

Benefits Enrollment Packet (Group 145W) TPOAM Bus Drivers

Open Enrollment November 7th - November 18th

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.*

MESSA will not show the hourly employees' cost share amount as it is dependent on the number of hours you work. Please refer to cost share amounts in this packet.

*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

TPOAM

Effective Date: 01/01/2023

MESSA Group: 145W Bus Drivers

Bus Drivers

Option A: With Medical Coverage						
	MESSA Choices					
	MESSA Choices 20% Coinsurance					
	MESSA ABC Plan 1					
Medical	MESSA ABC Plan 1 20% Coinsurance					
	MESSA ABC Plan 2					
	All Plans with Basic Term Life \$5,000					
*Dental	Dental 80/80/60/80					
Dentai						
*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			Witho					
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/ 6 hrs - 5 hrs -					
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/ 6 hrs - 5 hrs -					
LTD	66 2/3% Max \$2,500		LTD	66 2/3					

Without Medical Coverage						
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 - \$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					

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 30 calendar day probationary period for fully licensed bus drivers.

Eligible 1st month following 90 calendar day probationary period for non fully licensed bus driers.

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

MESSA will not show an hourly employee's cost share amount as it is dependent on the number of hours you work. Please refer to the cost share amounts shown below and on the subsequent pages:

2023 TRANSPORTATION MEDICAL - SINGLE COVERAGE 2023 Annual Hard Cap \$ 7.399.47 \$ 7,399.47 \$ 7,399.47 7.399.47 7.399.47 2023 Monthly Hard Cap \$ 616.62 616.62 \$ 616.62 616.62 Ś 616.62 **MESSA Choices** MESSA ABC Plan 1 MESSA ABC Plan 1 **MESSA Choices** MESSA ABC Plan 2 SINGLE COVERAGE \$500/\$1000 \$1500/\$3000 \$2000/\$4000 \$500/\$1000 \$1500/\$3000 w/ Co Insurance w/ Co Insurance Monthly **Monthly Premium** Monthly Premium | Monthly Premium | Monthly Premium District % of **Hours Per Employee % Premium** 750.51 668.50 660.21 598.31 617.21 of Copay \$ \$ Day Copay **EMPLOYEE COST SHARE** 8.0 100.00% 0.00% \$ 133.89 51.88 \$ 43.59 \$ 0.59 7.9 98.75% 1.25% \$ 141.60 \$ 59.59 \$ 51.30 \$ 7.71 \$ 8.30 2.50% \$ 149.31 59.00 16.00 7.8 97.50% \$ 67.29 \$ \$ 15.42 \$ 7.7 96.25% 3.75% \$ 157.01 75.00 \$ 66.71 23.12 23.71 7.6 95.00% 5.00% \$ 164.72 82.71 \$ 74.42 30.83 31.42 7.5 93.75% 6.25% 172.43 90.42 82.13 39.13 \$ \$ \$ \$ 38.54 \$ 7.4 92.50% 7.50% 180.14 98.12 \$ 89.83 46.25 46.83 7.3 91.25% 8.75% \$ 187.85 105.83 \$ 97.54 \$ 53.95 54.54 62.25 7.2 90.00% 10.00% \$ 195.55 \$ 113.54 \$ 105.25 \$ 61.66 \$ 88.75% 11.25% 203.26 121.25 69.37 69.96 7.1 \$ 112.96 12.50% \$ 210.97 \$ \$ 77.67 7.0 87.50% 128.96 120.67 77.08 85.37 6.9 86.25% 13.75% 218.67 136.66 128.37 84.79 \$ \$ 6.8 85.00% 15.00% \$ 226.37 144.37 \$ 136.08 92.49 93.08 6.7 83.75% 16.25% 234.08 152.08 \$ 143.79 100.20 100.79 \$ \$ 6.6 82.50% 17.50% \$ 241.80 159.79 \$ 151.50 107.91 108.50 6.5 81.25% 18.75% \$ 249.50 167.49 \$ 159.20 115.62 116.20 6.4 80.00% 20.00% \$ 257.21 \$ \$ \$ 123.32 123.91 175.20 166.91 \$ 6.3 78.75% 21.25% \$ 264.92 \$ 182.91 \$ 174.62 131.03 131.62 6.2 77.50% 22.50% \$ 272.63 190.62 \$ 182.33 138.74 139.33 6.1 76.25% 23.75% 280.34 198.33 \$ 190.04 146.45 147.04 25.00% \$ 6.0 75.00% 288.04 206.03 \$ 197.74 154.16 154.74 \$ 26.25% \$ 213.74 161.86 5.9 73.75% 295.75 \$ 205.45 \$ 162.45 \$ \$ 5.8 72.50% 27.50% \$ 303.46 221.45 213.16 \$ 169.57 \$ 170.16 5.7 71.25% 28.75% \$ 311.17 229.16 \$ 177.28 177.87 \$ 220.87 \$ 5.6 70.00% 30.00% \$ 318.87 236.86 228.57 184.99 185.57 5.5 68.75% 31.25% 326.58 244.57 \$ 236.28 192.69 193.28 5.4 67.50% 334.29 252.28 \$ 243.99 200.40 200.99 32.50% 5.3 66.25% 33.75% \$ 342.00 \$ 259.99 \$ 251.70 \$ 208.11 \$ 208.70 5.2 65.00% 35.00% \$ 349.71 \$ 267.70 \$ 259.41 \$ 215.82 216.41 5.1 63.75% 36.25% 357.42 275.40 \$ 267.11 223.53 224.11 5.0 365.13 283.11 231.23 231.82

