



**ROMEO
COMMUNITY
SCHOOLS**

GSRP Teachers



**2026 Open Enrollment
Benefit Guide**

Open Enrollment November 10th – November 24th

OPEN ENROLLMENT CHECKLIST

- ✓ Review your benefit packet before making your elections.
- ✓ All eligible employees **must** make benefit elections for the 2026 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 2026 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 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 32 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

MESSA Group: 145J Teachers / Counselors
Teachers, Psychologist, Counselor, Social Workers

Option A: With Medical Coverage	
Medical	• 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 • Dental with Coordinating Benefits 50/50/50/50
*Vision	• VSP 3G
Life	• MESSA \$50,000
AD&D	• MESSA \$50,000
Dependent Life	• No Dependent Life
Long-Term Disability	• MESSA 66 2/3% Max \$6,000

Option B: Without Medical Coverage	
Medical	• Cash-in-Lieu of Medical Coverage \$300 • Part-Time: No Stipend
*Dental	• Dental 100/90/90/90 • Dental with Coordinating Benefits 50/50/50/50
*Vision	• VSP 3 Plus 250CL
Life	• MESSA \$70,000
AD&D	• MESSA \$70,000
Dependent Life	• MESSA: \$10,000/\$5,000
Long-Term Disability	• MESSA 66 2/3% Max \$6,000

Please note: If you have other dental insurance, please select Dental with Coordinating Benefits 50/50/50/50

Part-Time Employees:

- A teacher working 75% of a full-teaching schedule will be required to pay the other 25% of their benefits.
- A teacher working 50% of a full-teaching schedule will be required to pay the other 50% of their benefits.

* Dental / Vision plan year is January through December.

Employee Contributions

145J

Teachers / Counselors

EM - MESSA Choices \$1000/\$2000		
0% Coinsurance, 5 Tier RX		
Effective Date: 01/01/2026		
Monthly Cost (Full Time)		
	Employee	Employer
Single	150.86	661.84
2-Person	444.46	1384.12
Full Family	470.53	1805.03

DH - MESSA ABC Plan 2 \$2000/\$4000 HSA		
0% Coinsurance, 3 Tier RX after deductible		
Effective Date: 01/01/2026		
Monthly Cost (Full Time)		
	Employee	Employer
Single	73.16	661.84
2-Person	269.63	1384.12
Full Family	252.97	1805.03

FF - MESSA ABC Plan 2 \$2000/\$4000 HSA		
0% Coinsurance, 5 Tier RX after deductible		
Effective Date: 01/01/2026		
Monthly Cost (Full Time)		
	Employee	Employer
Single	36.89	661.84
2-Person	188.02	1384.12
Full Family	151.41	1805.03

FN - MESSA ABC Plan 2 \$2000/\$4000 HSA		
20% Coinsurance, 5 Tier RX after deductible		
Effective Date: 01/01/2026		
Monthly Cost (Full Time)		
	Employee	Employer
Single	0.00	661.84
2-Person	43.66	1384.12
Full Family	0.00	1805.03

MESSA In-Network Plan Comparison – Effective 1/1/2026

Romeo Community Schools – ROSPA, RASPA, Teachers/Counselors

	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
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/\$8,500
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 1/1/2026

Romeo Community Schools – ROSPA, RASPA, Teachers/Counselors

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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	\$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

❑ Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins and drugs that treat coughs and colds, including most antihistamines.

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 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



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: 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 at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
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.	\$1,000 individual/\$2,000 family
Medical copayment A fixed amount you pay for a medical visit.	\$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
Medical coinsurance A fixed percentage you pay for a medical service.	0%
Prescription drug coverage Subject to prescription copayments and coinsurance.	5-Tier Rx
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.	Medical: \$2,000 individual/\$4,000 family Prescription: \$2,000 individual/\$4,000 family
In-network preventive care – no cost to you	
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	Prenatal and postnatal care Prenatal and postnatal doctor visits.
In-network services subject to deductible and applicable copayment	
Emergency room (ER) Copayment waived if admitted or due to an accidental injury.	Mental health and substance use disorder - outpatient care
Office visit e.g. primary care physician, obstetrics and gynecology and pediatric visits.	Specialist visit

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: 1/1/2026

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 at 800.336.0013 or TTYS 888.445.5614.

