



# **Benefits Enrollment Packet**

**(Group 145V)**  
**AFSCME Grounds Maint Mech**

**BUSINESS SERVICES OFFICE**

316 North Main Street • Romeo, Michigan 48065 | [www.romeok12.org](http://www.romeok12.org) | (586) 752-0225 • Fax (586) 752-0227

## Open Enrollment November 7<sup>th</sup> – November 18<sup>th</sup>

### OPEN ENROLLMENT CHECKLIST

- ✓ Review your benefit packet before making your selections.
- ✓ If you decide to keep the same benefits as last year, **you do not need to make benefit elections**. Your options will slide to the new plan automatically. Although Open Enrollment can be a great time to update your beneficiaries and address through the MESSA Member Portal Website.
- ✓ Visit the **MESSA** website (<https://secure.messa.org/MemberPortal/Login>) and select Open Enrollment to select your 2023 benefits. Open Enrollment User Guide instructions included in this packet.
- ✓ If you are eligible and elect to Opt Out of medical insurance to receive the monthly stipend incentive, you must complete the Health Benefit Opt Out Form found in this packet. You will also need to provide supporting documentation as required.\*

\*All completed forms and supporting documentation are due to the RCS Benefits Coordinator's office within thirty (30) days of your benefits eligibility date, to ensure timely processing of your benefits and payroll deductions. Forms and supporting documentation can either be dropped off at the Business Services Office, mailed, or emailed accordingly:

Romeo Community Schools  
Business Services Department  
316 N. Main St.  
Romeo, MI 48065

[employeebenefits@romeok12.org](mailto:employeebenefits@romeok12.org)

# AFSCME

Effective Date: 01/01/2023

## MESSA Group: 145V Grounds, Maintenance, Mechanics

Facilities Maintenance Worker, Grounds, Mechanics, Maintenance

Option A: With Medical Coverage	
Medical	MESSA Choices MESSA Choices 20% Coinsurance MESSA ABC Plan 1 MESSA ABC Plan 1 20% Coinsurance MESSA ABC Plan 2  All Plans with Basic Term Life \$5,000
Dental	Dental 80/80/60/80
Vision	VSP 3 G

Option B: Without Medical Coverage	
Medical	Cash in Lieu of Medical Coverage: \$100.00 (Full Time)  Part Time: No Stipend
Dental	Dental 80/80/60/80
Vision	VSP 3 G

NIS - National Insurance Services			
With Medical Coverage		Without Medical Coverage	
Life	8 hrs/day - \$30,000 6 hrs - less than 8hrs/day - \$17,500 5 hrs - less than 6 hrs/day - \$12,500	Life	8 hrs/day - \$60,000 6 hrs - less than 8hrs/day - \$35,000 5 hrs - less than 6 hrs/day - \$25,000
AD&D	8 hrs/day - \$30,000 6 hrs - less than 8hrs/day - \$17,500 5 hrs - less than 6 hrs/day - \$12,500	AD&D	8 hrs/day - \$60,000 6 hrs - less than 8hrs/day - \$35,000 5 hrs - less than 6 hrs/day - \$25,000
LTD	66 2/3% Max \$2,500	LTD	66 2/3% Max \$2,500

Eligibility: Hours per day determine the % of the District and the Employee cost share.

Less than 5 hours per day, no medical, dental, or vision

Eligible 1st month following 90 calendar day probationary period.

Employees hired prior to March 12, 2013, please refer to your CBA for Grandfathered Contribution rates

\*Please note that Dental and Vision plan year has changed to January thru December

# 145V

## Full Time Grounds, Maintenance & Mechanics

<b>BC - MESSA Choices \$500/\$1000</b>		
<b>0% Coinsurance, 3Tier RX</b>		
<b>Effective Date: 01/01/2023</b>		
<b>Monthly Cost (Full Time)</b>		
	Employee	Employer
Single	133.89	616.62
2-Person	399.10	1289.55
Full Family	419.74	1681.70

<b>BG - MESSA Choices \$500/\$1000</b>		
<b>20% Coinsurance, 3Tier RX</b>		
<b>Effective Date: 01/01/2023</b>		
<b>Monthly Cost (Full Time)</b>		
	Employee	Employer
Single	51.88	616.62
2-Person	214.59	1289.55
Full Family	190.12	1681.70

