

2

0

2

3



# SALINE AREA SCHOOLS EMPLOYEE BENEFITS GUIDE



JANUARY 1, 2023 - DECEMBER 31, 2023

ADMINISTRATION + UNAFFILIATED + CERTIFIED

# WHAT'S INSIDE (BY PAGE)



1	HEALTH INSURANCE TERMINOLOGY	16	LONG TERM DISABILITY
2	WELCOME TO ENROLLMENT	17	COVERAGE COST SUMMARY
3	WHO IS ELIGIBLE?	18	ADDITIONAL LIFE & AD&D COVERAGE-ADMINISTRATION STAFF
4-5	HOW TO ENROLL	19-25	MESSA VOLUNTARY BENEFITS-LIFE & INDEMNITY PLANS
6-7	MEDICAL & PRESCRIPTION PLAN COMPARISON	26	MEDICAL APPOINTMENT OPTIONS
8-11	ABC 1 + ABC 2 PLANS	27	MESSA CONTACT INFORMATION
12	HEALTH SAVINGS ACCOUNT (ABC 1+2)	28	VOLUNTARY BENEFITS - LEGALSHIELD
13	DENTAL COVERAGE	29-35	VOLUNTARY BENEFITS- TERM LIFE + AD&D
14	VISION COVERAGE	36	VOLUNTARY BENEFITS- FLEX SPENDING ACCOUNTS
15	GROUP TERM LIFE	37	WHO SHOULD I CALL?



**Please Note:** This booklet provides only a brief summary of benefits. We have tried to ensure information in the Guide is accurate, but in any discrepancy between this information and the official plan documents, the official documents will rule.

# HEALTH INSURANCE TERMINOLOGY



## PREMIUM

The cost of your health plan. This cost is shared between you and the district. Your share of the premium is deducted from your paycheck.

## DEDUCTIBLE

The amount you owe for covered health care services before your insurance begins to pay.

Medical Deductible-resets on January 1st.

**\*NEW\***Dental/Vision benefits renew on January 1st.

## OUT OF POCKET MAXIMUM

The most you pay for covered medical services and prescriptions in a calendar year. This amount includes deductible, copayments and coinsurance.

<b>COBRA</b>	A federal law that allows you to temporarily keep health coverage after your employment ends and/or you are not eligible for FMLA. If you elect COBRA you pay 100% of premiums, including the share the employer used to pay.
<b>Copay</b>	A fixed amount you pay for a medical visit or prescriptions until the Out of Pocket Max is met.
<b>Explanation of Benefits (EOB)</b>	This is not a bill. A MESSA EOB shows you the costs associated with the services received including: what was billed, any discounts applied, what insurance pays, what you pay. If you owe the doctor or hospital, they'll invoice you. Comparing the invoice to the EOB is a good way to make sure you are getting billed correctly.
<b>Flex Spending Account (FSA)</b>	FSA is a voluntary benefit that allows you to save and pay for healthcare, limited purpose and/or dependent day care expenses using pre-tax dollars. The income you choose to contribute to your FSA is tax exempt. Unused funds will be forfeited at the end of the plan year.
<b>Health Savings Account (HSA)</b>	A tax-advantage savings account for qualifying medical expenses, HSA balances carry over from year to year and earn tax-free interest. HSA Contribution Limits for 2023: Single-\$3,850, Single +1/Family- \$7,750. To be eligible for a HSA, you must be covered by a High Deductible Health Plan.
<b>High Deductible Health Plan (HDHP)</b>	The monthly premium is usually lower. A HDHP can be combined with a health savings account (HSA), which allows you to save and pay for qualifying medical expenses using pre-tax dollars. MESSA ABC Plans are HDHP.
<b>In-Network vs. Out-Of-Network</b>	Save money by choosing in-network doctors, hospitals and pharmacies. They have agreed to cap the amount charged to you. This is the same amount the provider has agreed to accept as payment in full from MESSA/Blue Cross Blue Shield of Michigan. If you go out-of-network, you are subject to out-of-network costs, deductibles, coinsurance, which is costly.
<b>Life Event</b>	Certain events such as: marriage, birth/adoption, divorce, change in insurance need coverage (spouse loses coverage), etc. allow changes to be made to benefits mid-plan year. Events must be reported to Human Resources within 30 days of the event date. Requests submitted more than 30 days after the event date will not be processed until the next open enrollment period.
<b>Life Insurance</b>	Protects your assets and may serve as income replacement to your beneficiary in the event something should happen to you.
<b>Long Term Disability (LTD)</b>	LTD is included in our medical plans/packs. This benefit provides financial protection in the event of a loss of salary due to disability. The waiting period to apply and access this benefit is 90 days. Benefits begin on the latter of exhausting sick time. This benefit does not pay 100% of salary.
<b>Short Term Disability (STD)</b>	STD is a voluntary benefit that provides short-term financial protection in the event of a loss of salary due to a disability. Your own available sick time would be applied first, then STD benefits. This benefit does not pay 100% of salary.



# WELCOME TO ENROLLMENT



Saline Area Schools continues to be dedicated to providing a comprehensive and competitive benefits package. Saline Area Schools offers employees a wide range of benefits, some of which you receive automatically, while others are optional.

During this time, you have the opportunity to make changes to your benefits for the upcoming plan year. Please remember, you cannot make changes to these elections during the year unless you experience a qualified family status change. All qualified family status changes (marriage, birth of a child, etc.) must be reported to Human Resources within 30 days of the event. If you waive coverage at your initial eligibility period or at Open Enrollment, you will not be eligible to re-enroll until the next Open Enrollment period or qualified family status change. We encourage you to review the material carefully, share it with your covered dependents and to ask any questions that you may have prior to electing the benefits. It is very important for you to make sure that you understand your benefits.

Tell us when you are Medicare Eligible: Please notify us when you or your dependents become eligible for Medicare. You can become eligible for Medicare based on age, declaration of total disability, or diagnosis of ESRD. We are required to contact the medical insurance carrier insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pay primary.



## WHAT IS NEW?

- This is an **active** MESSA enrollment- you must log in to MESSA during open enrollment to re-elect your current plan, waive coverage or choose a different plan. **Your current MESSA Medical/Dental/Vision benefits will NOT automatically carry over.** Failure to actively participate during open enrollment may jeopardize your coverage for 2023.

## WHAT CHANGES CAN BE MADE EFFECTIVE JANUARY 1, 2023?

- MESSA Benefits: Enroll, terminate or modify individual and/or dependent coverage
- Voluntary Benefits: Enroll, terminate or modify benefits such as Legal Shield, Lincoln Life Insurance, Flex Spending Accounts

## WHEN DOES ANNUAL OPEN ENROLLMENT START AND END?

- November 2nd - November 18th, 2022 (benefits effective January 1, 2023)

ACTIVE ENROLLMENT REQUIRED	
Medical/Dental/Vision <b>*ACTIVE ENROLLMENT*</b>	This is an active enrollment- you must log in to MESSA during open enrollment to re-elect your current plan, waive coverage or choose a different plan. Failure to actively participate during open enrollment may jeopardize your coverage for 2023. Enroll: <a href="https://messa.org">messa.org</a>
Maestro Flex Spending Accounts- Dependent Care, Healthcare and or Limited purpose	Enroll: <a href="#">Maestro FSA Enrollment Form</a>
District Provided Contribution to a Health Savings Account (HSA)-  Single: \$1,000 or Single +1/Family: \$2,000	<i>Administrators, Certified, Classified and Unaffiliated</i> employee groups may receive a collectively bargained Health Savings Account contribution from the District.
District Provided Cash In Lieu (CIL)- <b>\$7500</b>  District Provided Cash In Lieu(CIL)- <b>\$3000</b> SAS employee covered by an SAS employee	Employees who waive medical coverage during open enrollment may receive a collectively bargained Cash In Lieu benefit from the District. In order to qualify, upload documentation of having medical coverage to the <b>Cash In Lieu Submission Form</b> on the Human Resources website under the Open Enrollment section. <b>Deadline to submit: 11/18/2022</b> <a href="#">Cash In Lieu Submission Form</a> <a href="#">SAS Employee covered by an SAS employee Cash In Lieu Benefit Submission Form</a>
SELECTIONS THAT CARRY OVER / NEW ENROLLMENTS	
Legal Shield- Legal & Identity Protection Plans Enroll: <a href="#">LegalShield Benefits Enrollment Site</a>	
Lincoln Financial Group- Voluntary Term Life Insurance Enroll: <a href="#">Lincoln Life Insurance Enrollment Form</a>	
<b>Employee Contribution to a Health Savings Account (HSA)</b>	The HSA contribution amount that is deducted from your paycheck on 12/31/2022 will carry over to the 2023 plan year. Online Form: <a href="#">HSA Contribution Form</a>



# WHO IS ELIGIBLE?



## ELIGIBILITY

### **MESSA Medical/Dental/Vision Benefits**

- SAS employees regularly working 30 hours per week or more are eligible for medical, dental, and vision benefits through MESSA.
- SAS employees regularly working 20-29 hours per week are eligible for dental and vision benefits through MESSA.

