 80%), members will pay the coinsurance until the coinsurance maximum is met

Continued on next page

Understanding Your WMHIP/BCBSM PPO Enhanced 500 Plans, *continued*

Out-of-Pocket Maximum

Your **out-of-pocket maximum** is the **most** you'll pay in a plan year for covered medical expenses. Once you reach it, WMHIP/BCBSM pays **100%** of covered costs for the rest of the year.

Includes:

- Deductible
- Flat-dollar copays (office, urgent care, ER, prescriptions)

Does NOT include:

- Premiums (your paycheck deductions)
- Non-covered services

Think of it as your **“worst-case scenario cap.”**

In Summary

Term	What It Means	Applies To	Notes
Deductible	What you pay first before insurance kicks in	Diagnostic services	Flat copays don't apply
Coinsurance	Shared cost with insurance	Not applicable	Choices plans don't include this
Out-of-Pocket Max	The most you'll pay in a plan year	All covered costs	After this, BCBSM pays 100%

Need Help?

Visit www.bcbsm.com

Call **WMHIP/BCBSM Member Services** at **877-752-1233**

Understanding WMHIP/BCBSM Enhanced HSA Plans

(121/122 and 175/176)

Do the Enhanced HSA Plans Operate the Same Way as PPO Enhanced Plans?

Yes — and no.

Both plans share some similarities in how the **out-of-pocket maximum** works, but they differ in how **deductible** and **coinsurance** apply.

What's Different?

WMHIP/BCBSM **Enhanced HSA Plans** are **High Deductible Health Plans (HDHPs)** — meaning that, except for **preventive care**, *all* services are subject to the deductible and coinsurance.

Key Differences:

- There are **no flat-dollar copays** before the deductible is met.
- **All services** — including office visits, urgent care, ER visits, prescriptions, surgeries, and procedures — are subject to the **deductible** first.
- The plan is structured this way to qualify as an **IRS-approved HDHP**, allowing members to contribute to a **Health Savings Account (HSA)**.

Example:

Under **WMHIP/BCBSM Enhanced HSA Plan (121/122)**:

- **Deductible:** \$2,000 (single) / \$4,000 (two-person or family)
→ You must pay this amount out-of-pocket before insurance begins to pay.
- **Preventive care** (annual exams, preventive labs, screenings) is **not** subject to the deductible.
- All other services (office visits, urgent care, surgeries, prescriptions, etc.) **are** subject to deductible first.

If You Have the WMHIP/BCBSM Enhanced HSA 2000 – 20% (175/176) Option

After meeting the deductible:

- You'll pay **20% coinsurance** for covered services, WMHIP/BCBSM will pay the remaining 80%.
- You'll continue paying your share until you reach your **out-of-pocket maximum**.

Continued on next page

Understanding WMHIP/BCBSM Enhanced HSA Plans, *continued*

What's the Same?

The **out-of-pocket maximum** works just like it does under the WMHIP/BCBSM Enhanced PPO plans.

Once you hit this limit, WMHIP/BCBSM pays **100%** of remaining covered expenses for the rest of the plan year.

Out-of-Pocket Maximum Includes:

- Deductible
- Coinsurance
- Prescription copays

Does NOT Include:

- Premiums (your paycheck deductions)
- Non-covered services

In Summary

Term	How It Works	Notes
Deductible	You pay 100% of costs (except preventive care) until met	All services apply until deductible is reached
Coinsurance	After deductible, you pay 20% / plan pays 80%	Coinsurance only applies to 175/176 plan.
Out-of-Pocket Max	The most you'll pay in a plan year	Once met, WMHIP/BCBSM pays 100%

Need Help?