\$

274.82

\$

\$

\$

62.50%

37.50% \$

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

MESSA will not show an hourly employee's cost share amount as it is dependent on the number of hours you work. Please refer to the cost share amounts shown below and on the subsequent pages:

2023 TRANSPORTATION MEDICAL - 2 PERSON 2023 Annual Hard Cap \$ 15,474.60 \$ 15,474.60 \$ 15,474.60 \$ 15,474.60 15,474.60 2023 Monthly Hard Cap \$ 1,289.55 1,289.55 1,289.55 \$ 1,289.55 1,289.55 \$ **MESSA Choices** MESSA ABC Plan 1 MESSA ABC Plan 1 **MESSA Choices** MESSA ABC Plan 2 2 PERSON COVERAGE \$500/\$1000 \$1500/\$3000 \$2000/\$4000 \$500/\$1000 \$1500/\$3000 w/ Co Insurance w/ Co Insurance Monthly **Monthly Premium** Monthly Premium | Monthly Premium | Monthly Premium **Hours Per** District % of **Employee %** Premium 1,388.71 1,688.65 1,504.14 1,485.47 1,346.19 of Copay \$ Day Copay **EMPLOYEE COST SHARE** 8.0 100.00% 0.00% \$ 399.10 214.59 \$ 195.92 \$ 56.64 99.16 7.9 98.75% 1.25% \$ 415.22 \$ 230.71 \$ 212.04 72.76 \$ 115.28 2.50% \$ 131.40 7.8 97.50% 431.35 \$ 246.83 \$ 228.16 \$ 88.88 \$ 7.7 96.25% 3.75% \$ 447.46 262.95 \$ 244.28 105.00 147.52 7.6 95.00% 5.00% 463.58 279.07 \$ 260.40 121.12 163.64 7.5 93.75% 6.25% 479.70 295.19 179.76 \$ \$ 276.52 \$ 137.24 \$ \$ 7.4 92.50% 7.50% 495.83 311.31 \$ 292.64 153.36 195.88 7.3 91.25% 8.75% \$ 511.95 \$ 327.43 \$ 308.76 \$ 169.48 212.00 7.2 90.00% 10.00% \$ 528.06 \$ 343.55 \$ 324.88 \$ 185.60 \$ 228.12 88.75% 11.25% 544.17 340.99 201.71 244.23 7.1 359.66 \$ 12.50% \$ 560.29 \$ 357.11 217.83 260.35 7.0 87.50% 375.78 6.9 86.25% 13.75% 576.41 391.90 \$ 373.23 233.95 276.47 \$ 592.52 6.8 85.00% 15.00% \$ \$ 408.02 \$ 389.35 250.07 \$ 292.59 6.7 83.75% 16.25% 608.64 424.14 \$ 308.71 \$ 405.47 \$ 266.19 6.6 82.50% 17.50% \$ 624.77 440.26 \$ 421.59 \$ 282.31 324.83 6.5 81.25% 18.75% \$ 640.89 456.38 437.71 298.43 340.95 6.4 80.00% 20.00% \$ 657.01 \$ 472.50 \$ 453.83 \$ 357.07 314.55 \$ 6.3 78.75% 21.25% \$ 673.13 \$ 488.62 \$ 373.19 469.95 330.67 6.2 77.50% 22.50% \$ 689.25 504.74 \$ 486.07 346.79 389.31 6.1 76.25% 23.75% 705.37 520.86 \$ 502.19 362.91 405.43 25.00% \$ 6.0 75.00% 721.49 536.98 \$ 518.31 379.03 421.55 \$ \$ 26.25% \$ 5.9 73.75% 737.61 553.10 \$ 534.43 \$ 395.16 437.67 \$ \$ 5.8 72.50% 27.50% \$ 753.73 569.22 550.55 \$ 411.28 \$ 453.79 5.7 71.25% 28.75% \$ 769.85 585.34 \$ 427.39 469.91 \$ 566.67 \$ \$ 5.6 70.00% 30.00% \$ 785.96 601.45 582.78 443.50 486.02 5.5 68.75% 31.25% 802.08 617.57 \$ 598.90 459.63 502.14 5.4 67.50% \$ 475.75 32.50% 818.20 633.69 615.02 518.26 5.3 66.25% 33.75% \$ 834.32 \$ 649.81 \$ 631.14 \$ 491.86 \$ 534.38 5.2 65.00% 35.00% \$ 850.44 \$ 665.92 \$ 647.25 \$ 507.98 550.50 \$ 5.1 63.75% 36.25% 866.57 682.05 \$ 663.38 524.10 566.62 5.0 62.50% 37.50% \$ 882.69 \$ 698.17 \$ 679.50 \$ 540.22 \$ 582.74