### **Voluntary Benefits**

- All SAS employees are eligible for voluntary benefits.

## BENEFITS START DATE FOR SAS NEW HIRES:

You have up to 30 days after your benefit begin date to process. Enrollments that are not completed within 30 days of the benefit begin date will default to a Dental/Vision plan. If medical coverage is needed, the employee will have to wait until the next open enrollment period.

- **Administrators and Unaffiliated:** 1st day of the month coinciding with or next following your start date
- **Certified Staff:** Start date
- **Classified Staff:** 1st day of the month following completion of your 60 work day probationary period

## WHO CAN BE COVERED

As a participant in the Saline Area Schools Employee Benefits Plan, you may choose coverage for:

- Yourself only (Single)
- Yourself and one dependent (Single +1)
- Yourself and two or more dependents (Family)

Eligible dependents are defined as your:

- Legal Spouse
- Natural Child(ren)
- Legally Adopted Child(ren)
- Stepchild(ren)
- Child(ren) over whom you have legal guardianship
- 

Dependent Children are eligible for coverage through the end of the calendar year in which they turn 26 for medical, dental and vision benefits.

Dependent children includes children of the employees or spouse by birth, legal adoption, legal guardianship or children from a former marriage of whom the subscriber has custody..

## QUALIFYING LIFE EVENT/MID-YEAR CHANGES

It is the employee's responsibility to notify the Human Resources Department of any change in status, such as a change in dependent status, within 30 days of the event. Requests for change which are submitted more than 30 days after the event will not be processed until the next open enrollment period.

### **Life Event Notifications :**

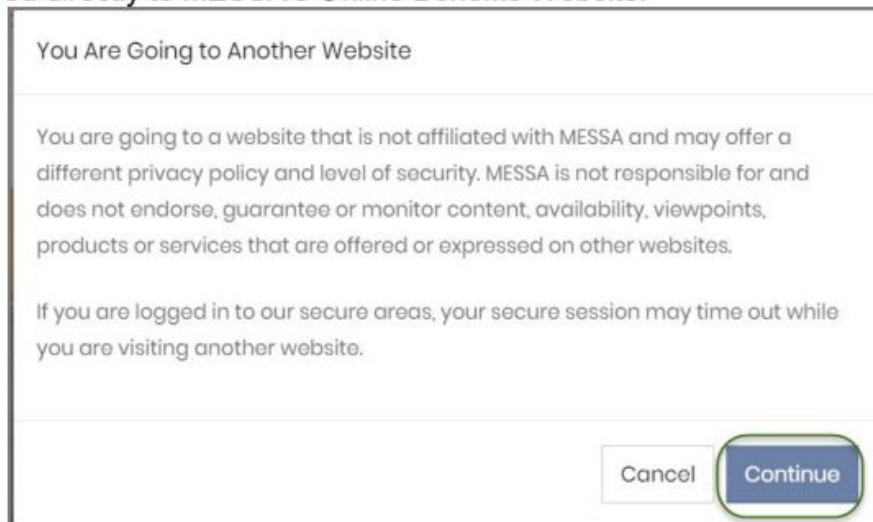
- Birth/Adoption
- Marriage
- Divorce/Annulment
- Death in family
- Change in insurance coverage
- Loss of other health coverage





You will receive a pop-up letting you know that you are going to another website.

- Click **“Continue”**.
- This will take you directly to MESSA's Online Benefits Website.



# HOW TO ENROLL-ASSIGNING A BENEFICIARY



## Beneficiaries

- It's recommended that you designate at least one primary beneficiary.
  - Dependents will automatically appear, however, you may **"Add New Beneficiary"** if you'd like to designate someone other than a dependent.
  - Percentage total must equal 100%.
- When finished click **"Continue"**.

## 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

## Confirmation Statement

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



# MEDICAL PLAN COMPARISON



## MESSA In-Network Plan Comparison - Effective 1/1/2023 Saline Area Schools - Part of Washtenaw County Consortium

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

**IMPORTANT:** All MESSA Medical Plans come with Dental, Vision, Negotiated Life & AD&D Insurance, and Long Term Disability Coverage. If you “Waive” or “Opt Out” of the Medical coverage offered, you will still receive Dental, Vision, Life Insurance and Long Term Disability coverage through MESSA.

# PREScription PLAN COMPARISON



## MESSA In-Network Plan Comparison - Effective 1/1/2023 Saline Area Schools - Part of Washtenaw County Consortium

	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 0%MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% MESSA ABC Rx
Prescription Drugs	MESSA ABC Rx (after deductible)	MESSA ABC Rx (after deductible)
34-day supply		
Generic drug	Free, \$2 or \$10	Free, \$2 or \$10
Preferred brand drug	Free, \$20 or \$40	Free, \$20 or \$40
Non-preferred brand drug		
90-day supply		
Generic drug, Preferred brand drug, Non- preferred brand drug	2x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Available via retail or mail order
Additional Rx Information		
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible

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

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

If you have any questions, please contact your MESSA Field Representative, Monica McKay, at 800.292.4910.

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



## MESSA ABC Plan 1 Medical plan highlights



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

**Effective Date: 1/1/2023**

**MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium**

**Employee Group: WCC - Administrators, Teachers and Non Affiliated**

### 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 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
<b>Annual deductible</b> 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: \$1,500  2-Person & Family coverage: \$3,000  <i>*Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.</i>  <i>*When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</i>
<b>Medical coinsurance</b> A fixed percentage you pay for a medical service.	0%
<b>Prescription drug coverage</b> Under federal law governing HSA-qualified 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 <i>Free preventive prescriptions below</i> .	ABC Rx
<b>Annual out-of-pocket maximums</b> 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: \$2,400  2-Person & Family coverage: \$4,800
<b>In-network services covered at no cost to you</b>	
<b>Free preventive prescriptions</b> 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.	
<b>Preventive care and prenatal care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, certain preventive medications and prenatal doctor visits.	





## In-network services subject to deductible and applicable coinsurance

Blue Cross online visit	Urgent care
Office visit	Hospital emergency room (ER)
Chiropractic services including modalities Up to 38 visits per calendar year.	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Inpatient hospital	Autism - applied behavior analysis (ABA) services
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Hearing aids There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), 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.	Acupuncture Must be performed by an M.D. or D.O.
Diagnostic lab and X-ray	Radiation and chemotherapy
Allergy testing and therapy	Bariatric surgery
Mental health and substance abuse - inpatient and outpatient care	Ambulance
Medical supplies	Durable medical equipment (DME)
Prosthetics and orthotics	Home health care
Skilled nursing facility Up to a maximum of 120 days per calendar year.	Human organ transplant Must be performed at an approved facility.

## Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to [messa.org](http://messa.org) to log in to your member account and link to the Express Scripts 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 Express Scripts 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](http://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.

AD&D terminates at age 65 or when employment ends, whichever comes later.

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



## MESSA ABC Plan 2 Medical plan highlights

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

**Effective Date: 1/1/2023**

**MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium**

**Employee Group: WCC - Administrators, Teachers and Non Affiliated**

### 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 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
<b>Annual deductible</b> 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: \$2,000  2-Person & Family coverage: \$4,000  <i>*When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</i>
<b>Medical coinsurance</b> A fixed percentage you pay for a medical service.	0%
<b>Prescription drug coverage</b> Under federal law governing HSA-qualified 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 <i>Free preventive prescriptions below</i> .	ABC Rx
<b>Annual out-of-pocket maximums</b> 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: \$3,000  2-Person & Family coverage: \$6,000
<b>In-network services covered at no cost to you</b>	
<b>Free preventive prescriptions</b> 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.	
<b>Preventive care and prenatal care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, certain preventive medications and prenatal doctor visits.	





## In-network services subject to deductible and applicable coinsurance

Blue Cross online visit	Urgent care
Office visit	Hospital emergency room (ER)
Chiropractic services including modalities Up to 38 visits per calendar year.	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Inpatient hospital	Autism - applied behavior analysis (ABA) services
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Hearing aids There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), 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.	Acupuncture Must be performed by an M.D. or D.O.
Diagnostic lab and X-ray	Radiation and chemotherapy
Allergy testing and therapy	Bariatric surgery
Mental health and substance abuse - inpatient and outpatient care	Ambulance
Medical supplies	Durable medical equipment (DME)
Prosthetics and orthotics	Home health care
Skilled nursing facility Up to a maximum of 120 days per calendar year.	Human organ transplant Must be performed at an approved facility.

## Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to [messa.org](http://messa.org) to log in to your member account and link to the Express Scripts 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 Express Scripts 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](http://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.

AD&D terminates at age 65 or when employment ends, whichever comes later.

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





## What is a Health Savings Account (HSA)?

A HSA combines a high-deductible health insurance plan with a tax-free individually owned savings account. Money in the savings account can help pay for your qualified medical expenses, or you can save and use it for qualified medical expenses once you retire. The balance in your health savings account rolls over from year-to-year, and the account earns interest and is yours to keep, even if you leave the District.