Visit www.bcbsm.com

Call **WMHIP/BCBSM Member Services** at 877-752-1233

Medical Plans

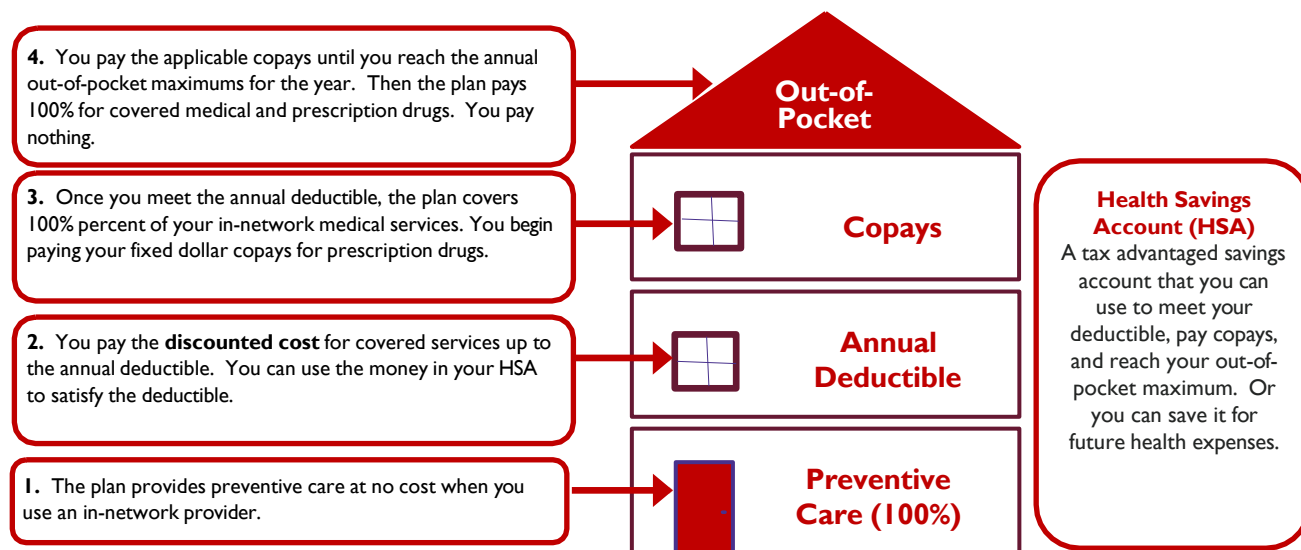
High-Deductible Health Plans (PPO) with a Health Savings Account (aka WMHIP/BCBSM Enhanced HSA Plans)

The **WMHIP/BCBSM High-Deductible Health Plans / HDHP (WMHIP/BCBSM Enhanced HSA 121/122 & WMHIP Enhanced HSA 2000 175/176)** works much like our other PPO Plans. A *high-deductible health plan* pairs a high-deductible, lower premium health plan with a tax-free **Health Savings Account (HSA)**. All services, including prescriptions and office visits are subject to the annual deductible with the exception of certain preventive care services. Preventive care services are covered at 100% with no deductible when performed by a in-network provider.

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

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

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



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

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

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

Medical Plans

Health Savings Account

- Health Savings Accounts (HSA) are **only** available to employees enrolled in the one of the WMHIP/BCBSM Enhanced HSA Plans aka High-Deductible Health Plan (HDHP). To be eligible to contribute to an HSA, you cannot be covered by another health plan. This includes a Flexible Spending Account, Medicare or any health plan that does not qualify as a “high-deductible health plan”. You must not have received VA benefits for non-service-related care, or non-preventive Indian Health Services at any time over the past three months. Lastly, you cannot be claimed as a tax dependent by anyone else.
- You can use the money in your HSA to pay for medical expenses for yourself, your spouse and tax dependents even if they are not covered under the HDHP. With an HSA, you do not have to submit a claim with receipts. Instead, you’ll use the debit card to pay for medical expenses.
- The maximum annual contributions for 2026 are \$4,400 for single coverage and \$8,750 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 (covered by insurance)	(-\$300)
HSA Rollover to Year 3	\$1,550
Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

HSA vs. FSA

What's the difference?

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
<i>What is it?</i>	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
<i>Who is eligible?</i>	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
<i>Who can fund it?</i>	<ul style="list-style-type: none"> • Individual • Employee via payroll deduction • Employer 	<ul style="list-style-type: none"> • Employee via payroll deduction • Employer
<i>Maximum annual contributions in 2026?</i>	<ul style="list-style-type: none"> • Individual - \$4,400 • Family - \$8,750 <i>(Annual limit is subject to change according to the IRS rules)</i>	<ul style="list-style-type: none"> • \$3,400 <i>(Annual limit is subject to change according to the IRS rules)</i>
<i>Catch-up contributions?</i>	Yes, ages 55 and older until they are enrolled in Medicare at age 65 - \$1,000	No
<i>Is contribution amount adjustable?</i>	Yes	No, unless there is a qualifying life event and the plan document allows for such a change.
<i>Year-over-year carryover of unused funds?</i>	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 \$680.
<i>Interest and earnings?</i>	Yes	No
<i>Is personal health information private?</i>	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.
<i>Investment options?</i>	Yes	No
<i>Portability?</i>	Yes, the employee owns the account and can use it in retirement or if they change employers.	No
<i>If I close my account, can I receive any remaining balance?</i>	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
<i>Can I pay COBRA premiums or other plan premiums with it?</i>	Yes	No

Flexible Spending Accounts (FSA) –

Quick Guide

FSAs let you set aside **pre-tax dollars** from your paycheck to pay for certain out-of-pocket expenses. This lowers your taxable income and saves you money.

