

# MESSA Dental plan highlights



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

**Effective Date: 01/01/2024**

**MESSA Account: Ypsilanti Community Schools**

**Employee Group: 967ABE Princ & NU Admin, SS, Teachers**

**Group/Subgroup: 06493-0001**

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 75%	Basic Services 50%	Major Services 50%	Orthodontics 50%
<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                      Diagnostic &amp; Preventive Services, Basic Services, and Major Services</p>			<p><b>\$500</b> lifetime maximum per person                      Orthodontics</p>

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

# MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America



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**Employee Group: 967ABE Princ & NU Admin, SS, Teachers**

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.	\$50,000
<b>Group AD&amp;D Insurance</b>	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	\$50,000
<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.

# MESSA Group LTD Plan Benefit Highlights

Underwritten by Life Insurance Company of North America



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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</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.	Waived
<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.	30 CDMF
<b>Benefit Level</b>	Percent of covered salary.	70%
<b>Maximum Benefit Level</b>	Monthly benefit up to the maximum amount bargained.	\$6,000
<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.	Same as any other illness
<b>Alcoholism / Drug Abuse</b>	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	Same as any other illness

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

# MESSA ABC Plan 1

## Medical plan highlights



**Effective Date: 1/1/2024**

**MESSA Account: Ypsilanti Community Schools**

**Employee Group: 967ABE Princ & NU Admin, SS, Teachers**

### 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
<p><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.</p>	<p>Single coverage: \$1600</p> <p>2-Person &amp; Family coverage: \$3200</p> <p><i>*Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.</i></p> <p><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></p>
<p><b>Medical coinsurance</b> A fixed percentage you pay for a medical service.</p>	<p>0%</p>
<p><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. <i>See Free preventive prescriptions below.</i></p>	<p>MESSA ABC Rx</p>
<p><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.</p>	<p>Single coverage: \$2600</p> <p>2-Person &amp; Family coverage: \$5200</p>
<p><b>In-network services covered at no cost to you</b></p>	
<p><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.</p>	
<p><b>Preventive care</b> - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.</p>	<p>No cost to you</p>
<p><b>Prenatal and postnatal care</b> - Prenatal and postnatal doctor visits.</p>	

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

<b>Blue Cross online visit</b>	<b>Urgent care</b>
<b>Office visit</b>	<b>Hospital emergency room (ER)</b>
<b>Chiropractic services including modalities</b> Up to 38 visits per calendar year.	<b>Osteopathic manipulations</b> Performed by an Osteopathic physician. Up to 38 visits per calendar year.
<b>Inpatient hospital</b>	<b>Autism - applied behavior analysis (ABA) services</b>
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 60 visits per individual per calendar year.	<b>Hearing aids</b> There is a maximum benefit for a hearing aid for each ear during a 36-month period.
<b>Hearing care</b> Hearing related services performed by an M.D. or D.O.	<b>Acupuncture</b> Must be performed by an M.D. or D.O.
<b>Diagnostic lab and X-ray</b>	<b>Radiation and chemotherapy</b>
<b>Allergy testing and therapy</b>	<b>Bariatric surgery</b>
<b>Mental health and substance abuse - inpatient and outpatient care</b>	<b>Ambulance</b>
<b>Medical supplies</b>	<b>Durable medical equipment (DME)</b>
<b>Prosthetics and orthotics</b>	<b>Home health care</b>
<b>Skilled nursing facility</b> Up to a maximum of 120 days per calendar year.	<b>Human organ transplant</b> 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 OptumRx mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from OptumRx. For more information, go to [messa.org](http://messa.org) to log in to your member account and link to the OptumRx 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 OptumRx 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 Choices

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Plan features	In-network
<b>Annual deductible</b> - The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$500 individual/\$1000 family
<b>Medical copayment</b> - A fixed amount you pay for a medical visit.	\$20 Blue Cross online visit, \$20 office visit, \$20 specialist visit, \$25 urgent care, \$50 emergency room
<b>Medical coinsurance</b> - A fixed percentage you pay for a medical service.	20%
<b>Prescription drug coverage</b> - Subject to prescription copayments and coinsurance.	3-Tier Rx with mandatory mail
<b>Annual out-of-pocket maximums</b> <b>Medical:</b> The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. <b>Prescription:</b> The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: \$2500 individual/\$5000 family Prescription: \$2000 individual/\$4000 family
Covered service	In-network cost share
<b>Preventive care</b> - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
<b>Prenatal and postnatal care</b> - Prenatal and postnatal doctor visits.	
<b>Blue Cross online visit</b>	Subject to deductible and Blue Cross online visit copayment
<b>Office visit</b> - e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copayment
<b>Specialist visit</b>	Subject to deductible and specialist visit copayment
<b>Urgent care</b> - Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment
<b>Hospital emergency room (ER)</b> - Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<b>Allergy testing and therapy</b>	Subject to deductible and coinsurance Specialist visit copayment may apply
<b>Osteopathic manipulations</b> - Performed by an Osteopathic physician. Up to 38 visits per calendar year.	Subject to deductible and office visit copayment