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

MESSA will not show an hourly employee's cost share amount as it is dependent on the number of hours you work. Please refer to the cost share amounts shown below and on the subsequent pages:

2023 TRANSPORTATION MEDICAL - FULL FAMILY 2023 Annual Hard Cap \$ 20.180.43 \$ 20,180.43 \$ 20,180.43 \$ 20,180.43 20.180.43 2023 Monthly Hard Cap \$ 1,681.70 1,681.70 \$ 1,681.70 1,681.70 1,681.70 **MESSA Choices** MESSA ABC Plan 1 MESSA ABC Plan 1 **MESSA Choices** MESSA ABC Plan 2 **FULL FAMILY COVERAGE** \$500/\$1000 \$1500/\$3000 \$2000/\$4000 \$500/\$1000 \$1500/\$3000 w/ Co Insurance w/ Co Insurance Monthly **Monthly Premium** Monthly Premium | Monthly Premium | Monthly Premium **Hours Per** District % of **Employee %** Premium 1,728.19 2,101.44 1,871.82 1,848.59 1,675.26 of Copay \$ Day Copay EMPLOYEE COST SHARE 8.0 100.00% 0.00% \$ 419.74 190.12 \$ 166.89 \$ 46.49 7.9 98.75% 1.25% \$ 440.76 \$ 211.14 \$ 187.91 21.02 \$ 67.51 2.50% \$ 461.79 42.04 88.53 7.8 97.50% \$ 232.16 \$ 208.93 \$ \$ 7.7 96.25% 3.75% \$ 482.80 253.18 \$ 229.95 63.06 109.55 7.6 95.00% 5.00% 503.82 274.20 \$ 250.97 84.09 130.57 7.5 93.75% 6.25% 524.84 295.22 271.99 105.11 151.59 \$ \$ \$ \$ \$ 7.4 92.50% 7.50% 545.88 316.25 \$ 293.02 126.13 172.62 7.3 91.25% 8.75% \$ 566.90 \$ 337.27 \$ 314.04 \$ 147.15 193.64 7.2 90.00% 10.00% \$ 587.91 \$ 358.29 \$ 335.06 \$ 168.17 \$ 214.66 88.75% 11.25% 608.93 356.08 189.19 235.68 7.1 379.31 \$ 12.50% 629.95 \$ 377.10 7.0 87.50% 400.33 210.21 256.70 6.9 86.25% 13.75% 650.97 421.35 \$ 398.12 231.23 277.72 \$ 6.8 85.00% 15.00% \$ 671.98 \$ 442.37 419.14 252.26 298.74 6.7 83.75% 16.25% 693.00 463.39 \$ 440.16 273.28 319.76 \$ \$ 6.6 82.50% 17.50% \$ 714.04 484.42 \$ 461.19 294.30 340.79 6.5 81.25% 18.75% \$ 735.06 505.44 482.21 315.32 361.81 6.4 80.00% 20.00% \$ 756.08 \$ 526.46 \$ 503.23 \$ 336.34 382.83 \$ 6.3 78.75% 21.25% \$ 777.10 \$ 547.48 \$ 357.36 403.85 524.25 6.2 77.50% 22.50% \$ 798.12 568.50 \$ 545.27 378.38 424.87 445.89 6.1 76.25% 23.75% 819.14 589.52 \$ 566.29 399.40 25.00% \$ 6.0 75.00% 840.16 610.54 587.31 420.43 466.91 \$ 26.25% \$ 5.9 73.75% 861.18 631.56 \$ 608.33 \$ 441.45 487.93 \$ 5.8 72.50% 27.50% \$ 882.21 \$ 652.59 629.36 \$ 462.47 \$ 508.96 5.7 71.25% 28.75% \$ 903.23 \$ 483.49 529.98 \$ 673.61 650.38 \$ \$ 924.25 5.6 70.00% 30.00% \$ 694.63 671.40 504.51 551.00 5.5 68.75% 31.25% 945.27 715.65 \$ 692.42 525.53 572.02 713.44 5.4 67.50% \$ 593.04 32.50% 966.29 736.67 546.55 5.3 66.25% 33.75% \$ 987.31 757.69 \$ 734.46 \$ 567.57 \$ 614.06 5.2 65.00% 35.00% \$ 1,008.33 \$ 778.70 \$ 755.47 588.60 635.08 \$

799.73

820.76

\$

\$

776.50

797.53

\$

609.62

630.64

\$

656.10

677.13

1,029.36

1,050.39

5.1

5.0

63.75%

62.50%

36.25%

37.50% \$

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

MESSA In-Network Plan Comparison - Effective 1/1/2023 Romeo Community Schools - All Employees

MESSA Choices \$500/\$1,000 0% 3-Tier Rx		I MESSA Chaires I		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
In-Network Cost Sha	are 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 Diffe	erences				
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	
Prescription Drugs	3-Tier Rx	3-Tier Rx	3-Tier Rx (after deductible)	3-Tier Rx (after deductible)	3-Tier Rx (after deductible)	
34-day supply						
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)	
90-day supply						
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	
Additional Rx Inform	nation					
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.