## What are the Benefits of a Health Savings Account (HSA)?

HSAs are designated to provide participants with triple federal tax benefits. The following are tax-free:

- HSA contributions;
- Interest and other earnings on HSA contributions; and
- Amounts distributed from an HSA for qualified medical expenses.

## Who is Eligible for a Health Savings Account (HSA)?

- Covered by a high-deductible health plan (HDHP);
- Not enrolled under another medical plan that is not a HDHP;
- Not entitled to (eligible for AND enrolled in) Medicare benefits; and Not eligible to be claimed on another person's tax return.

Rules for the HSA are governed by the Internal Revenue Service (IRS) and failure to comply with those rules can result in penalties and/or additional 6% excess tax responsibility.

## EMPLOYEE CONTRIBUTIONS

You may make contributions to your HSA through regular payroll deductions. You may change the amount you contribute through payroll at any time. Please see the Human Resources website for the form to set up your contribution. [HSA Contribution Form](#)

## EMPLOYER CONTRIBUTIONS

Administrators, Classified, Certified and Unaffiliated Staff are eligible for a designated contribution from the district.

Contribution Amounts: \$1,000 (Single), \$2,000 (Single +1/Family)

## 4 TAX ADVANTAGES OF HSA'S

100% DEDUCTIBLE  
CONTRIBUTIONS UP  
TO A LEGALLY  
MANDATED  
MAXIMUM AMOUNT

MONEY WITHDRAWN  
FOR MEDICAL  
SPENDING NEVER  
FALLS UNDER  
TAXABLE INCOME

TAX DEFERRED  
INTEREST EARNINGS

TAX FREE INTEREST  
EARNINGS, IF MONEY  
IS SPENT ON HEALTH  
CARE COSTS



## MESSA Dental plan highlights



**MESSA**

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

**Effective Date: 01/01/2023**

**MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium Employee**

**Group: 862C WCC - Teachers, 862E Admin/ Non affiliated**

**Group/Subgroup:**

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 [www.messa.org](http://www.messa.org) and using the provider directory search provided by Delta Dental.

Plan Features			
Diagnostic & Preventive Services 100%	Basic Services 80%	Major Services 80%	Orthodontics 80%
<ul style="list-style-type: none"> <li>• Oral Examination</li> <li>• Prophylaxes</li> <li>• Topical Fluoride*</li> <li>• Brush Biopsy</li> <li>• Emergency Palliative</li> <li>• 2 Cleanings in 12 Months</li> </ul> <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p><b>Rider</b> (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"> <li>• Radiographs (x-rays)*</li> <li>• Restorative</li> <li>• Crowns**</li> <li>• Oral Surgery</li> <li>• Endodontic Services — treatment for diseased or damaged nerves.</li> <li>• Periodontic Services — treatment for diseases of the gum and teeth-supporting structures.</li> </ul> <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><b>Rider</b> (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"> <li>• Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures.</li> <li>• Payable once in any 5-year period for the same appliances.</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>• Orthodontic exam, radiographs and extractions are covered under Diagnostic &amp; Preventive Services and Basic Services.</li> </ul> <p><b>Rider</b> (If the box below is not checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
<b>\$2,000</b> annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			<b>\$2,000</b> 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



**MESSA**

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

**Effective Date: 1/1/2023**

**MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium**

**Employee Group: 862C WCC - Teachers/ 862E Admin/ Non affiliated**

### 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/vision](http://messa.org/vision) or [www.vsp.com](http://www.vsp.com). Call VSP member services at 800.877.7195 for assistance.

### Out-of-network providers

(Maximum reimbursement to patient)

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

Benefit	In-network provider	Out-of-network provider maximum allowance
<b>Examination</b>		
Optometrist	No copayment	\$35
Ophthalmologist	No copayment	\$45
<b>Contact lenses (includes examination)</b>		
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
<b>Eyeglass frames</b>	\$130 allowance	\$55
<b>Eyeglass lenses</b>		
Single vision	MESSA pays 100% of the approved amount	\$38
Bifocal		\$60
Trifocal		\$72
Lenticular		\$108
<b>Eyeglass lens enhancements</b>		
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	
<b>Tinted</b>		
Single vision	MESSA pays 100% of the approved amount	\$42
Bifocal		\$70
Trifocal		\$84
Lenticular		\$118
<b>Polarized</b>		
Single vision	MESSA pays 100% of the approved amount	\$56
Bifocal		\$90
Trifocal		\$110
Lenticular		\$138





## MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America



**MESSA**

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

**Effective Date: 01/01/2023**

**MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium**

This is a brief summary of your coverage available under MESSA's Group Term Life and AD&D policy.  
Please refer to your Life & Accident Insurance Certificate Booklet for complete information.

Plan features	Definition	Your Coverage
<b>Group Term Life Insurance</b>	The amount of your Group Term Life Insurance coverage.	\$45,000
<b>Group AD&amp;D Insurance</b>	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	\$45,000
<b>Group Dependent Term Life Insurance: SPOUSE</b>	This provides a life benefit equal to 50% of the member's benefit (not to exceed \$25,000) for the spouse and does not contain AD&D benefits.	N/A
<b>Group Dependent Term Life Insurance: CHILD(REN)</b>	This provides a life benefit equal to 25% of the member's benefit (not to exceed \$12,500) for all eligible children and does not contain AD&D benefits.	N/A

It is important to note that Group Term Life Insurance in excess of \$50,000 and Group Dependent Term Life Insurance (if the benefit exceeds \$2,000) are taxable benefits.

# LONG TERM DISABILITY COVERAGE



## MESSA Group LTD Plan Benefit Highlights

Underwritten by Life Insurance Company of North America



**MESSA**

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

**Effective Date: 01/01/2023**

**MESSA Account: Saline Area Schools, Part of Washtenaw County Consortium Employee**

**Group: 862E WCC - Administrators/ Non affiliated & 862C WCC Teachers/ FT Support Staff**

Long Term Disability (LTD) insurance provides benefits at a percentage of a member's salary in the event of total disability. Benefits begin after the satisfaction of a waiting period and continue as long as the member remains totally disabled as described under "Maximum Benefit Period" in the LTD certificate booklet.

*This is a brief summary of your coverage available under MESSA's Group LTD insurance. Refer to the actual certificate booklet for complete information.*

Plan Features	Definition	Your Coverage
<b>Pre-Existing Conditions Waived</b>	Medical conditions for which the advice or treatment was received prior to effective date of coverage are included. However, doctor-verified disabilities in effect prior to the effective date would be excluded.	Yes
<b>Waiting Period</b>	<i>Calendar Day (CD):</i> The waiting period is based on actual calendar days. <i>Work Day (WD):</i> The waiting period is based on the consecutive number of contracted work days. <i>Modified Fill (MF):</i> Benefits begin on the latter of exhaustion of sick time/ bank or the specified number of calendar/work day waiting period. <i>Straight Wait (SW):</i> Benefits begin after the specified number of calendar/ work day waiting period.	90 CDMF
<b>Benefit Level</b>	Percent of covered salary.	66 2/3 %
<b>Maximum Benefit Level</b>	Monthly benefit up to the maximum amount bargained.	\$5,000
<b>Minimum Maximum Benefit</b>	There is a minimum monthly benefit of 5% of the gross monthly benefit or \$50, whichever is greater, after all offsets are applied, not to exceed the maximum monthly benefit.	5 %
<b>Offsets</b>	Benefits are reduced by any income the employee receives or is entitled to receive such as vacation pay, salary continuation, workers' compensation, full auto wage loss benefit, any employer-paid group plan, retirement benefits you receive from your employer's retirement or pension plan, including Michigan Public School Employees' Retirement System (MPSERS), short-term disability, and others.	
<b>Social Security Offsets</b>	<i>Primary:</i> Social security retirement and social security disability are offsets. <i>Family:</i> Any social security disability benefits received by the employee's family due to the employee's disability is an offset.	Primary
<b>Freeze on Offsets</b>	Monthly disability benefits will not be reduced because of automatic, statutory or general cost of living increases in income from other sources after MESSA's initial benefit determination for each specified offset has been made. The exception to this is an unsuccessful return to work with increased salary, social security and retirement cost of living.	Yes
<b>COLA</b>	An employee's benefit may be increased while on claim due to increase in the cost of living. The increase is based on changes in the Consumer Price Index as of January 1 each year and is payable on the anniversary of the commencement of benefit payment. There is a maximum annual increase of 3%.	No
<b>Own Occupation Maximum Benefit Period</b>	Disability benefits may be payable during continuous disability. After the own occupation period, a member must be unable to perform any occupation for which he/she is qualified by training, experience or education. Benefits may be payable up to age 65. For benefits commencing at or after age 60, please see your benefit schedule.	2 Years
<b>Mental / Nervous Conditions</b>	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	2-year limitation
<b>Alcoholism / Drug Abuse</b>	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	2-year limitation

For additional information please call MESSA's Disability Department at 800.247.6951.