Plan features	In-network
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.	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.
Medical coinsurance A fixed percentage you pay for a medical service.	0%
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.	3-Tier Rx
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.	Single coverage: \$4000 2-Person & Family coverage: \$8000
In-network services covered at no cost to you	
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.	No cost to you
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	
Prenatal and postnatal care Prenatal and postnatal doctor visits.	

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.

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Plan features	In-network
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.	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.
Medical coinsurance A fixed percentage you pay for a medical service.	20%
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.	5-Tier Rx
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.	Single coverage: \$5000 2-Person & Family coverage: \$8500
In-network services covered at no cost to you	
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.	No cost to you
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	
Prenatal and postnatal care Prenatal and postnatal doctor visits.	

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
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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.	Single coverage: \$4000 2-Person & Family coverage: \$8000
In-network services covered at no cost to you	
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.	No cost to you
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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.

Understanding Your MESSA Choices Plan

What is a PPO?

PPO stands for **Preferred Provider Organization**.

As a MESSA PPO member, you have access to MESSA's worldwide network of PPO providers.

Visit www.messa.org 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 MESSA 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.

MESSA Choices 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 **Choices \$1,000 0% Plan**, you pay the first

\$1,000 (single) or **\$2,000 (two-person/family)** in covered medical expenses before insurance pays.

Coinsurance

MESSA Choices plans **do not include coinsurance**, so this **does not apply**.

Continued on next page

Understanding Your MESSA Choices Plan, *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, MESSA 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, MESSA pays 100%

Need Help?

Visit www.messa.org

Call **MESSA Member Services** at **800-336-0013**

Understanding MESSA ABC Plans

Do the ABC 2 Plans Operate the Same Way as MESSA Choices 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?

MESSA ABC 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 **ABC Plan 2**:

- **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 ABC Plan 2 – 20% Option

After meeting the deductible:

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

Continued on next page

Understanding MESSA ABC Plans, *continued*

What's the Same?

The **out-of-pocket maximum** works just like it does under the MESSA Choices plans.

Once you hit this limit, MESSA 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 Under ABC Plans	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%	Applies to all covered services
Out-of-Pocket Max	The most you'll pay in a plan year	Once met, MESSA pays 100%

Need Help?

Visit www.messa.org

Call **MESSA Member Services** at **800-336-0013**

Medical Plans

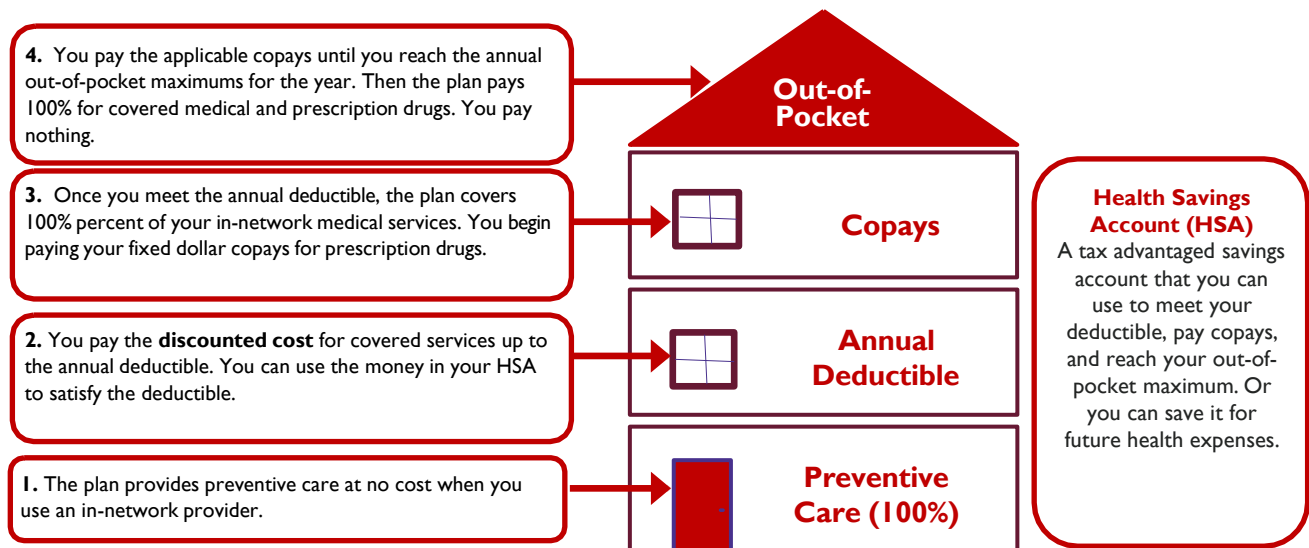
High-Deductible Health Plans (PPO) with a Health Savings Account (aka MESSA ABC 2 Plans)