Health Care FSA (HCFSA)

For medical, dental, and vision expenses not covered by insurance.

Key Features:

- **Immediate access** to your full annual election on Day 1.
- Use your **debit card** or request reimbursement.
- **Carryover allowed:** Up to **\$680** rolls into the next year (if you re-enroll).
- Annual contribution limit: **\$3,400 (2026)** + any carryover.
- Covers expenses like copays, deductibles, prescriptions, dental, vision, etc.
- Keep receipts (IRS may require substantiation).

For a full list of eligible expenses → IRS Publication 502

Dependent Care FSA (DCFSA)

For child or elder care needed so you (and your spouse, if married) can work or attend school.

Key Features:

- Covers preschool, daycare, before/after school care, summer day camp, and elder care.
- Annual contribution limit: **\$7,500 per family** (or **\$3,750 each** if married filing separately).
- Dependents must be:
 - Under age 13, OR Mentally/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 care

Continued on next page

Flexible Spending Accounts (FSA) –

Quick Guide, *continued*

Important Rules:

- No carryover – **“Use it or lose it.”**
- Reimbursed only as funds are deposited (not full election upfront).
- Must file **IRS Form 2441** with tax return.
- Cannot claim both DCFSA reimbursement **and** the federal tax credit for the same expense.

For more details → IRS Publication 503

FSA at a Glance

	Health Care FSA	Dependent Care FSA
Annual Limit (2026)	\$3,400 (+ up to \$680 carryover)	\$7,500 per family (\$3,750 if married filing separately)
Access to Funds	Full election available Day 1 Debit card	Debit card
Carryover	Yes, up to \$680	No (“Use it or lose it”)
Eligible Expenses	Medical, dental, vision (copays, deductibles, Rx)	Child/elder care while you work or attend school
IRS Form Required	None	IRS Form 2441

Tip: Use an HCFSA for predictable health expenses (copays, braces, glasses) and a DCFSA if you pay for childcare or elder care.

MESSA Dental plan highlights

Effective Date: 01/01/2026

MESSA Account: Romeo Community Schools

Employee Group: Bus Drivers

Group/Subgroup: 06319-0033

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting messa.org and using the provider directory search provided by Delta Dental.

Plan Features

Diagnostic & Preventive Services 80%	Basic Services 80%	Major Services 60%	Orthodontics 80%
<ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p>	<ul style="list-style-type: none"> • Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. 	<ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
\$1,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			\$1,000 lifetime maximum per person Orthodontics

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

Employee Dental Contributions

2026 TRANSPORTATION DENTAL					
2026 Dental Cost Share			Single	Two Person	Full Family
Hours Per Day	District % of Copay	Employee % of Copay	Monthly Premium	Monthly Premium	Monthly Premium
			\$ 46.60	\$ 85.20	\$ 155.76
			EMPLOYEE COST SHARE		
8.0	100.00%	0.00%	\$ -	\$ -	\$ -
7.9	98.75%	1.25%	\$ -	\$ 0.48	\$ 1.36
7.8	97.50%	2.50%	\$ -	\$ 0.97	\$ 2.73
7.7	96.25%	3.75%	\$ -	\$ 1.45	\$ 4.09
7.6	95.00%	5.00%	\$ -	\$ 1.93	\$ 5.46
7.5	93.75%	6.25%	\$ -	\$ 2.41	\$ 6.82
7.4	92.50%	7.50%	\$ -	\$ 2.90	\$ 8.19
7.3	91.25%	8.75%	\$ -	\$ 3.38	\$ 9.55
7.2	90.00%	10.00%	\$ -	\$ 3.86	\$ 10.92
7.1	88.75%	11.25%	\$ -	\$ 4.34	\$ 12.28
7.0	87.50%	12.50%	\$ -	\$ 4.83	\$ 13.65
6.9	86.25%	13.75%	\$ -	\$ 5.31	\$ 15.01
6.8	85.00%	15.00%	\$ -	\$ 5.79	\$ 16.37
6.7	83.75%	16.25%	\$ -	\$ 6.27	\$ 17.74
6.6	82.50%	17.50%	\$ -	\$ 6.76	\$ 19.10
6.5	81.25%	18.75%	\$ -	\$ 7.24	\$ 20.47
6.4	80.00%	20.00%	\$ -	\$ 7.72	\$ 21.83
6.3	78.75%	21.25%	\$ -	\$ 8.20	\$ 23.20
6.2	77.50%	22.50%	\$ -	\$ 8.69	\$ 24.56
6.1	76.25%	23.75%	\$ -	\$ 9.17	\$ 25.93
6.0	75.00%	25.00%	\$ -	\$ 9.65	\$ 27.29
5.9	73.75%	26.25%	\$ -	\$ 10.13	\$ 28.65
5.8	72.50%	27.50%	\$ -	\$ 10.62	\$ 30.02
5.7	71.25%	28.75%	\$ -	\$ 11.10	\$ 31.38
5.6	70.00%	30.00%	\$ -	\$ 11.58	\$ 32.75
5.5	68.75%	31.25%	\$ -	\$ 12.06	\$ 34.11
5.4	67.50%	32.50%	\$ -	\$ 12.55	\$ 35.48
5.3	66.25%	33.75%	\$ -	\$ 13.03	\$ 36.84
5.2	65.00%	35.00%	\$ -	\$ 13.51	\$ 38.21
5.1	63.75%	36.25%	\$ -	\$ 13.99	\$ 39.57
5.0	62.50%	37.50%	\$ -	\$ 14.48	\$ 40.93