# COVERAGE COST SUMMARY



- Negotiated District contribution toward MESSA premium:
  - Single = \$7,309.75
  - Single + 1 = \$14,855.09
  - Family = \$20,511.05
  - Negotiated Cash In Lieu: \$7,500- [Cash In Lieu of Benefits Submission Form](#). Due 11/18/2022
  - Negotiated Cash In Lieu: \$3,000 for **SAS Employee covered by an SAS Employee**- upload proof of other coverage by 11/18/2022.  
[SAS Employee covered by an SAS Employee Cash In Lieu of Benefits Submission Form](#)
- Per Pay Deduction Amount:
  - 52 Week/Year Round Employees: divide employee amount by 26
  - **New to 2023** Less than 52 Week/School Year Employees: divide employee amount by **15** for the calendar year to account for the summer months of coverage
    - **January to June** the deduction will remain spread at 11 pays. The employee will pay 73% of benefit coverage for the year
    - **September- October** the deduction spread will be across 4 pays. The employee will pay the remaining 27% of benefit coverage for the year

Plan Name	Annual Premium Billed By MESSA	Saline Area Schools Annual Premium	Employee Annual Premium
<i>SAS Employee covered by an SAS Employee</i> <i>Waive/Opt Out of Medical Coverage</i> <i>\$3,000 Cash In Lieu Benefit</i>	Single- \$981.96 Single +1- \$1,548.00 Family- \$2,546.04	Single- \$0 Single +1- \$0 Family- \$0	Single- \$981.96 Single +1- \$1,548.00 Family- \$2,546.04
<i>Waive/Opt Out of Medical Coverage</i> <i>\$7,500 Cash In Lieu Benefit</i>	Single- 981.96 Single +1- \$1,548.00 Family- \$2,546.00	Single- \$0 Single +1- \$0 Family- \$0	Single- \$981.96 Single +1- \$1,548.00 Family- \$2,546.00
<b>ABC Plan 1 Medical Plan</b> <b>w/ Health Savings Account (HSA)</b> Deductible: \$1,500/\$3,000  <i>District Provided HSA Contribution</i> <i>\$1,000 (Single) /\$2,000 (Single+1/Family)</i>	Single- \$8,530.44 Single +1- \$18,509.64 Family- \$23,649.60	Single- \$7,304.47 Single +1- \$14,842.01 Family- \$20,485.49	Single- \$1,225.97 Single +1- \$3,667.63 Family- \$3,164.11
<b>ABC Plan 2 Medical Plan</b> <b>w/ Health Savings Account (HSA)</b> Deductible: \$2,000/\$4,000  <i>District Provided HSA Contribution</i> <i>\$1,000 (Single) /\$2,000 (Single+1/Family)</i>	Single- \$8,047.56 Single +1- \$17,423.04 Family- \$22,297.20	Single- \$7,304.47 Single +1- \$14,842.01 Family- \$20,485.49	Single- \$743.09 Single +1- \$2,581.03 Family- \$1,811.71



**Saline Area Schools provides this valuable benefit at no cost to you.**

All Full-Time Administrators

## Term Life and AD&D Insurance

### **Safeguard the most important people in your life.**

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

#### **AT A GLANCE:**

- A cash benefit of two times basic annual earnings, rounded to the next higher \$1,000 (\$300,000 maximum) to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Benefits Overview | The Lincoln National Life Insurance Company





## MESSA Gives You Options

Take time now to re-evaluate your family's financial protection needs. The following is a summary of the MESSA variable options, along with the monthly contribution rates for each plan. To protect your family's financial future in the event of your death:

### Group Basic Term Life Insurance

*(If you don't enroll in a MESSA medical plan, this coverage is required in order to enroll in any of the other options on the application.)*

- ▶ \$5,000 term life insurance benefit.
- ▶ Includes corresponding accidental death and dismemberment benefits. The AD&D portion terminates when you reach age 65.
- ▶ Available during open enrollment, and without medical evidence of insurability.

### Group Supplemental Term Life Insurance

- ▶ Available only with Group Basic Term Life or a medical plan.
- ▶ May purchase an additional \$10,000, \$20,000, \$30,000 or \$40,000 of term life insurance benefits.
- ▶ Includes corresponding AD&D benefits, which terminate when you reach age 65.
- ▶ Medical evidence of insurability is not required if you are a new MESSA member electing coverage for the first time or if you are currently a member and want to increase your coverage by \$10,000.
- ▶ Medical evidence of insurability is required if you did not enroll in this coverage within 31 days following the date you first became eligible.

### Group Survivor Income Insurance

- ▶ Available only with Group Basic Term Life or a medical plan, subject to age and family status requirements on spouse and children.
- ▶ Net monthly benefit: \$400 spouse; \$200 child(ren)
  - **Spouse benefit:** Spouse is eligible until the day before their 65th birthday; benefit will continue until the spouse remarries or dies.
  - **Child(ren) benefit:** Children receive benefits until age 25, get married or the member's spouse dies, whichever occurs first. Benefit may continue past the age of 25 if child is approved by MESSA as having a physical or intellectual impairment, is unmarried, dependent upon you for a majority of their support and are incapable of self-sustaining employment by reason of their physical or intellectual impairment.

### Group Dependent Life Insurance

- ▶ Available only with Group Basic Term Life or a medical plan.
- ▶ Provides lump sum benefit of \$2,000 for the spouse and \$2,000 for each child. A child is eligible for coverage from 14 days of age through the calendar year they turn 25, if unmarried and dependent on you for majority of support. Benefit may continue past the age of 25 if the child is approved by MESSA as having a physical or intellectual impairment,



## Group Dependent Life Insurance *continued*

is unmarried, dependent upon you for a majority of their support and is incapable of self-sustaining employment by reason of their physical or intellectual impairment.

## Group Short Term Disability Income Insurance

*(If you need financial protection in the event of a loss of salary due to a disability because you have inadequate sick days to fill in your district's long-term disability waiting period, or your district has no LTD coverage.)*

- ▶ Available only with Group Basic Term Life or a medical plan.
- ▶ Can select weekly benefit ranging from \$20 to \$700, provided the amount selected does not exceed the weekly benefit corresponding to your contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any other compensation.)
- ▶ Benefits are not payable during a summer vacation period unless it is medically necessary for you to be house confined or hospital confined. If a disability commences within 30 days from the date of an accidental injury, it is not necessary to be house or hospital confined.
- ▶ Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of the following:
  - A period of three consecutive months ending on or after the effective date of insurance if during this time no medical treatment or service, including prescribed drugs or medicines, has been received in connection with the illness or injury; or
  - A period of six consecutive months if during this time the employee has been continuously insured and there has been no loss of time from active employment due to the pre-existing condition; or
  - A period of 12 consecutive months if during this time the employee has been continuously insured for these benefits.

- ▶ Choice of either seven-day or 28-day waiting period with benefits beginning on either the eighth day or the 29th day.
- ▶ Duration of benefits:
  - *Maximum Period of Payment is 52 weeks. Benefits are payable during the Maximum Period of Payment providing you are wholly and continuously unable to perform any and every duty pertaining to your regular occupation and you are under the regular care and attendance of a physician.*
- ▶ Maternity disability is treated the same as any other illness.
- ▶ Benefits will be reduced by any income a member receives or is entitled to receive from an employer, workers' compensation, MPSERS, Social Security (including Social Security Retirement benefits) or any employer-paid group benefit plan. Benefits are generally payable only after you've exhausted your sick days.
- ▶ Benefits are not payable for disability due to:
  - *Self-inflicted injuries if intentional or while insane*
  - *War*
  - *Participation in the committing of a felony*
  - *Cosmetic surgery unless:*
    - » *Caused by accidental bodily injury sustained while insured or an active illness contracted while insured, and*
    - » *You have been continuously insured under this program since such injury was sustained or such illness was contracted.*

## Group Long Term Disability Income Insurance

*(To continue disability income protection beyond 52 weeks if your district has no LTD coverage.)*

**Important: If you are enrolled in an employer-sponsored long-term disability plan, you should know that enrollment in MESSA's long-term disability plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.**

- ▶ Available only with Group Basic Term Life Insurance or a medical plan.

Please refer to the certificate booklet for specific coverage details.