2023 TRANSPORTATION DENTAL

2023 Dental Cost Share		Single		Т	wo Person	Ful	l Family	
Hours Per Day	District % of	Employee % of	Monthly Pre	mium	Mon	thly Premium	Month	ly Premium
Hours Per Day	Copay	Copay	\$	41.74	\$	79.03	\$	134.90
					EMPLO	YEE COST SHARE		
8.0	100.00%	0.00%		-	\$	-	\$	-
7.9	98.75%	1.25%		0.52	\$	0.99	\$	1.69
7.8	97.50%	2.50%		1.04	\$	1.98	\$	3.37
7.7	96.25%	3.75%		1.57	\$	2.96	\$	5.06
7.6	95.00%	5.00%		2.09	\$	3.95	\$	6.75
7.5	93.75%	6.25%	•	2.61	\$	4.94	\$	8.43
7.4	92.50%	7.50%		3.13	\$	5.93	\$	10.12
7.3	91.25%	8.75%	\$	3.65	\$	6.92	\$	11.80
7.2	90.00%	10.00%	\$	4.17	\$	7.90	\$	13.49
7.1	88.75%	11.25%	\$	4.70	\$	8.89	\$	15.18
7.0	87.50%	12.50%	\$	5.22	\$	9.88	\$	16.86
6.9	86.25%	13.75%	\$	5.74	\$	10.87	\$	18.55
6.8	85.00%	15.00%	\$	6.26	\$	11.85	\$	20.24
6.7	83.75%	16.25%	\$	6.78	\$	12.84	\$	21.92
6.6	82.50%	17.50%	\$	7.30	\$	13.83	\$	23.61
6.5	81.25%	18.75%	\$	7.83	\$	14.82	\$	25.29
6.4	80.00%	20.00%	\$	8.35	\$	15.81	\$	26.98
6.3	78.75%	21.25%	\$	8.87	\$	16.79	\$	28.67
6.2	77.50%	22.50%		9.39	\$	17.78	\$	30.35
6.1	76.25%	23.75%		9.91	\$	18.77	\$	32.04
6.0	75.00%	25.00%	-	10.44	\$	19.76	\$	33.73
5.9	73.75%	26.25%	-	10.96	\$	20.75	\$	35.41
5.8	72.50%	27.50%		11.48	\$	21.73	\$	37.10
5.7	72.30%	28.75%	-	12.00	\$	22.72	\$	38.78
5.6	71.23%	30.00%		12.52	\$	23.71	\$	40.47
					\$			
5.5	68.75%			13.04		24.70	\$	42.16
5.4	67.50%	32.50%		13.57	\$	25.68	\$	43.84
5.3	66.25%	33.75%		14.09	\$	26.67	\$	45.53
5.2	65.00%	35.00%		14.61	\$	27.66	\$	47.21
5.1	63.75%	36.25%		15.13	\$	28.65	\$	48.90
5.0	62.50%	37.50%	\$	15.65	\$	29.64	\$	50.59

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: 145W Bus Drivers

Group/Subgroup: 06319-0033

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

 Prophylaxes Topical Fluoride* Brush Biopsy Emergency Pallative Cleanings in 12 Months Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. Rider (If neither box below is checked, you donot have this coverage.) Bitewing x-rays are payable once in any period of 12 consecutive months. Bitewing x-rays are payable once in any period of 12 consecutive months. Fluoride treatment for diseases of the gum and teeth-supporting structures. Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years. Payable once in any 5-year period for the same appliances. Rider (If the box below is not checked, you do not have this coverage.) Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from 	Diagnostic & Preventive Services 80%	Basic Services 80%	Major Services 60%	Orthodontics 80%
curies und resconditions.	 Prophylaxes Topical Fluoride* Brush Biopsy Emergency Pallative 2 Cleanings in 12 Months * Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. Rider (If neither box below is checked, you do not have this coverage.) 3 Cleanings in 12 Months 	Restorative Crowns** Oral Surgery Endodontic Services — treatment for diseased or damaged nerves. Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. * Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years. ** Payable once in any 5-year period on the same tooth. Rider (If the box below is not checked, you do not have this coverage.) Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14	construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the	abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. Rider (If the box below is not checked, you do not have this coverage.) Adult orthodontics: removes the age 19 restriction