VSP 3 G Benefits



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

Effective Date: 1/1/2026

MESSA Account: Romeo Community Schools

Employee Group: Bus Drivers

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at messa.org or vsp.com. Call VSP member services at 800-877-7195 for assistance.

Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit vsp.com or call VSP member services at 800-877-7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist	No copayment	\$35
Ophthalmologist	No copayment	\$45
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision	\$135 allowance	\$115
Medically necessary - 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		
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.

Employee Vision Contributions

2026 TRANSPORTATION VISION					
2026 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	\$ 23.63
			EMPLOYEE COST SHARE		
8.0	100.00%	0.00%	\$ -	\$ -	\$ -
7.9	98.75%	1.25%	\$ -	\$ 0.10	\$ 0.20
7.8	97.50%	2.50%	\$ -	\$ 0.21	\$ 0.41
7.7	96.25%	3.75%	\$ -	\$ 0.31	\$ 0.61
7.6	95.00%	5.00%	\$ -	\$ 0.42	\$ 0.82
7.5	93.75%	6.25%	\$ -	\$ 0.52	\$ 1.02
7.4	92.50%	7.50%	\$ -	\$ 0.63	\$ 1.22
7.3	91.25%	8.75%	\$ -	\$ 0.73	\$ 1.43
7.2	90.00%	10.00%	\$ -	\$ 0.84	\$ 1.63
7.1	88.75%	11.25%	\$ -	\$ 0.94	\$ 1.83
7.0	87.50%	12.50%	\$ -	\$ 1.05	\$ 2.04
6.9	86.25%	13.75%	\$ -	\$ 1.15	\$ 2.24
6.8	85.00%	15.00%	\$ -	\$ 1.26	\$ 2.45
6.7	83.75%	16.25%	\$ -	\$ 1.36	\$ 2.65
6.6	82.50%	17.50%	\$ -	\$ 1.47	\$ 2.85
6.5	81.25%	18.75%	\$ -	\$ 1.57	\$ 3.06
6.4	80.00%	20.00%	\$ -	\$ 1.68	\$ 3.26
6.3	78.75%	21.25%	\$ -	\$ 1.78	\$ 3.46
6.2	77.50%	22.50%	\$ -	\$ 1.89	\$ 3.67
6.1	76.25%	23.75%	\$ -	\$ 1.99	\$ 3.87
6.0	75.00%	25.00%	\$ -	\$ 2.10	\$ 4.08
5.9	73.75%	26.25%	\$ -	\$ 2.20	\$ 4.28
5.8	72.50%	27.50%	\$ -	\$ 2.31	\$ 4.48
5.7	71.25%	28.75%	\$ -	\$ 2.41	\$ 4.69
5.6	70.00%	30.00%	\$ -	\$ 2.52	\$ 4.89
5.5	68.75%	31.25%	\$ -	\$ 2.62	\$ 5.09
5.4	67.50%	32.50%	\$ -	\$ 2.73	\$ 5.30
5.3	66.25%	33.75%	\$ -	\$ 2.83	\$ 5.50
5.2	65.00%	35.00%	\$ -	\$ 2.94	\$ 5.70
5.1	63.75%	36.25%	\$ -	\$ 3.04	\$ 5.91
5.0	62.50%	37.50%	\$ -	\$ 3.15	\$ 6.11

BCBSM - Options for Care

KNOW WHERE TO GO

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

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

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

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

WMHIP / BCBSM - Save Money and Live Healthier with Blue365

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

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

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

www.bcbsm.com or by downloading the Pool mobile app.