Covered service	In-network cost share
<b>Chiropractic services including modalities</b> - Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Acupuncture</b> - Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance
<b>Mental health and substance abuse - outpatient care</b>	Office visit copayment may apply
<b>Mental health and substance abuse - inpatient care</b>	Subject to deductible and coinsurance
<b>Inpatient hospital</b>	
<b>Outpatient physical, occupational and speech therapy</b> - Up to a combined benefit max of 60 visits per individual per calendar year.	
<b>Diagnostic lab and X-ray</b>	
<b>Radiation and chemotherapy</b>	
<b>Autism - applied behavior analysis (ABA) services</b>	
<b>Hearing care</b> - Hearing related services performed by an M.D. or D.O.	
<b>Hearing aids</b> - There is a maximum benefit for a hearing aid for each ear during a 36-month period.	
<b>Ambulance</b>	
<b>Bariatric surgery</b>	
<b>Medical supplies</b>	
<b>Durable medical equipment (DME)</b>	
<b>Prosthetics and orthotics</b>	
<b>Home health care</b>	
<b>Skilled nursing facility</b> - Up to a max of 120 days per calendar year.	
<b>Human organ transplant</b> - Must be performed at an approved facility.	
<b>Home delivery of prescription medications</b>	
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<b>Medical care outside the U.S.</b>	
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 ( <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a> ) to find in-network providers prior to your departure.	
<b>Covered services and approved amounts</b>	
<b>In-network providers</b> 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.	
<b>Out-of-network providers</b> may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.	
<i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) &amp; 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i>	
<b>Life and accidental death &amp; dismemberment insurance</b>	
<b>Life insurance:</b> \$5,000 policy for you.	
<b>Accidental death &amp; dismemberment insurance (AD&amp;D):</b> \$5,000 policy for you.	
AD&D terminates at age 65 or when employment ends, whichever comes later.	
<i>Life and AD&amp;D insurance underwritten by Life Insurance Company of North America.</i>	

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Plan features	In-network
<b>Annual deductible</b> - The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$500 individual/\$1000 family
<b>Medical copayment</b> - A fixed amount you pay for a medical visit.	\$20 Blue Cross online visit, \$20 office visit, \$20 specialist visit, \$25 urgent care, \$50 emergency room
<b>Medical coinsurance</b> - A fixed percentage you pay for a medical service.	0%
<b>Prescription drug coverage</b> - Subject to prescription copayments and coinsurance.	Saver Rx
<b>Annual out-of-pocket maximums</b> <b>Medical:</b> The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. <b>Prescription:</b> The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: \$1500 individual/\$3000 family Prescription: \$1000 individual/\$2000 family
Covered service	In-network cost share
<b>Preventive care</b> - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
<b>Prenatal and postnatal care</b> - Prenatal and postnatal doctor visits.	
<b>Blue Cross online visit</b>	Subject to deductible and Blue Cross online visit copayment
<b>Office visit</b> - e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copayment
<b>Specialist visit</b>	Subject to deductible and specialist visit copayment
<b>Urgent care</b> - Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment
<b>Hospital emergency room (ER)</b> - Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<b>Allergy testing and therapy</b>	Subject to deductible and coinsurance Specialist visit copayment may apply
<b>Osteopathic manipulations</b> - Performed by an Osteopathic physician. Up to 38 visits per calendar year.	Subject to deductible and office visit copayment



Covered service	In-network cost share
<b>Chiropractic services including modalities</b> - Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Acupuncture</b> - Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance
<b>Mental health and substance abuse - outpatient care</b>	Office visit copayment may apply
<b>Mental health and substance abuse - inpatient care</b>	Subject to deductible and coinsurance
<b>Inpatient hospital</b>	
<b>Outpatient physical, occupational and speech therapy</b> - Up to a combined benefit max of 60 visits per individual per calendar year.	
<b>Diagnostic lab and X-ray</b>	
<b>Radiation and chemotherapy</b>	
<b>Autism - applied behavior analysis (ABA) services</b>	
<b>Hearing care</b> - Hearing related services performed by an M.D. or D.O.	
<b>Hearing aids</b> - There is a maximum benefit for a hearing aid for each ear during a 36-month period.	
<b>Ambulance</b>	
<b>Bariatric surgery</b>	
<b>Medical supplies</b>	
<b>Durable medical equipment (DME)</b>	
<b>Prosthetics and orthotics</b>	
<b>Home health care</b>	
<b>Skilled nursing facility</b> - Up to a max of 120 days per calendar year.	
<b>Human organ transplant</b> - Must be performed at an approved facility.	
<b>Home delivery of prescription medications</b>	
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<b>Covered services and approved amounts</b>	
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<b>Life and accidental death &amp; dismemberment insurance</b>	
<b>Life insurance:</b> \$5,000 policy for you.	
<b>Accidental death &amp; dismemberment insurance (AD&amp;D):</b> \$5,000 policy for you.	
AD&D terminates at age 65 or when employment ends, whichever comes later.	
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# Essentials by MESSA