<b>CU - MESSA ABC Plan 1 \$1500/\$3000 HSA</b>		
<b>0% Coinsurance, 3Tier RX after deductible</b>		
<b>Effective Date: 01/01/2023</b>		
<b>Monthly Cost (Full Time)</b>		
	Employee	Employer
Single	43.59	616.62
2-Person	195.92	1289.55
Full Family	166.89	1681.70

<b>DC - MESSA ABC Plan 1 \$1500/\$3000 HSA</b>		
<b>20% Coinsurance, 3Tier RX after deductible</b>		
<b>Effective Date: 01/01/2023</b>		
<b>Monthly Cost (Full Time)</b>		
	Employee	Employer
Single	-	616.62
2-Person	56.64	1289.55
Full Family	-	1681.70

<b>DG - MESSA ABC Plan 2 \$2000/\$4000 HSA</b>		
<b>0% Coinsurance, 3Tier RX after deductible</b>		
<b>Effective Date: 01/01/2023</b>		
<b>Monthly Cost (Full Time)</b>		
	Employee	Employer
Single	0.59	616.62
2-Person	99.16	1289.55
Full Family	46.49	1681.70

## MESSA In-Network Plan Comparison - Effective 1/1/2023

### Romeo Community Schools - All Employees

	MESSA Choices \$500/\$1,000 0% 3-Tier Rx	MESSA Choices \$500/\$1,000 20% 3-Tier Rx	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 0% 3-Tier Rx	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 20% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx
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#### In-Network Cost Share After Deductible

Deductible	\$500/\$1,000	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	20%	0%	20%	0%
Blue Cross online visit copay/coinsurance	\$20	\$20	0%	20%	0%
Office visit copay/coinsurance	\$20	\$20	0%	20%	0%
Specialist visit copay/coinsurance	\$20	\$20	0%	20%	0%
Urgent care copay/coinsurance	\$25	\$25	0%	20%	0%
Emergency room copay/coinsurance	\$50	\$50	0%	20%	0%
Total out-of-pocket maximum	\$3,500/\$7,000	\$4,500/\$9,000	\$3,500/\$7,000	\$4,500/\$7,500	\$4,000/\$7,500

#### Certain Benefit Differences

Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible	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; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 80% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 80% after deductible	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 80% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible
Acupuncture	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible

## MESSA In-Network Plan Comparison - Effective 1/1/2023

### Romeo Community Schools - All Employees

	MESSA Choices \$500/\$1,000 0% 3-Tier Rx	MESSA Choices \$500/\$1,000 20% 3-Tier Rx	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 0% 3-Tier Rx	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 20% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx
<b>Prescription Drugs</b>	<b>3-Tier Rx</b>	<b>3-Tier Rx</b>	<b>3-Tier Rx (after deductible)</b>	<b>3-Tier Rx (after deductible)</b>	<b>3-Tier Rx (after deductible)</b>
<b>34-day supply</b>					
Generic drug	\$10	\$10	Free or \$10	Free or \$10	Free or \$10
Preferred brand drug	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	Free or 20% coinsurance (\$40 min - \$80 max)	Free or 20% coinsurance (\$40 min - \$80 max)	Free or 20% coinsurance (\$40 min - \$80 max)
Non-preferred brand drug	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
<b>90-day supply</b>					
Generic drug, Preferred brand drug, Non-preferred brand drug	2.5x copay of applicable 34-day supply; Available via retail or mail order	2.5x copay of applicable 34-day supply; Available via retail or mail order	2.5x copay of applicable 34-day supply; Available via retail or mail order	2.5x copay of applicable 34-day supply; Available via retail or mail order	2.5x copay of applicable 34-day supply; Available via retail or mail order
<b>Additional Rx Information</b>					
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	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

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

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

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

# 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: Romeo Community Schools**

**Employee Group: 145V AFSCME Grounds, Maint, Mechan**

**Group/Subgroup: 06319-0031**

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 80%	Basic Services 80%	Major Services 60%	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 Pallative</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 type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
<p><b>\$1,000</b> annual maximum per person <b>Diagnostic &amp; Preventive Services, Basic Services, and Major Services</b></p>			<p><b>\$1,000</b> lifetime maximum per person <b>Orthodontics</b></p>