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

2023 TRANSPORTATION VISION

2023 Vision Cost Share		Single	Two Person	Full Family	
Harris Bar Barr	District % of	Employee % of	Monthly Premium	Monthly Premium	Monthly Premium
Hours Per Day	Copay	Copay	\$ 7.32	\$ 15.70	\$ 23.59
				EMPLOYEE COST SHARE	
8.0	100.00%	0.00%	•	\$ -	\$ -
7.9	98.75%	1.25%	•	\$ 0.20	\$ 0.29
7.8	97.50%	2.50%		\$ 0.39	\$ 0.59
7.7	96.25%	3.75%	•	\$ 0.59	\$ 0.88
7.6	95.00%	5.00%	•	\$ 0.79	\$ 1.18
7.5	93.75%	6.25%	•	\$ 0.98	\$ 1.47
7.4	92.50%	7.50%	·	\$ 1.18	\$ 1.77
7.3	91.25%	8.75%	· ·	\$ 1.37	\$ 2.06
7.2	90.00%	10.00%	7	\$ 1.57	\$ 2.36
7.1	88.75%	11.25%	•	\$ 1.77	\$ 2.65
7.0	87.50%	12.50%	\$ 0.92	\$ 1.96	\$ 2.95
6.9	86.25%	13.75%	\$ 1.01	\$ 2.16	\$ 3.24
6.8	85.00%	15.00%	\$ 1.10	\$ 2.36	\$ 3.54
6.7	83.75%	16.25%	\$ 1.19	\$ 2.55	\$ 3.83
6.6	82.50%	17.50%	\$ 1.28	\$ 2.75	\$ 4.13
6.5	81.25%	18.75%	\$ 1.37	\$ 2.94	\$ 4.42
6.4	80.00%	20.00%	\$ 1.46	\$ 3.14	\$ 4.72
6.3	78.75%	21.25%	\$ 1.56	\$ 3.34	\$ 5.01
6.2	77.50%	22.50%	\$ 1.65	\$ 3.53	\$ 5.31
6.1	76.25%	23.75%	\$ 1.74	\$ 3.73	\$ 5.60
6.0	75.00%	25.00%	\$ 1.83	\$ 3.93	\$ 5.90
5.9	73.75%	26.25%	\$ 1.92	\$ 4.12	\$ 6.19
5.8	72.50%	27.50%	\$ 2.01	\$ 4.32	\$ 6.49
5.7	71.25%	28.75%	\$ 2.10	\$ 4.51	\$ 6.78
5.6	70.00%	30.00%	\$ 2.20	\$ 4.71	\$ 7.08
5.5	68.75%	31.25%	\$ 2.29	\$ 4.91	\$ 7.37
5.4	67.50%	32.50%	'	\$ 5.10	\$ 7.67
5.3	66.25%	33.75%	·	\$ 5.30	\$ 7.96
5.2	65.00%	35.00%	,	\$ 5.49	\$ 8.26
5.1	63.75%	36.25%	\$ 2.65	\$ 5.69	\$ 8.55
5.0	62.50%	37.50%	•	\$ 5.89	\$ 8.85
5.0	02.5070	37.50%	2.74	7.05	5.05

VSP 3 G Benefits

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

Effective Date: 1/1/2023

MESSA Account: Romeo Community Schools

Employee Group: 145W Bus Drivers

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you.

A directory of Signature network doctors is available at messa.org/vision or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

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

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

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist Ophthalmologist	No copayment No copayment	\$35 \$45
Contact lenses (includes examination)		
Elective lenses to improve vision	\$135 allowance	\$115
Medically necessary - to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye	MESSA pays 100% of the approved amount	\$200
Eyeglass frames	\$130 allowance	\$55
Eyeglass lenses		
Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$38 \$60 \$72 \$108
Eyeglass lens enhancements		
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	_
Tinted		
Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$42 \$70 \$84 \$118
Polarized		-
Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$56 \$90 \$110 \$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					
HSA Balance	\$1,000				
Total Expenses: - Prescription drugs: \$150					
HSA Rollover to Year 2	\$850				
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.					

Year 2	
HSA Balance	\$1,850
Total Expenses: - Office visits: \$100 - Prescription drugs: \$200 - Preventive care services: \$0 (covered by insurance)	(-\$300)
HSA Rollover to Year 3	\$1,550
0	Clair IICA

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)*
After-tax earnings	\$39,468	\$37,251
Eligible out-of-pocket expenses	(-\$3,000)	(-\$400)
Remaining spendable income	\$36,468	\$36,851
Spendable income increase		\$383

HSA vs. FSA What's the difference?

other plan premiums with it?