## Group Long Term Disability Income Insurance *continued*

- ▶ Can select a monthly benefit ranging from \$100 to \$1,500 provided the amount selected does not exceed the monthly benefit corresponding to your contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any other compensation.)
  - ▶ The amount of the monthly benefit will be offset by any disbursement from any annuity, retirement or pension plan, or life insurance plan because of disability from any employer. It will also be offset by Social Security benefits, any salary, wages, commissions, or other periodic employer disability plan benefits or similar disbursement (i.e., workers' disability compensation).
  - ▶ Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of the following:
    - A period of three consecutive months ending on or after the effective date of insurance if during this time no medical treatment or service, including prescribed drugs or medicines, has been received in connection with the illness or injury; or
    - A period of 12 consecutive months if during this time the employee has been continuously insured for these benefits.
  - ▶ Waiting period: 52 consecutive weeks of disability.
  - ▶ Must be wholly and continuously unable to perform any and every duty pertaining to your regular occupation while you are under the regular care and attendance of a physician.
  - ▶ Duration of benefits:
    - **Option 1:** Benefits may be provided up to five years but not beyond the day before your 70th birthday.
    - **Option 2:** Benefits may be provided until the day before your 70th birthday.
- Disability due to mental or nervous disorder; benefits are limited and payable for two years during any one period of disability, but not beyond the day before your 70th birthday.
  - ▶ Benefits are not payable for disability due to:
    - Self-inflicted injuries if intentional or while insane
    - War
    - Participation in the committing of a felony
    - Cosmetic surgery unless:
      - » Caused by accidental bodily injury sustained while insured or an active illness contracted while insured, and
      - » You have been continuously insured under this program since such injury was sustained or such illness was contracted.

Please refer to the certificate booklet for specific coverage details.





## Monthly Contribution Rates for Life and Disability Coverages

The group dependent life insurance and/or the coverages below are available only in addition to a MESSA medical plan or the Group Basic Term Life Insurance.

### Group Basic Term Life Insurance

Available only if not enrolled in MESSA medical plan. \$5,000 Basic Term Life and AD&D. *Monthly rate \$2.36*

### Group Short Term Disability Income Insurance

Benefits are reduced by other income. Waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column.

Annual Salary	Weekly Benefit	8th Day	29th Day
\$1,300	\$20	\$2.00	\$1.40
\$2,600	\$40	\$4.00	\$2.80
\$3,900	\$60	\$6.00	\$4.20
\$5,200	\$80	\$8.00	\$5.60
\$6,500	\$100	\$10.00	\$7.00
\$8,000	\$120	\$12.00	\$8.40
\$9,500	\$140	\$14.00	\$9.80
\$11,000	\$160	\$16.00	\$11.20
\$12,500	\$180	\$18.00	\$12.60
\$14,000	\$200	\$20.00	\$14.00
\$15,500	\$220	\$22.00	\$15.40
\$17,000	\$240	\$24.00	\$16.80
\$18,500	\$260	\$26.00	\$18.20
\$20,000	\$280	\$28.00	\$19.60
\$21,500	\$300	\$30.00	\$21.00
\$23,000	\$320	\$32.00	\$22.40
\$24,500	\$340	\$34.00	\$23.80
\$26,000	\$360	\$36.00	\$25.20
\$27,500	\$380	\$38.00	\$26.60
\$29,000	\$400	\$40.00	\$28.00
\$30,500	\$420	\$42.00	\$29.40
\$32,000	\$440	\$44.00	\$30.80
\$33,500	\$460	\$46.00	\$32.20
\$35,000	\$480	\$48.00	\$33.60
\$36,500	\$500	\$50.00	\$35.00
\$38,000	\$520	\$52.00	\$36.40
\$39,500	\$540	\$54.00	\$37.80
\$41,000	\$560	\$56.00	\$39.20
\$42,500	\$580	\$58.00	\$40.60
\$44,000	\$600	\$60.00	\$42.00
\$45,500	\$620	\$62.00	\$43.40
\$47,000	\$640	\$64.00	\$44.80
\$48,500	\$660	\$66.00	\$46.20
\$50,000	\$680	\$68.00	\$47.60
\$51,500	\$700	\$70.00	\$49.00

If you are currently enrolled in group hospital confinement indemnity insurance and want to verify your rates, please check with your employer's business office.

### Group Dependent Life Insurance

\$2,000 for spouse, and \$2,000 for each eligible dependent. *Monthly rate \$1.48*

### Group Long Term Disability Income Insurance

**Important:** If you are enrolled in an employer-sponsored long-term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

You may elect one \$100 monthly benefit unit for each \$2,000 of contracted annual school salary up to \$30,000. The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a maximum benefit period. This plan has a 52 week waiting period.

**Option 1:** Benefits may be provided up to five years but not beyond the day before your 70th birthday.

**Option 2:** Benefits may be provided until the day before your 70th birthday.

Benefits are payable for two years during any one period of disability due to mental or nervous disorder, but not beyond the day before your 70th birthday.

Determine the unit rate below for the option selected.

Multiply the rate times the number of \$100 units you elect.

**Example:** If you are age 35 and make a contractual annual salary of \$18,000 you would be allowed a maximum benefit of 9 units (\$900 monthly benefit). If you elect option 2, your contribution rate is \$2.70 (9 units at \$0.30 per unit). The rate is based on your age on Jan. 1 of the current year.

*Monthly rate for each \$100 monthly benefit unit*

	Option 1	Option 2
Under age 40	\$0.20	\$0.30
Age 40 – 49	\$0.50	\$0.80
Age 50 & older	\$1.40	\$2.10

### Group Supplemental Life Insurance

The rate is based on your age on Jan. 1 of the current year.

Age	\$10,000 Life \$10,000 AD&D	\$20,000 Life \$20,000 AD&D	\$30,000 Life \$30,000 AD&D	\$40,000 Life \$40,000 AD&D
Under 40	\$1.50	\$3.00	\$4.50	\$6.00
40 – 49	\$3.00	\$6.00	\$9.00	\$12.00
50 – 59	\$6.50	\$13.00	\$19.50	\$26.00
60 – 64	\$11.50	\$23.00	\$34.50	\$46.00
65 – 69	\$17.50	\$35.00	\$52.50	\$70.00
70 – 74	\$30.00	\$60.00	\$90.00	\$120.00
75 & older	\$44.00	\$88.00	\$132.00	\$176.00

### Group Survivor Income Insurance

The rate is based on your age on Jan. 1 of the current year.

Under age 30	\$3.18
30 – 34	\$4.20
35 – 39	\$5.88
40 – 44	\$8.90
45 – 49	\$12.44
50 – 54	\$15.80
Age 55 & older	\$18.90

# MESSA VOLUNTARY BENEFITS- LIFE



## Contribution rates for optional coverage\*

The Group Dependent Life Insurance and/or the coverages below are available only in **addition** to a MESSA health insurance plan **or** the Group Basic Term Life Insurance.

### LIFE COVERAGE

**\$5,000 GROUP BASIC TERM LIFE INSURANCE AND AD&D** Monthly rate: **\$2.36**  
Available only if not enrolled in MESSA medical plan.

**\$2,000 GROUP DEPENDENT LIFE INSURANCE** Monthly rate: **\$1.48**  
\$2,000 for spouse, and \$2,000 for each eligible dependent.

### FIXED AMOUNT SUPPLEMENTAL TERM LIFE

The monthly rate is based on your age on Jan. 1 of the current year.

\$10,000 LIFE AND AD&D		\$20,000 LIFE AND AD&D	
UNDER AGE 40	\$1.50	UNDER AGE 40	\$3.00
AGE 40-49	\$3.00	AGE 40-49	\$6.00
AGE 50-59	\$6.50	AGE 50-59	\$13.00
AGE 60-64	\$11.50	AGE 60-64	\$23.00
AGE 65-69	\$17.50	AGE 65-69	\$35.00
AGE 70-74	\$30.00	AGE 70-74	\$60.00
AGE 75 AND OLDER	\$44.00	AGE 75 AND OLDER	\$88.00

\$30,000 LIFE AND AD&D		\$40,000 LIFE AND AD&D	
UNDER AGE 40	\$4.50	UNDER AGE 40	\$6.00
AGE 40-49	\$9.00	AGE 40-49	\$12.00
AGE 50-59	\$19.50	AGE 50-59	\$26.00
AGE 60-64	\$34.50	AGE 60-64	\$46.00
AGE 65-69	\$52.50	AGE 65-69	\$70.00
AGE 70-74	\$90.00	AGE 70-74	\$120.00
AGE 75 AND OLDER	\$132.00	AGE 75 AND OLDER	\$176.00

### TIMES SALARY SUPPLEMENTAL TERM LIFE | Rates per \$1,000 Life and AD&D

**Calculate Times Salary monthly cost:** Multiply your contractual annual salary by the level of coverage selected (1, 2, 3, or 4 times salary), divide by 1,000, then multiply by the rate from the Times Salary rate chart.

UNDER AGE 40	\$0.15	AGE 65-69	\$1.75
AGE 40-49	\$0.30	AGE 70-74	\$3.00
AGE 50-59	\$0.65	AGE 75 AND OLDER	\$4.40
AGE 60-64	\$1.15		

### GROUP SURVIVOR INCOME INSURANCE

The monthly rate is based on your age on Jan. 1 of the current year.

UNDER AGE 30	\$3.18	AGE 45-49	\$12.44
AGE 30-34	\$4.20	AGE 50-54	\$15.80
AGE 35-39	\$5.88	AGE 55 AND OLDER	\$18.90
AGE 40-44	\$8.90		

### GROUP SHORT TERM DISABILITY INCOME INSURANCE

Benefits are reduced by other income. Waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column.