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

# VSP 3 G Benefits



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

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

**MESSA Account: Romeo Community Schools**

**Employee Group: 145V AFSCME Grounds, Maint, Mechan**

## 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 - <i>to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i>	MESSA pays 100% of the approved amount	\$200
<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 Rimless Oversize Blended Photochromic	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
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



# Health Savings Accounts

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

## What are the benefits of an HSA?

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

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

The maximum amount that you can contribute to an HSA in **2023** is \$3,850 for individual coverage and \$7,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catchup” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

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

## HSA Example:

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

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

# Flexible Spending Accounts

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

## What are the benefits of an FSA?

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

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

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

## Health Reimbursement FSA

Health Reimbursement FSAs allow you to contribute pre-tax dollars to qualified health care. The maximum amount you may contribute each year is \$3,050.

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

## Dependent care FSA?

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

## FSA Example:

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

*Bob and Jane have a combined annual gross income of \$45,000 and expect to spend \$3,000 in eligible medical expenses in the plan year. They decide to direct a total of \$2,750 into their FSAs..*

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

## What's the difference?

HSA

FSA

	Health savings account	Flexible spending account
What is it?	Tax-advantaged account owned by employee that allows the account holder to save and pay for qualified medical expenses	Tax-advantaged account owned by employer that allows employee to pay for qualified medical expenses
Who is eligible?	Individuals covered by a high-deductible health plan (HDHP) and who don't have other, non-HDHP coverage	Any employee, subject to employer-designed exclusions
Who can fund it?	<ul style="list-style-type: none"> <li>Individual</li> <li>Employee via payroll deduction</li> <li>Employer</li> </ul>	<ul style="list-style-type: none"> <li>Employee via payroll deduction</li> <li>Employer</li> </ul>
Maximum annual contribution in 2023	<ul style="list-style-type: none"> <li>Individual - \$3,850</li> <li>Family - \$7,750</li> </ul> <i>(Annual limit is subject to change according to IRS rules)</i>	<ul style="list-style-type: none"> <li>\$3,050</li> </ul> <i>(Annual limit is subject to change according to IRS rules)</i>
Catch-up contributions?	Yes, ages 55 and older until they are enrolled in Medicare at age 65 - \$1,000	No
Is contribution amount adjustable?	Yes	No, unless there is a qualifying life event and the plan document allows for such a change.
Year-over-year carryover of unused funds?	Yes. An HSA is a savings tool. If you don't spend the money during the calendar year, it rolls over to the next year.	No, funds are forfeited to the employer at the end of the year unless the plan document allows for a carryover up to \$610 or has been amended to provide a carryover of all or part of the unused amounts to the 2023 plan year
Interest and earnings?	Yes	No
Is personal health information private?	Yes, employees do not need to disclose private health information to their employer or HSA administrator to get reimbursed.	No, employee has to provide explanation of expenses to employer and/or FSA administrator to get reimbursed.
Investment options?	Yes	No
Portability?	Yes, the employee owns the account and can use it in retirement or if they change employers.	No
If I close my account, can I receive any remaining balance?	Yes, if the employee is age 65 or older, they may close the account and receive any remaining balance without penalties, subject to taxes.	No
Can I pay COBRA premiums or other plan premiums with it?	Yes	No

## Additional Benefit Offerings

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

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

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

## MESSA Gives You Options

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

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

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

[https://www.messa.org/pdf/messa\\_gives\\_you\\_options.pdf](https://www.messa.org/pdf/messa_gives_you_options.pdf)

User Guide

# Open Enrollment



## Accessing MESSA's Online Benefits Website

- Once logged in to your account, click on the "Online benefits website" link in the box on the left side of the screen. (If you do not see this link, logout and log back in and it will appear.)