	HSA Health savings account	FSA Flexible spending account
What is it?	Tax-advantaged account owned by employee that allows the account holder to save and pay for qualified medical expenses	Tax-advantaged account owned by employer that allows employee to pay for qualified medical expenses
Who is eligible?	Individuals covered by a high- deductible health plan (HDHP) and who don't have other, non-HDHP coverage	Any employee, subject to employer- designed exclusions
Who can fund it?	IndividualEmployee via payroll deductionEmployer	Employee via payroll deductionEmployer
Maximum annual contribution in 2023	 Individual -\$3,850 Family - \$7,750 (Annual limit is subject to change according to IRS rules) 	 \$3,050 (Annual limit is subject to change according to IRS rules)
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	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
 - o Diabetes Case Management Program
 - Cardiovascular Case Management Program
 - Medical Case Management Program
- MESSA Wellness Tools
- Blue365 premier health & wellness discounts

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

MESSA Gives You Options

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

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

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

https://www.messa.org/pdf/messa gives you options.pdf

User Guide

Open Enrollment





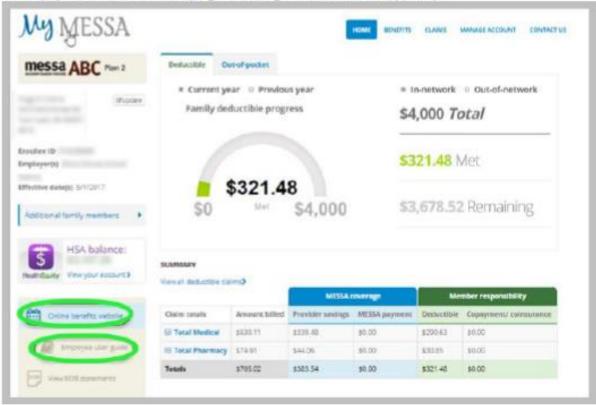






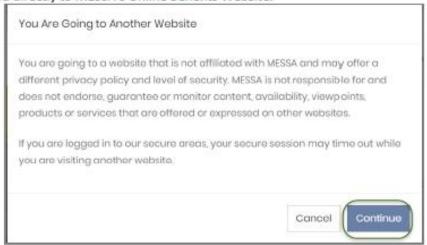
Accessing MESSA's Online Benefits Website

 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.)



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.



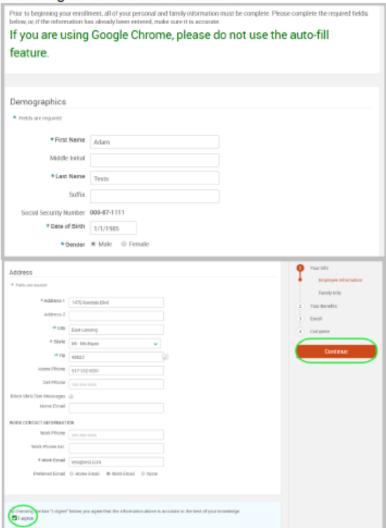
Electing Your MESSA Benefits

Step 1 - Click "Make Open Enrollment Elections"



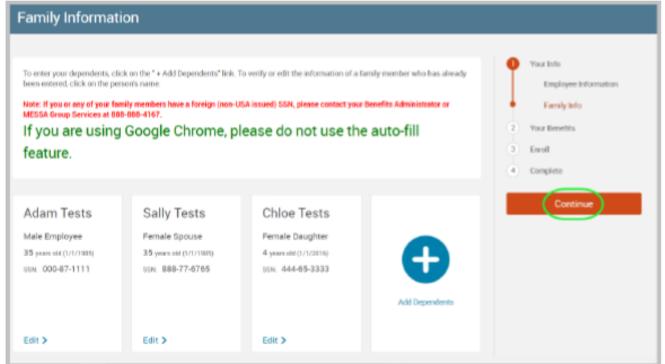
Step 2 - Demographics

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



Step 3 - Family Information

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



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.

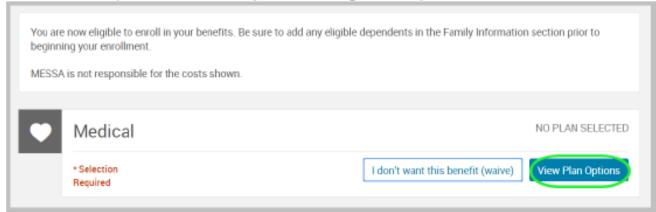
NOTE: Your child's spouse and your grandchildren are not covered under this plan.