ANNUAL SALARY	WEEKLY BENEFIT	8TH DAY	29TH DAY
\$1,300	\$20.00	\$2.00	\$1.40
\$2,600	\$40.00	\$4.00	\$2.80
\$3,900	\$60.00	\$6.00	\$4.20
\$5,200	\$80.00	\$8.00	\$5.60
\$6,500	\$100.00	\$10.00	\$7.00
\$8,000	\$120.00	\$12.00	\$8.40
\$9,500	\$140.00	\$14.00	\$9.80
\$11,000	\$160.00	\$16.00	\$11.20
\$12,500	\$180.00	\$18.00	\$12.60
\$14,000	\$200.00	\$20.00	\$14.00
\$15,500	\$220.00	\$22.00	\$15.40
\$17,000	\$240.00	\$24.00	\$16.80
\$18,500	\$260.00	\$26.00	\$18.20
\$20,000	\$280.00	\$28.00	\$19.60
\$21,500	\$300.00	\$30.00	\$21.00
\$23,000	\$320.00	\$32.00	\$22.40
\$24,500	\$340.00	\$34.00	\$23.80
\$26,000	\$360.00	\$36.00	\$25.20
\$27,500	\$380.00	\$38.00	\$26.60
\$29,000	\$400.00	\$40.00	\$28.00
\$30,500	\$420.00	\$42.00	\$29.40
\$32,000	\$440.00	\$44.00	\$30.80
\$33,500	\$460.00	\$46.00	\$32.20
\$35,000	\$480.00	\$48.00	\$33.60
\$36,500	\$500.00	\$50.00	\$35.00
\$38,000	\$520.00	\$52.00	\$36.40
\$39,500	\$540.00	\$54.00	\$37.80
\$41,000	\$560.00	\$56.00	\$39.20
\$42,500	\$580.00	\$58.00	\$40.60
\$44,000	\$600.00	\$60.00	\$42.00
\$45,500	\$620.00	\$62.00	\$43.40
\$47,000	\$640.00	\$64.00	\$44.80
\$48,500	\$660.00	\$66.00	\$46.20
\$50,000	\$680.00	\$68.00	\$47.60
\$51,500	\$700.00	\$70.00	\$49.00

\*All rates shown are monthly rates.





## Indemnity Plans

### Critical Illness Coverage

- » Benefits paid when diagnosed with a covered serious illness or condition.
- » Use benefits to pay out-of-pocket medical costs or personal expenses.
- » Select between two plans:
  - Critical Illness
  - Critical Illness Plus
- » Plan highlights:
  - HSA compatible
  - Cash paid directly to you
  - Pre-existing conditions waived
- » Plan features:
  - Subsequent critical illness diagnosis benefit
  - Recurrence critical illness diagnosis benefit
  - Recurrence cancer (invasive) diagnosis benefit
  - Recurrence carcinoma (non-invasive) diagnosis benefit
  - Health screening benefit
  - Portable coverage should employment terminate
- » Premium discount for non-tobacco users.
- » Coverage available for member, spouse and dependents under the age of 26.

### Hospital Indemnity Coverage

- » Pays benefits when you have a planned or unplanned hospital stay.
- » Lump-sum benefit for admission; daily benefit for covered hospital stay.
- » Use benefits to help pay out-of-pocket medical costs or personal expenses.
- » Select between two plans:
  - Hospital Indemnity
  - Hospital Indemnity Plus

- » Plan highlights:
  - HSA compatible
  - Cash paid directly to you
  - Pre-existing conditions waived
- » Plan features:
  - Lump-sum payment for first day of inpatient stay
  - Daily benefit payment beginning the second day
  - Increased per day payment in an intensive care unit (ICU)
  - Waiver of premium
  - Portable coverage should employment terminate
- » Coverage available for member, spouse and dependents under the age of 26.

### Accident Coverage

- » Pays benefits for covered minor and serious injuries due to accident.
- » Use benefits to help pay out-of-pocket medical costs or personal expenses.
- » Select between two plans:
  - Accident
  - Accident Plus
- » Plan highlights:
  - HSA compatible
  - Cash benefits paid directly to you
- » Plan features:
  - Full schedule of benefits payable for accidental injuries, including initial and follow-up treatment, medical imaging, surgeries and more
  - Coverage applies both at home and at work
  - Organized sports rider (children only)
  - Waiver of premium
  - Portable coverage should employment terminate
- » Coverage available for member, spouse and dependents under the age of 26.

*Please refer to the certificate booklet for specific coverage details.*



# MESSA VOLUNTARY BENEFITS- INDEMNITY PLANS



## GROUP LONG TERM DISABILITY INCOME INSURANCE

**Important** – If you are enrolled in an employer-sponsored long term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

You may elect one \$100 monthly benefit unit for each \$2,000 of annual salary up to \$30,000 (for a maximum of 15 units). The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a Maximum Benefit Period. This plan has a 52-week waiting period.

**Option 1:** Benefits may be provided up to five years but not beyond the day before your 70th birthday.

**Option 2:** Benefits may be provided, but not beyond the day before your 70th birthday.

Benefits are payable for two years during any one period of disability due to a mental or nervous disorder, but not beyond the day before your 70th birthday.

**Determine the amount of monthly benefit you would like:** Contractual annual salary divided by \$2,000 equals the number of \$100 benefits you may select (maximum of 15 \$100 benefit units allowed).

**Calculate the cost for optional LTD:** multiply the number of units you would like to purchase by the rate (based on your age) for the plan option you would like.

### Monthly rate for each \$100 monthly benefit unit

	OPTION 1	OPTION 2
UNDER AGE 40	\$0.20	\$0.30
AGE 40-49	\$0.50	\$0.80
AGE 50 AND OLDER	\$1.40	\$2.10

## OPTIONAL INDEMNITY PROTECTION

### 3-PLAN BUNDLE

	SINGLE	2-PERSON	FULL-FAMILY
OPTIONAL ACCIDENT			
OPTIONAL CRITICAL ILLNESS	\$29.69	\$49.63	\$64.41
OPTIONAL HOSPITAL INDEMNITY			

### A LA CARTE

	SINGLE	2-PERSON	FULL-FAMILY
	PLUS	PLUS	PLUS
OPTIONAL ACCIDENT	\$7.79	\$11.60	\$14.04
	\$20.98	\$19.25	\$29.35

OPTIONAL HOSPITAL INDEMNITY	\$13.54	\$20.48	\$23.57	\$35.59	\$33.84	\$51.19
-----------------------------	---------	---------	---------	---------	---------	---------

OPTIONAL CRITICAL ILLNESS		PLUS		PLUS		PLUS
---------------------------	--	------	--	------	--	------

### Non-Tobacco

UNDER AGE 20	\$1.99	\$2.97	\$3.47	\$5.04	\$4.85	\$7.17
AGE 20-24	\$2.33	\$3.65	\$3.96	\$6.04	\$5.35	\$8.16
AGE 25-29	\$2.86	\$4.70	\$4.68	\$7.47	\$6.06	\$9.60
AGE 30-34	\$3.50	\$5.99	\$5.62	\$9.34	\$7.00	\$11.47
AGE 35-39	\$4.48	\$7.96	\$7.06	\$12.23	\$8.44	\$14.36
AGE 40-44	\$6.23	\$11.44	\$9.64	\$17.38	\$11.02	\$19.51
AGE 45-49	\$9.11	\$17.22	\$13.90	\$25.90	\$15.28	\$28.30
AGE 50-54	\$13.74	\$26.46	\$20.85	\$39.80	\$22.23	\$41.93
AGE 55-59	\$20.39	\$39.77	\$30.81	\$59.73	\$32.19	\$61.85
AGE 60-64	\$29.13	\$57.26	\$43.76	\$85.62	\$45.14	\$87.75
AGE 65-69	\$41.28	\$81.54	\$60.66	\$119.43	\$62.04	\$121.55
AGE 70 AND OLDER	\$53.37	\$105.73	\$77.15	\$152.40	\$78.53	\$154.53

### Tobacco

UNDER AGE 20	\$2.66	\$4.32	\$4.55	\$7.20	\$6.44	\$10.35
AGE 20-24	\$3.23	\$5.46	\$5.38	\$8.87	\$7.28	\$12.02
AGE 25-29	\$4.12	\$7.23	\$6.59	\$11.29	\$8.49	\$14.44
AGE 30-34	\$5.21	\$9.41	\$8.16	\$14.44	\$10.06	\$17.59
AGE 35-39	\$6.86	\$12.72	\$10.60	\$19.31	\$12.50	\$22.46
AGE 40-44	\$9.80	\$18.59	\$14.94	\$27.99	\$16.84	\$31.14
AGE 45-49	\$14.66	\$28.32	\$22.12	\$42.34	\$24.01	\$45.49
AGE 50-54	\$22.45	\$43.90	\$33.83	\$65.77	\$35.72	\$68.82
AGE 55-59	\$33.67	\$66.33	\$50.62	\$99.34	\$52.51	\$102.49
AGE 60-64	\$48.40	\$95.78	\$72.43	\$142.97	\$74.33	\$146.12
AGE 65-69	\$68.86	\$136.71	\$100.91	\$199.93	\$102.80	\$203.08
AGE 70 AND OLDER	\$89.24	\$177.46	\$128.69	\$255.49	\$130.59	\$258.64

1475 Kendale Blvd., P.O. Box 2560, East Lansing, MI 48826-2560 | 888-888-4167 | Fax: 517-203-2914 | [messa.org](http://messa.org)



Rev. 06/15/21 Pr. 06/21 - 1 PDF

# MEDICAL APPOINTMENT OPTIONS



## Know where to go

Not sure where to go when you're sick and you can't get an appointment with your doctor? You have options – review them now so you can make the best choice when you need medical care.