**My MESSA** | HOME | BENEFITS | CLAIMS | MANAGE ACCOUNT | CONTACT US

**messa ABC Plan 2**

Employee ID: [REDACTED] | Employer(s): [REDACTED] | Effective date(s): 5/1/2017

Additional family members: [REDACTED]

HSA balance: [REDACTED] | HealthDaily | View your account

**Family deductible progress**

Current year | Previous year | In-network | Out-of-network

**\$4,000 Total**

**\$321.48 Met**

**\$3,678.52 Remaining**

**SUMMARY**

View all deductible claims

Claim counts	Amount billed	MESSA coverage		Member responsibility	
		Provider savings	MESSA payment	Deductible	Copayment/ coinsurance
Total Medical	\$535.11	\$235.40	\$0.00	\$299.63	\$0.00
Total Pharmacy	\$14.91	\$44.06	\$0.00	\$33.85	\$0.00
<b>Totals</b>	<b>\$795.02</b>	<b>\$323.54</b>	<b>\$0.00</b>	<b>\$321.48</b>	<b>\$0.00</b>

Online benefits website (circled in green)

Employee user guide (circled in green)

View EOE statement

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.

You Are Going to Another Website

You are going to a website that is not affiliated with MESSA and may offer a different privacy policy and level of security. MESSA is not responsible for and does not endorse, guarantee or monitor content, availability, viewpoints, products or services that are offered or expressed on other websites.

If you are logged in to our secure areas, your secure session may time out while you are visiting another website.

Cancel | Continue

## Electing Your MESSA Benefits

### Step 1 - Click "Make Open Enrollment Elections"



**MESSA**

Home My Benefits My Profile Specials Library User Guide

# Welcome to your Open Enrollment!

Enrollment Deadline **3/31/2020**

Your Status: **Not Started**

**Make Open Enrollment Elections**

### Step 2 – Demographics

- Review your Demographic Information and make any necessary updates.
- When finished, click the "I agree" box and click "Continue".

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

If you are using Google Chrome, please do not use the auto-fill feature.

### Demographics

\* fields are required

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

### Address

\* fields are required

\* Address 1

Address 2

\* City

\* State

\* Zip

Home Phone

Cell Phone

Check (AM) Text Messages

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email  None

I agree

**Continue**

**Continue**

### Step 3 – Family Information

- Review/add/edit your Family Information.
- When finished, click the “I agree” box and click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person's name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

**If you are using Google Chrome, please do not use the auto-fill feature.**

**1** Your Info

Employee Information

Family Info

**2** Your Benefits

**3** Enroll

**4** Complete

**Continue**

<b>Adam Tests</b> Male Employee 35 years old (1/1/1985) SSN: 000-87-1111 <a href="#">Edit &gt;</a>	<b>Sally Tests</b> Female Spouse 35 years old (1/1/1985) SSN: 888-77-6765 <a href="#">Edit &gt;</a>	<b>Chloe Tests</b> Female Daughter 4 years old (1/1/2016) SSN: 444-65-3333 <a href="#">Edit &gt;</a>	 Add Dependents
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### Dependent Information Notice

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child's spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree




#### Step 4 – Electing Benefits

- To elect benefits, click on “View Plan Options” to the right of each plan name.

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

MESSA is not responsible for the costs shown.

 **Medical** NO PLAN SELECTED

\* Selection Required

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

- To cover a dependent, check the box next to their name and click continue.
- To remove a dependent, uncheck the box next to their name.
- Click “Continue”.

Who will be covered by this plan?

Adam Tests (Employee)    Sally Tests (Spouse)    Chloe Tests (Daughter)   [Add Dependents](#)

Not Covered

[Back to Benefits](#) [Continue](#)

- Select the benefit plan by clicking “Select”. When finished electing all benefits, click “Continue” on the right-hand side.

Who will be covered by this plan?

Adam Tests (Employee)    Sally Tests (Spouse)    Chloe Tests (Daughter)   [Add Dependents](#)

Not Covered

[View All Plans Side-by-Side](#)

<b>MESSA ABC Plan 1</b> Blue Cross Blue Shield of Michigan <a href="#">View plan details</a> <a href="#">Plan Brochure</a>	Year Cost per month <b>\$0.00</b> ▼ Tax: Employee + Dependent <a href="#">Select</a>
<b>MESSA Choices \$2,000/\$4,000 deductible w/20% coinsurance, Saver Rx</b> Blue Cross Blue Shield of Michigan PPO <a href="#">View plan details</a> <a href="#">Plan Brochure</a>	Year Cost per month <b>\$0.00</b> ▼ Tax: Employee + Dependent <a href="#">Select</a>

