

MESSA ABC Plan 2

Medical plan highlights



Effective Date: 1/1/2023

MESSA Account: Potterville Public Schools

Employee Group: 825C APA-Eaton All Employees

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to 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
Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	Single coverage: \$2000 2-Person & Family coverage: \$4000 <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>
Medical coinsurance A fixed percentage you pay for a medical service.	0%
Prescription drug coverage Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See <i>Free preventive prescriptions below</i> .	3-Tier Rx
Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	Single coverage: \$4000 2-Person & Family coverage: \$7500
In-network services covered at no cost to you	
Free preventive prescriptions MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	
Preventive care - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Prenatal and postnatal care - Prenatal and postnatal doctor visits.	

In-network services subject to deductible and applicable coinsurance

Blue Cross online visit	Urgent care
Office visit	Hospital emergency room (ER)
Chiropractic services including modalities Up to 38 visits per calendar year.	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Inpatient hospital	Autism - applied behavior analysis (ABA) services
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.
Hearing care Hearing related services performed by an M.D. or D.O.	Acupuncture Must be performed by an M.D. or D.O.
Diagnostic lab and X-ray	Radiation and chemotherapy
Allergy testing and therapy	Bariatric surgery
Mental health and substance abuse - inpatient and outpatient care	Ambulance
Medical supplies	Durable medical equipment (DME)
Prosthetics and orthotics	Home health care
Skilled nursing facility Up to a maximum of 120 days per calendar year.	Human organ transplant Must be performed at an approved facility.

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the 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 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) to find in-network providers prior to your departure.

Covered services and approved amounts

In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Life and accidental death & dismemberment insurance

Life insurance: \$5,000 policy for you.

Accidental death & dismemberment insurance (AD&D): \$5,000 policy for you.

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

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

MESSA ABC Plan 1

Medical plan highlights



Effective Date: 1/1/2023

MESSA Account: Potterville Public Schools

Employee Group: 825C APA-Eaton All Employees

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to 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
Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	Single coverage: \$1500 2-Person & Family coverage: \$3000 <i>*Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.</i> <i>*When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</i>
Medical coinsurance A fixed percentage you pay for a medical service.	0%
Prescription drug coverage Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See <i>Free preventive prescriptions below</i> .	MESSA ABC Rx
Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	Single coverage: \$2500 2-Person & Family coverage: \$5000
In-network services covered at no cost to you	
Free preventive prescriptions MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	
Preventive care - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Prenatal and postnatal care - Prenatal and postnatal doctor visits.	

In-network services subject to deductible and applicable coinsurance

Blue Cross online visit	Urgent care
Office visit	Hospital emergency room (ER)
Chiropractic services including modalities Up to 38 visits per calendar year.	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Inpatient hospital	Autism - applied behavior analysis (ABA) services
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.
Hearing care Hearing related services performed by an M.D. or D.O.	Acupuncture Must be performed by an M.D. or D.O.
Diagnostic lab and X-ray	Radiation and chemotherapy
Allergy testing and therapy	Bariatric surgery
Mental health and substance abuse - inpatient and outpatient care	Ambulance
Medical supplies	Durable medical equipment (DME)
Prosthetics and orthotics	Home health care
Skilled nursing facility Up to a maximum of 120 days per calendar year.	Human organ transplant Must be performed at an approved facility.

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the 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 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) 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.

Essentials by MESSA

Medical plan highlights



Effective Date: 1/1/2023

MESSA Account: Pottersville Public Schools

Employee Group: 825C APA-Eaton All Employees

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Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$375 individual/\$750 family
Medical copayment 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
Medical coinsurance A fixed percentage you pay for a medical service.	20%
Prescription drug coverage Subject to prescription copayments and coinsurance.	Essentials by MESSA
Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	\$9100 individual/\$18200 family
Covered service	In-network cost share
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Prenatal and postnatal care Prenatal and postnatal doctor visits.	
Blue Cross online visit	Subject to deductible and Blue Cross online visit copayment
Office visit e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copayment
Specialist visit	Subject to deductible and specialist visit copayment
Urgent care	Subject to deductible and urgent care copayment
Hospital emergency room (ER) Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment
Chiropractic and Osteopathic manipulations Up to a combined 12 visits per calendar year.	Subject to deductible and office visit copayment
Allergy testing and therapy	Subject to deductible and coinsurance Specialist visit copayment may apply

Covered service	In-network cost share
Mental health and substance abuse - outpatient care	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Inpatient hospital	
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 30 visits per individual per calendar year, including massage therapy performed by a chiropractor.	
Diagnostic lab and X-ray	
Radiation and chemotherapy	
Autism - applied behavior analysis (ABA) services	
Hearing care Hearing related services performed by an M.D., D.O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing.	
Ambulance	
Medical supplies	
Durable medical equipment (DME) Must be obtained from a payable DME provider.	
Prosthetics and orthotics	
Home health care	
Skilled nursing facility Up to a maximum of 120 days per calendar year.	
Human organ transplant Must be performed at an approved facility.	
Home delivery of prescription medications	
MESSA members can save time and money by ordering prescription medications through the OptumRx mail order pharmacy. For more information, go to 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) 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