### ONLINE VISITS



MESSA and Blue Cross Online Visits have partnered to provide convenient, affordable care for minor, nonemergency illnesses and therapy sessions.

- Mental health visits and counseling
- Sinus or respiratory infection
- Cold or flu
- Seasonal allergies
- Urinary tract infection
- Eye irritation or redness
- Strains and sprains
- Pink eye
- Rash
- Skin wound

Go to [messa.org/messaonlinevisits](https://messa.org/messaonlinevisits).

### URGENT CARE



Handles problems that need immediate attention but aren't life-threatening or emergencies.  
Average cost per visit: \$120

- Stitches
- Back pain
- Mild asthma symptoms
- Strains and sprains
- Nausea, vomiting, diarrhea
- Bumps, cuts, scrapes
- Cough, sore throat
- Ear or sinus pain
- Eye swelling, irritation
- Insect/animal bites
- Allergies

### ER



Provides fast, life-or-limb-saving care.

**If in doubt, call 911 or go to the closest ER.**

Average cost per visit: \$1,413

- Sudden or unexplained loss of consciousness
- Persistent chest pain
- Signs of a stroke
- Severe shortness of breath
- High fever
- Coughing up or vomiting blood
- Cut or wound that won't stop bleeding
- Broken bone or dislocated joint
- Severe pain, particularly in abdomen
- Serious burns
- Head trauma

#### About MESSA coverage

All medical services are subject to the terms of your MESSA plan, including deductibles and applicable copayments or coinsurance.

If you have questions about your coverage, call MESSA's Member Service Center at 800.336.0013.



## SMARTPHONE ACCESS

### Access your MESSA card from your smartphone.

Download your MESSA card from the MyMESSA secure member portal at [messa.org](https://messa.org) so you'll always have it handy.

You can also print extra copies of your card for family members on your plan.

Questions? Call MESSA's award-winning Member Service Center in East Lansing at 800.336.0013 for expert, friendly help.



[messa.org](https://messa.org)



## Free MESSA resources for you

### Member Service Center | 800.336.0013

Our Member Service Center is available Monday through Thursday, 8 a.m. to 5:30 p.m. and Fridays, 8 a.m. to 5 p.m. Our member service specialists are experts at answering questions about your plan and helping with claims.

### Your MESSA field representative | 800.292.4910

**Monica McKay** is your local field representative. She can explain benefits and answer questions, attend meetings or arrange visits from other MESSA experts, including nurse educators. Email Monica at [mmckay@messa.org](mailto:mmckay@messa.org).

### Case management programs | 800.336.0022, prompt 3

MESSA members and their dependents who have asthma, diabetes or cardiovascular conditions can get information and support from nurse educators to help set and reach health goals.

### Medical case management | 800.441.4626

MESSA's medical case management nurses can help members and dependents with a catastrophic injury or serious illness get access to the right care at the right time and return to their highest quality of life.

### Health promotion consultant | 800.292.4910

MESSA's health promotion consultant can help you and your coworkers develop or strengthen a worksite wellness program.





## Plan Benefits

The legal and identity theft plans provide employees with a number of benefits, all of which are listed in detail in the plan contract.

### Employees Can Call Their Provider Law Firm

**One of the most important and valuable benefits of the membership is the ability to talk with a lawyer about any personal legal issue employees might encounter.**

- Any personal legal matter
- Phone call made on their behalf
- Letter written on their behalf
- Review a contract or legal document
- Will prepared
- Assistance with traffic citations
- 24/7 emergency access for covered situations
- 25% Preferred Member Discount
- ...and more!

Plan benefits differ in certain states and provinces. Please consult membership contract or brochure for more details and for benefit exclusions.

### Employees Have Identity Theft Experts on Their Side

**Identity theft is when someone uses your personal identifying information, like your name and Social Security Number, without your permission, to commit fraud or other crimes. It's one of the fastest growing crimes in North America today. The FTC estimates that as many as 9 million Americans fall victim to identity theft each year. A victim of identity theft could face any number of issues such as lost job opportunities, issues getting a loan, issues over unreported income, harassment from debt collectors, or even face arrest for crimes the identity thief committed.**

**Coverage that will help protect against, and resolve, identity theft issues:**

- Identity theft advisor
- Credit report review
- Consultation/Advice
- Credit monitoring
- Restoration Services
- Monday through Friday 7 am - 7 pm CT
- 24/7 emergency access for covered situations

### Where to Direct Employees Who Have Questions

Any employees who have additional questions may log onto [mylegalshield.com](https://www.mylegalshield.com) or [myidshield.com](https://www.myidshield.com) for further assistance.

[LegalShield/IDShield Pricing](#)

**Web Enrollment Website:** <https://www.legalshield.com/info/salineschools>



## Full-Time Employees of Saline Area Schools

### Benefits At-A-Glance

#### Term Life Insurance

#### The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Saline Area Schools employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

#### Employee

Newly hired employee guaranteed coverage amount	\$200,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	4 times your annual salary (\$200,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000

#### Spouse

Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$50,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000

#### Dependent Children

6 months to age 19 (to age 25 if full-time student) guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$250

The Lincoln National Life Insurance Company



## What your benefits cover

### Employee Coverage

#### Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 4 times your annual salary (\$200,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is \$50,000.
- Your coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; and an additional 15% of the original amount when you reach age 75.

**Spouse Coverage** - You can secure term life insurance for your spouse if you select coverage for yourself.

#### Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$50,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$50,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65

**Dependent Children Coverage** - You can secure term life insurance for your dependent children when you choose coverage for yourself.

**Guaranteed Life Insurance Coverage Options:** \$10,000

## Life Insurance Benefits At-A-Glance





## Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

## Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. TravelConnect™ travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.





## Monthly Life Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate
0 - 24	0.0000700
25 - 29	0.0000800
30 - 34	0.0001100
35 - 39	0.0001200
40 - 44	0.0001400
45 - 49	0.0002000
50 - 54	0.0003100
55 - 59	0.0005800
60 - 64	0.0009000
65 - 69	0.0017200
70 - 74	0.0027900
75 - 79	0.0027900

### Group Rates for You

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium rate} & & \text{monthly premium} \end{array}$$

*Note: Rates are subject to change and can vary over time.*

Employee Age Range	Life Premium Rate
0 - 24	0.0000700
25 - 29	0.0000800
30 - 34	0.0001100
35 - 39	0.0001200
40 - 44	0.0001400
45 - 49	0.0002000
50 - 54	0.0003100
55 - 59	0.0005800
60 - 64	0.0009000
65 - 69	0.0017200

### Group Rates for Your Spouse

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium rate.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium rate} & & \text{monthly premium} \end{array}$$

*Note: Rates are subject to change and can vary over time.*

## Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$10,000	\$2.00

### Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

**Note:** You must be an active Saline Area Schools employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Life Insurance Premium Calculation

LFE-ENRO-BRC001-MI



## Full-Time Employees of Saline Area Schools

### Benefits At-A-Glance

#### AD&D Insurance

#### The Lincoln AD&D Insurance Plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Saline Area Schools employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support
- Also includes *TravelConnect*™ services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

#### Employee

Maximum coverage amount	5 times your annual salary (\$200,000 maximum) in \$10,000 increments
Minimum coverage amount	\$10,000

Your employee AD&D coverage amount will reduce by 35% when you reach age 65, an additional 25% of the original amount when you reach age 70, and an additional 15% of the original amount when you reach age 75. Benefits end when you retire.

#### Spouse

Maximum coverage amount	Up to \$50,000 in \$5,000 increments
Minimum coverage amount	\$5,000

You can secure AD&D insurance for your spouse if you select coverage for yourself.

The spouse AD&D coverage amount will reduce by 35% when the spouse reaches age 65. Benefits end when you retire.

#### Dependent Children

14 days to age 19 (to age 25 if full-time student) Maximum coverage amount	\$10,000
Minimum coverage amount	\$10,000

You can secure AD&D insurance for your dependent children when you choose coverage for yourself.