- Your Info
- Your Benefits**
- Enroll
- Complete

Your Cost per month **\$0.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

### Step 5 - 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".

#### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries**

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

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Tests (Spouse)	<input type="text" value="100"/> %
Chloe Tests (Daughter)	<input type="text"/> %
<b>Total: 100.0000%</b>	

[Add New Beneficiary](#)

**Add Secondary Beneficiaries (optional)**

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Tests (Spouse)	<input type="text"/> %
Chloe Tests (Daughter)	<input type="text" value="100"/> %
<b>Total: 100.0000%</b>	

- 1 Your Info
- 2 Your Benefits
- 3 **Enroll**
- 4 Complete

**Beneficiaries**

Other Coverages

Review and Confirm

Complete

---

Your Cost per month **\$0.00**

**Continue**

### Step 6 – 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".

#### Medical

Adam Tests (Employee)

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- 1 Your Info
- 2 Your Benefits
- 3 **Enroll**
- 4 Complete

**Beneficiaries**

**Other Coverages**

Review and Confirm

Complete

---

Your Cost per month **\$0.00**

**Continue**

### Step 7 – Review and Confirm

- Now that you have elected all of your benefits, review your selections and scroll to the bottom of the page to view the “Participation” statement. Check the “I agree, and I’m finished with my enrollment” box.

**Review and Confirm**

**Please Review All of Your Selections**

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

CHANGED BENEFITS: Medical | Dental | Vision | Basic Term Life | Optional Supplemental Term Life | Optional Basic Term Life | Optional Short-Term Income Insurance | Optional Disability Life

INDICATED CHANGED BENEFITS

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

**Medical\*** Your Total Cost: **\$0.00**

\* This benefit election is pending until approving your Benefits Administrator.

MESSA ABC Plan 1 View Costs (View Total of Messages) View Details (Per Month)

Coverage: **Employee + Dependent** View List **\$0.00**

Who will be covered on this plan:

Name	Relationship	Coverage
John Smith	Participant	<input checked="" type="checkbox"/> Core
Judy Smith	Spouse	<input checked="" type="checkbox"/> Core
Steve Smith	Daughter	<input checked="" type="checkbox"/> No Coverage

ADD ADDITIONAL

Once You've Reviewed All Your Selections:

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

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

I agree, and I'm finished with my enrollment

- On the right side of the screen click “Complete Enrollment”.

1 Your info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

**Complete Enrollment**

### Step 8 – Confirmation Statement

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

**✓ Your enrollment is complete!**

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

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

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

MESSA is not responsible for the costs shown.

Your Confirmation Statement is ready

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

**VIEW** **EMAIL** **PRINT**

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

# **Enrollment Forms**



## Health Benefit Opt Out

Group ID 145 (All Groups)

For the period from January 1, 2023 – December 31, 2023

I elect to forgo participating in health care coverage offered by Romeo Community Schools. Depending on current contract language, I agree that in lieu of health care coverage, I will receive a monthly stipend incentive. I further understand that the stipend incentive amount will be paid monthly in the first pay of the month and added to my taxable wages.

If I am employed less than full time, I acknowledge that the stipend will be prorated in proportion to the percentage equivalent to my employment status (i.e., 80%, 50%, etc.) and current contract language.

Selection and enrollment in the Opt Out program after the first of the month, will result in the payment of the Opt Out stipend beginning with the following month payable in first pay of that month. If eligible for non-medical coverage (Dental, Vision, Life & LTD), complete the necessary online enrollment. Contact the Employee Compensation Coordinator information regarding the MESSA online benefits enrollment.

I hereby acknowledge that I am covered by other health coverage with:

Carrier Name: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Medical Insurance Effective Date: \_\_\_\_\_

**(A photocopy of insurance card must be attached to this form.)**

I understand that I may not modify this selection except, during the normal Open Enrollment dates, within 30 days of my current coverage being cancelled, life status change, or as approved by the carrier.

**The stipend amount paid will be according to the current contract language.**

Effective Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form and attachment via scan to:**

**Romeo Community Schools – Business Services Department**  
**Employee Compensation Coordinator**  
[employeebenefits@romeok12org](mailto:employeebenefits@romeok12org)

**BUSINESS SERVICES OFFICE**

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