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Plan features	In-network
<b>Annual deductible</b> The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$375 individual/\$750 family
<b>Medical copayment</b> A fixed amount you pay for a medical visit.	\$10 Blue Cross online visit, \$25 office visit, \$50 specialist visit, \$50 urgent care, \$200 emergency room
<b>Medical coinsurance</b> A fixed percentage you pay for a medical service.	20%
<b>Prescription drug coverage</b> Subject to prescription copayments and coinsurance.	Essentials by MESSA
<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.	\$9450 individual/\$18900 family
Covered service	In-network cost share
<b>Preventive care</b> Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
<b>Prenatal and postnatal care</b> Prenatal and postnatal doctor visits.	
<b>Blue Cross online visit</b>	Subject to deductible and Blue Cross online visit copayment
<b>Office visit</b> e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copayment
<b>Specialist visit</b>	Subject to deductible and specialist visit copayment
<b>Urgent care</b>	Subject to deductible and urgent care copayment
<b>Hospital emergency room (ER)</b> Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment
<b>Chiropractic and Osteopathic manipulations</b> Up to a combined 12 visits per calendar year.	Subject to deductible and office visit copayment
<b>Allergy testing and therapy</b>	Subject to deductible and coinsurance Specialist visit copayment may apply

Covered service	In-network cost share
<b>Mental health and substance abuse - outpatient care</b>	Subject to deductible and coinsurance Office visit copayment may apply
<b>Mental health and substance abuse - inpatient care</b>	Subject to deductible and coinsurance
<b>Inpatient hospital</b>	
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 30 visits per individual per calendar year, including massage therapy performed by a chiropractor.	
<b>Diagnostic lab and X-ray</b>	
<b>Radiation and chemotherapy</b>	
<b>Autism - applied behavior analysis (ABA) services</b>	
<b>Hearing care</b> Hearing related services performed by an M.D., D.O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing.	
<b>Ambulance</b>	
<b>Medical supplies</b>	
<b>Durable medical equipment (DME)</b> Must be obtained from a payable DME provider.	
<b>Prosthetics and orthotics</b>	
<b>Home health care</b>	
<b>Skilled nursing facility</b> Up to a maximum of 120 days per calendar year.	
<b>Human organ transplant</b> Must be performed at an approved facility.	
<b>Home delivery of prescription medications</b>	
MESSA members can save time and money by ordering prescription medications through the OptumRx mail order pharmacy. For more information, go to <a href="http://messa.org">messa.org</a> to log in to your member account and link to the OptumRx 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 OptumRx at 800.903.8346.	
<b>Medical care outside the U.S.</b>	
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 ( <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a> ) to find in-network providers prior to your departure.	
<b>Covered services and approved amounts</b>	
<b>In-network providers</b> 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.	
<b>Out-of-network providers</b> may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.	
<i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) &amp; 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i>	
<b>Life and accidental death &amp; dismemberment insurance</b>	
<b>Life insurance:</b> \$5,000 policy for you.	
<b>Accidental death &amp; dismemberment insurance (AD&amp;D):</b> \$5,000 policy for you.	
AD&D terminates at age 65 or when employment ends, whichever comes later. <i>Life and AD&amp;D insurance underwritten by Life Insurance Company of North America.</i>	

# VSP 3 Benefits



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 517-332-2581 • 800-292-4910

**Effective Date: 1/1/2024**

**MESSA Account: Ypsilanti Community Schools**

**Employee Group: 967ABE Princ & NU Admin, SS, Teachers**

## 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](http://messa.org) or [vsp.com](http://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 contact lens examination) *</b>		
Elective lenses to improve vision	\$115 allowance	\$115
Medically necessary - to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i>	MESSA pays 100% of the approved amount	\$200
<b>Eyeglass frames</b>	\$65 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

\* The cost of the eye exam is covered separately and does not count against the contact lens allowance.