Click [HERE](#) to learn more

Additional Benefit Offerings

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

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

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

MESSA Gives You Options

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

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

A summary of the MESSA Variable Option Plans and Rates for those plans can be found at:
https://www.messa.org/pdf/messa_gives_you_options.pdf

Enrollment at a Glance



Creating/Logging in to your MYMESSA Account

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

A screenshot of the MYMESSA login interface. It has a white background with a light blue header that says "Log in to your account". Below this are two input fields: "Username" and "Password". To the right of the password field is an eye icon. Below the fields are two links: "Forgot your username and/or password?" and "Don't have an account? Create one now.". At the bottom left is a link "MESSA home" and at the bottom right is a blue "Log in" button.

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).

A screenshot of the MYMESSA "Select your benefits" page. The page has a white background with a blue header. On the left is a sidebar with links: "Find Care", "Secure messaging", "Innovative forms", and "Plan Comparison Tool". The main content area has a "Welcome to MESSA!" message and a "SELECT NEW BENEFITS" section. Below this is a blue box with the text "Select your benefits" and a magnifying glass icon.

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

A screenshot of the "Medical" benefit selection screen. It has a white background with a blue header. The main content area shows "Medical" with a heart icon and "NO PLAN SELECTED". Below this is a section for "Selection Required" with two buttons: "I don't want this benefit (waive)" and "View Plan Options".

- 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.

A screenshot of the "Who will be covered by this plan?" screen. It has a white background with a blue header. The main content area shows a list of dependents with checkboxes for "Add", "Remove", and "Close". Below this is a "Continue" button.

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." At the bottom of each section is a message: "There are no beneficiaries added to this plan. If this was made in error, click on 'Add Beneficiary' button below." A green circle highlights the "Add Beneficiary" button in both sections.

Other Medical Insurance

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

Review and Confirm

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

The screenshot shows the "Review and Confirm" page. At the top, a red circle highlights a warning icon and the text "Please Review All of Your Selections". Below this is a message: "Once you have completed your review, click the 'Complete Enrollment' button at the right side of the page." A list of selected benefits is shown: "CHANGED BENEFITS: Medical, Dental, Vision, Basic Term Life, Optional Supplemental Term Life, Optional Basic Term Life, Optional Survivor Income Insurance, Optional Dependent Life". A box indicates "Your Total Cost \$0.00 Per Month". Below this, a section for "Medical*" shows "MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan" with "Coverage: Employee + Dependent" and "Your cost per month: \$0.00". A table lists dependents: Adam Tests (Employee, Covered), Sally Tests (Spouse, Covered), and Chloe Tests (Daughter, No Coverage). A green circle highlights the "I agree, and I'm finished with my enrollment" button at the bottom.

Confirmation Statement

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

The screenshot shows the "Your enrollment is complete!" page. It includes a green checkmark icon and a message: "You may make changes to your elections until: March 31, 2020". Below this is a note: "Please view your enrollment confirmation statement and verify that your selections are correct." A link is provided: "Click the 'Print' button to print a copy of your enrollment confirmation statement for your records, click 'Email' to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the 'Edit Selection' button located under each plan. MESSA is not responsible for the costs shown." At the bottom, it says "Your Confirmation Statement is ready" and provides buttons for "VIEW", "EMAIL", and "PRINT".

Contact Information

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

Important Links

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

links: [WMHIP Enhanced 500 118 Plan](#) [WMHIP Enhanced 500 20% 160 Plan](#)
[WMHIP Enhanced HSA 2000 121/122 Plan](#) [WMHIP Enhanced HSA 2000 20% 175/176 Plan](#)

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

[WMHIP Enhanced 500 118 Plan](#) [WMHIP Enhanced 500 20% 160 Plan](#)
[WMHIP Enhanced HSA 2000 121/122 Plan](#) [WMHIP Enhanced HSA 2000 20% 175/176 Plan](#)

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

links: [WMHIP BCBSM Preventive Drugs](#)

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

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

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

To review the 2026 WMHIP/BCBSM SBC's, please click on the appropriate link

- [WMHIP Enhanced 500 118 Plan](#)
- [WMHIP Enhanced 500 20% 160 Plan](#)
- [WMHIP Enhanced HSA 2000 121/122 Plan](#)
- [WMHIP Enhanced HSA 2000 20% 175/176 Plan](#)

Opt-Out Forms

Health Benefit Opt-Out

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

Carrier/Name of Plan: _____

Subscriber Name: _____

Effective Date of Medical Insurance: _____

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

Print Name: _____

Employee Signature: _____ Date: _____