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 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	(-\$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>	• Individual • Employee via payroll deduction • Employer	• Employee via payroll deduction • Employer
<i>Maximum annual contributions in 2026?</i>	• Individual - \$4,400 • Family - \$8,750 <i>(Annual limit is subject to change according to the IRS rules)</i>	• \$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: Teachers - Counselors

Group/Subgroup: 06319-0002

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%
• Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months * Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. Rider (If neither box below is checked, you do not have this coverage.) ☐ 3 Cleanings in 12 Months ☐ 4 Cleanings in 12 Months	• 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. * Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years. ** Payable once in any 5-year period on the same tooth. Rider (If the box below is not checked, you do not have this coverage.) ☐ 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.	• Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances.	• 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. Rider (If the box below is not checked, you do not have this coverage.) ☐ Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.
\$1,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			\$1,300 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.

MESSA Dental plan highlights

Effective Date: 01/01/2026

MESSA Account: Romeo Community Schools

Employee Group: Teachers - Counselors

Group/Subgroup: 06319-0004

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%
• Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months * Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. Rider (If neither box below is checked, you do not have this coverage.) ☐ 3 Cleanings in 12 Months ☐ 4 Cleanings in 12 Months	• 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. * Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years. ** Payable once in any 5-year period on the same tooth. Rider (If the box below is not checked, you do not have this coverage.) ☐ 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.	• Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances.	• 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. Rider (If the box below is not checked, you do not have this coverage.) ☐ Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.
\$1,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			\$1,500 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.

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: Teachers - Counselors

WITH MEDICAL

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 keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye	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.

VSP 3 Plus P 250CL 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: Teachers - Counselors

WITHOUT MEDICAL

In-network providers

Most eye doctors are in VSP's Choice 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 Choice 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 Choice 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	\$250 allowance	\$150
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	\$66
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		
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.

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

A screenshot of the MYMESSA login interface. It has a header "Log in to your account". Below it are two input fields: "Username" and "Password". There is a "Forgot your username and/or password?" link and a "Don't have an account? Create one now." link. At the bottom left is a "MESSA home" link, 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 header includes "MyMESSA" and navigation links for "HOME", "MANAGE ACCOUNT", and "CONTACT US". The main content area has a "Member information" section with a "Welcome to MESSA!" message. Below this is a "SELECT NEW BENEFITS" section for "Waterford School District" effective 8/1/2020. A blue button labeled "Select your benefits" is prominently displayed.

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 election screen. It shows a "NO PLAN SELECTED" status. There is a "Selection Required" message and 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 shows options for "Adden Tests", "Daily Tests", and "Chole Tests". There is a "Not Covered" status and 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"**.

Basic Term Life
Please choose your beneficiaries.

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

[Add Beneficiary](#)

Negotiated Life
Please choose your beneficiaries.

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

[Add Beneficiary](#)

Other Medical Insurance

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

Review and Confirm

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

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

CHANGED BENEFITS: Medical, Dental, Vision, Basic Term Life, Optional Supplemental Term Life, Optional Basic Term Life, Optional Survivor Income Insurance, Optional Dependent Life

*INDICATES CHANGED BENEFITS

Your Total Cost: **\$0.00** Per Month

Medical* Your cost per month: **\$0.00**

! This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan
Coverage: **Employee + Dependent** Cost Details Per Month

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	Cover
Sally Tests	Spouse	Cover
Chloe Tests	Daughter	No Coverage

[Edit Selection](#)

Your Cost: **\$0.00**

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

☒ I agree, and I'm finished with my enrollment

Confirmation Statement

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

Your enrollment is complete!

You may make changes to your elections until: **March 21, 2020**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

MESSA is not responsible for the costs shown.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)

Contact Information

Provider/Benefit	Website	Contact Information	Phone Number / E-Mail
MESSA - 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 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

- 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](#)