Additional Plan Benefits	
Safe Driver Benefit	Included
Education Benefit	Included
Spouse Training Benefit	Included
Felonious Assault	Included
Child Care Benefit	Included
Coma Benefit	Included
Common Disaster Benefit	Included
Exposure Benefit	Included
Disappearance Benefit	Included
Common Carrier Benefit	Included
Repatriation Benefit	Included
Enhanced Dismemberment Benefit For Dependent Children	Included
Spouse Critical Period Benefit	Included
Monthly Survivor Benefit	Included
Helmet Benefit	Included
Surgical Reattachment Benefit	Included
Third Degree Burn Benefit	Included
Rehabilitation Reimbursement	Included
24 Hour Coverage	Included

## Benefit Exclusions

Like any insurance, this AD&D insurance policy does have exclusions. Benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Intentionally inflicting or attempting to inflict injury to one's self
- Participating in a war, act of war, or riot
- Serving on full-time active duty in the armed forces of any state or country (this does not include duty of 30 days or less training in the Reserves or National Guard)
- Flying on any non-commercial airplane or aircraft, such as a hot air balloon or glider (see the contract for details and exceptions)
- Flying on a commercial airline or aircraft as a pilot or crewmember
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those taken as prescribed by a licensed physician
- Driving while intoxicated, impaired, or under the influence of drugs

In addition, this AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

**Note:** See the policy for details and specific requirements for each of these benefits

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. TravelConnectSM travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.





## Accidental Death & Dismemberment Insurance Here's how little you pay with group rates.

### Monthly Premium Calculation for You

The estimated monthly premium for AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the premium rate. **See table at right for select coverage amounts.**

Coverage Amount	Monthly Premium
\$10,000	\$0.20
\$20,000	\$0.40
\$50,000	\$1.00
\$100,000	\$2.00
\$150,000	\$3.00
\$200,000	\$4.00

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{0.0000200} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium rate} & & \text{monthly premium} \end{array}$$

*Note: Rates are subject to change and can vary over time.*

### Monthly Premium Calculation for Your Spouse

The estimated monthly premium for AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the premium rate. **See table at right for select coverage amounts.**

Coverage Amount	Monthly Premium
\$5,000	\$0.15
\$10,000	\$0.30
\$15,000	\$0.45
\$20,000	\$0.60
\$25,000	\$0.75
\$50,000	\$1.50

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{0.0000300} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium rate} & & \text{monthly premium} \end{array}$$

*Note: Rates are subject to change and can vary over time.*

### Monthly Premium Calculation for Your Dependent Children

The estimated monthly premium for AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the premium rate. **See table at right for select coverage amounts.**

Coverage Amount	Monthly Premium
\$10,000	\$0.30

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{0.0000300} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium rate} & & \text{monthly premium} \end{array}$$

*Note: Rates are subject to change and can vary over time.*

Note: You must be an active Saline Area Schools employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company

Please see prior page for product information.

AD&D Insurance Premium Calculation

LFE-ADD-BRC001-MI



## Using a Flexible Spending Account (FSA).

Here's what you need to know.

**What is an FSA?** An FSA is an employee benefit that allows you to conveniently save money on your healthcare and dependent daycare expenses. You don't have to pay taxes on the money you contribute to these accounts, which results in more take-home pay for you. There are two types of Flexible Spending Accounts—if your employer offers both types of plans, you can enroll in one or both.

**1 Healthcare FSA**—covers the healthcare-related items you purchase that your insurance doesn't cover—like laser eye surgery, bandages, sunscreen and contact solution.

- You can elect up to **\$2,750** for the plan year.
- You will have full access to your funds on the first day of the plan year. (This account is pre-funded.)
- You, your qualifying spouse and dependents can use this account—even if they are not covered by your health plan.

**2 Dependent Care FSA**—covers things like childcare and elder care.

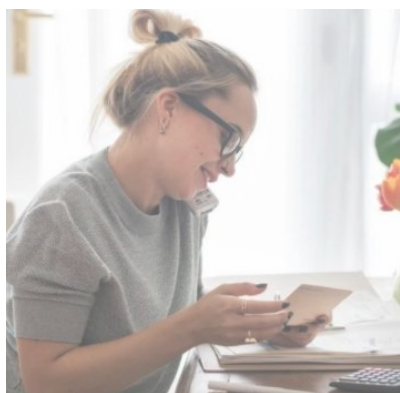
- You can elect up to **\$5,000** For the plan year.
- You will have access to the funds in your Dependent Care account as they are deducted from your account each paycheck.
- Your child (under the age of 13), spouse or relative who qualifies and is physically or mentally unable to provide care for themselves is covered.



*Note: Maestro Health representatives are not tax advisors. Please consult your tax advisor for details.*



# WHO SHOULD I CALL?



Most of the day to day administration of your employee benefits coverage can be accomplished directly with the insurance providers either through their websites or customer service telephone numbers.

For additional information and assistance, visit our website:

<https://www.salineschools.org/departments/human-resources/>

<p><b>MESSA ONLINE ENROLMENT</b></p> <p><u><a href="#">MyMESSA Account</a></u> 800.336.0013</p> 	<p><b>MESSA MEDICAL &amp; Rx</b></p> <p><u><a href="#">MyMESSA Account</a></u> <u><a href="#">Medical Plans</a></u> <u><a href="#">Find In-Network Provider</a></u> <u><a href="#">Prescription Drug Plans</a></u> 800.336.0013</p> 	<p><b>MESSA DENTAL</b></p> <p><u><a href="#">Delta Dental</a></u> <u><a href="#">Find In-Network Provider</a></u> 800.336.0013</p> 	<p><b>MESSA VISION</b></p> <p><u><a href="#">VSP</a></u> <u><a href="#">Find In-Network Provider</a></u> 800.336.0013</p> 
<p><b>MAESTRO HEALTH</b> Healthcare, Limited Purpose &amp; Dependent Care Flex Spending Accounts</p> <p><u><a href="#">Maestrohealth.com</a></u> 888.488.5054</p> 	<p><b>LINCOLN FINANCIAL GROUP</b> TERM LIFE &amp; AD&amp;D</p> <p><u><a href="#">LFG Online Service Center</a></u> 800.423.2765</p> 	<p><b>LEGALSHIELD &amp; IDShield</b> PROTECTION</p> <p><u><a href="#">Legal Shield Website</a></u> 855.907.0729</p> 	<p><b>HEALTH EQUITY</b> Health Savings Account Administration</p> <p><u><a href="#">Online Member Portal</a></u> <u><a href="#">HSA Contribution Form</a></u> 866.346.5800</p> 

## Saline Area Schools Department of Human Resources | **Contact Information**

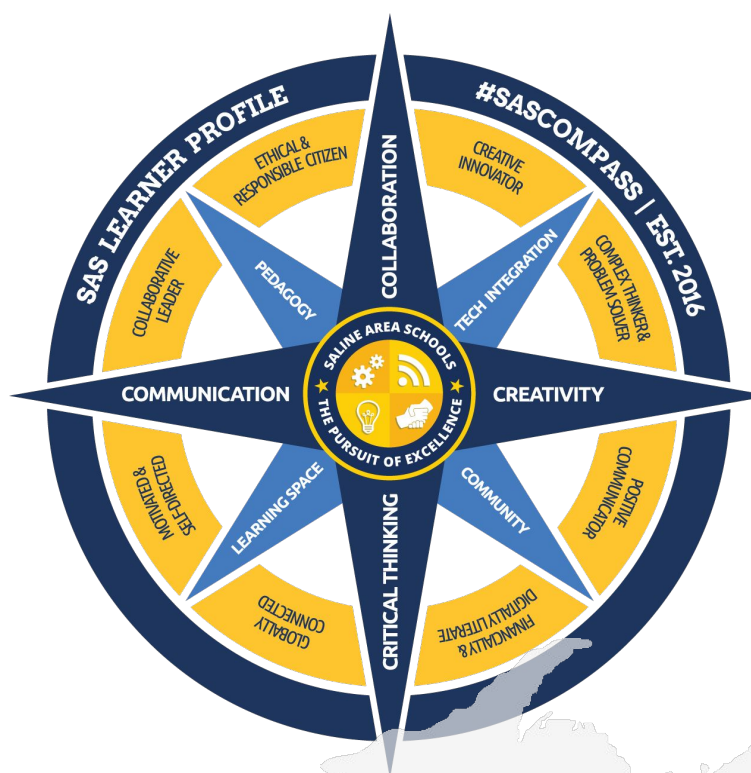
Karle Downing, **Benefits Coordinator**

**Phone:** 734.401.4009

**Fax:** 734.401.4096

**Email:** [downingk@salineschools.org](mailto:downingk@salineschools.org)





*This Benefits Guide is intended to provide a general summary of benefits but does not include all coverage details or plan requirements. The terms of the plan are governed by legal plan documents, including but not limited to Summary Plan Descriptions (SPDs), insurance contracts and certificates of coverage. Please refer to the legal plan documents for detailed information regarding your benefits. While every effort was taken to ensure the accuracy of the information in this Benefits Guide, errors are always possible. In the event of a discrepancy between the Guide and the plan documents, the terms of the plan documents will prevail.*