- 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.)

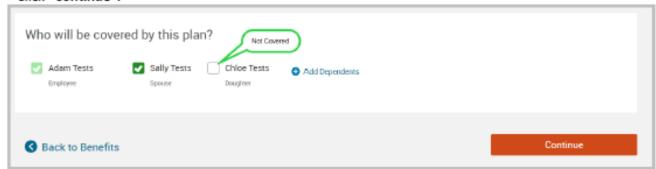


Step 4 - Electing Benefits

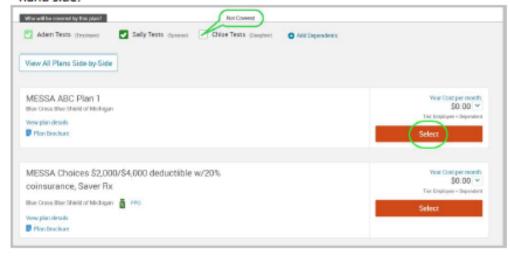
To elect benefits, click on "View Plan Options" to the right of each plan name.

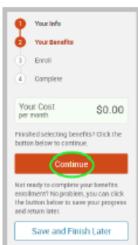


- . To cover a dependent, check the box next to their name and click continue.
- · To remove a dependent, uncheck the box next to their name.
- Click "Continue".



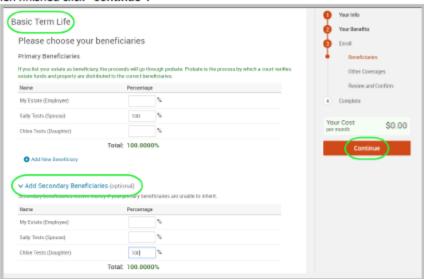
Select the benefit plan by clicking "Select". When finished electing all benefits, click "Continue" on the right-hand side.





Step 5 - Beneficiaries

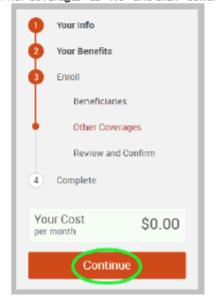
- · It's recommended that you designate at least one primary beneficiary.
 - Dependents will automatically appear, however, you may "Add New Beneficiary" if you'd like to designate someone other than a dependent.
 - o Percentage total must equal 100%.
 - When finished click "Continue".



Step 6 - Other Medical Insurance

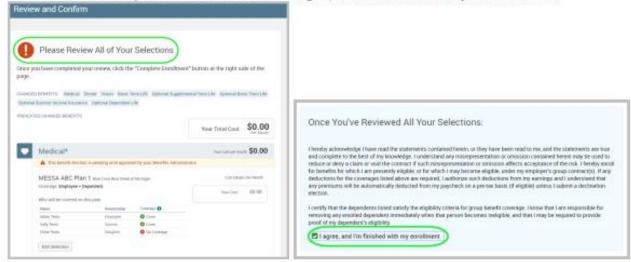
- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- · Click "Yes" next to "Current or Prior Coverages" and enter the following information.
- Once you have entered the information, click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



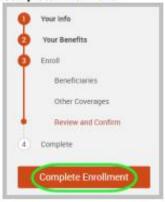


Step 7 - Review and Confirm

 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.



On the right side of the screen click "Complete Enrollment".



Step 8 - Confirmation Statement

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



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 cover	red by other health coverage with:
Carrier Name:	Subscriber Name:
Policy/Contract Number:	Group Number:
Medical Insurance Effective Date:	
(A photocopy of insurance card mu	ust be attached to this form.)
within 30 days of my current coverag	nis selection except, during the normal Open Enrollment dates, le being cancelled, life status change, or as approved by the carrier. id will be according to the current contract language.
Effective Date:	Print Name:
Signature:	Date:
Return form and attachment via	
Romeo Community School	ols – Business Services Department
Employee Compensation	Coordinator

employeebenefits@romeok12org