Medical plan highlights



Effective Date: 1/1/2023

MESSA Account: Potterville Public Schools

Employee Group: 825C APA-Eaton All Employees

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to 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
Annual deductible - The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$1000 individual/\$2000 family
Medical copayment - 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
Medical coinsurance - A fixed percentage you pay for a medical service.	0%
Prescription drug coverage - Subject to prescription copayments and coinsurance.	Saver Rx
Annual out-of-pocket maximums Medical: 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. Prescription: The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: \$2000 individual/\$4000 family Prescription: \$1000 individual/\$2000 family
Covered service	In-network cost share
Preventive care - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Prenatal and postnatal care - Prenatal and postnatal doctor visits.	
Blue Cross online visit	Subject to deductible and Blue Cross online visit copayment
Office visit - e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copayment
Specialist visit	Subject to deductible and specialist visit copayment
Urgent care - Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment
Hospital emergency room (ER) - 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
Allergy testing and therapy	Subject to deductible and coinsurance Specialist visit copayment may apply
Osteopathic manipulations - 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
Chiropractic services including modalities - Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
Acupuncture - Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - outpatient care	
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Inpatient hospital	
Outpatient physical, occupational and speech therapy - Up to a combined benefit max of 60 visits per individual per calendar year.	
Diagnostic lab and X-ray	
Radiation and chemotherapy	
Autism - applied behavior analysis (ABA) services	
Hearing care - Hearing related services performed by an M.D. or D.O.	
Hearing aids - There is a maximum benefit for a hearing aid for each ear during a 36-month period.	
Ambulance	
Bariatric surgery	
Medical supplies	
Durable medical equipment (DME)	
Prosthetics and orthotics	
Home health care	
Skilled nursing facility - Up to a max of 120 days per calendar year.	
Human organ transplant - Must be performed at an approved facility.	
Home delivery of prescription medications	
MESSA members can save time and money by ordering prescription medications through the 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 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) 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

Medical plan highlights



Effective Date: 1/1/2023

MESSA Account: Potterville Public Schools

Employee Group: 825C APA-Eaton All Employees

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to 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
Annual deductible - The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$1000 individual/\$2000 family
Medical copayment - 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
Medical coinsurance - A fixed percentage you pay for a medical service.	20%
Prescription drug coverage - Subject to prescription copayments and coinsurance.	Saver Rx
Annual out-of-pocket maximums Medical: 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. Prescription: The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: \$3000 individual/\$6000 family Prescription: \$1000 individual/\$2000 family
Covered service	In-network cost share
Preventive care - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Prenatal and postnatal care - Prenatal and postnatal doctor visits.	
Blue Cross online visit	Subject to deductible and Blue Cross online visit copayment
Office visit - e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copayment
Specialist visit	Subject to deductible and specialist visit copayment
Urgent care - Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment
Hospital emergency room (ER) - 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
Allergy testing and therapy	Subject to deductible and coinsurance Specialist visit copayment may apply
Osteopathic manipulations - 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
Chiropractic services including modalities - Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
Acupuncture - Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - outpatient care	
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Inpatient hospital	
Outpatient physical, occupational and speech therapy - Up to a combined benefit max of 60 visits per individual per calendar year.	
Diagnostic lab and X-ray	
Radiation and chemotherapy	
Autism - applied behavior analysis (ABA) services	
Hearing care - Hearing related services performed by an M.D. or D.O.	
Hearing aids - There is a maximum benefit for a hearing aid for each ear during a 36-month period.	
Ambulance	
Bariatric surgery	
Medical supplies	
Durable medical equipment (DME)	
Prosthetics and orthotics	
Home health care	
Skilled nursing facility - Up to a max of 120 days per calendar year.	
Human organ transplant - Must be performed at an approved facility.	
Home delivery of prescription medications	
MESSA members can save time and money by ordering prescription medications through the 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 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) 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 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: Pottersville Public Schools

Employee Group: 825C APA-Eaton All Employees

Group/Subgroup: 00667-0004

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.

Plan Features

Diagnostic & Preventive Services 100%	Basic Services 80%	Major Services 80%	Orthodontics 80%
• Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months * Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. Rider (If neither box below is checked, you do not have this coverage.) ☐ 3 Cleanings in 12 Months ☐ 4 Cleanings in 12 Months	• Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. * Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years. ** Payable once in any 5-year period on the same tooth. Rider (If the box below is not checked, you do not have this coverage.) ☐ Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.	• Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances.	• Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. Rider (If the box below is not checked, you do not have this coverage.) ☐ Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.
\$1,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			\$800 lifetime maximum per person Orthodontics

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

MESSA Vision Preferred 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: Potterville Public Schools

Employee Group: 825C APA-Eaton All Employees

In-network providers

Most eye doctors are in VSP's Choice network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Choice network doctors is available at messa.org or vsp.com. Call VSP member services at 800-877-7195 for assistance.

Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Choice network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit 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	MESSA pays 100% of the approved amount	\$45
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision	\$135 allowance	\$105
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	\$210
Eyeglass frames	\$135 allowance	\$70
Eyeglass lenses		
Single vision	MESSA pays 100% of the approved amount	\$30
Bifocal		\$50
Trifocal		\$65
Lenticular		\$100
Eyeglass lens enhancements		
Rose #1 or #2 tint Rimless Oversize Blended Photochromic Anti-reflective coating	MESSA pays 100% of the approved amount	Not covered
Progressive	Not covered	
Tinted		
Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	Not covered
Polarized		
Single vision Bifocal Trifocal Lenticular		

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



MESSA Accident, Critical Illness and Hospital Indemnity Plan Highlights Underwritten by Aetna

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

Effective Date: 01/01/2023

Account: Potterville Public Schools

Employee Group: 825C APA-Eaton All Employees

Accident Plan

Accidents happen when you least expect them, but MESSA's Accident Plan can help you be more financially prepared. It pays you cash benefits when you are faced with a covered accidental injury on or off the job to help you stay on top of your bills while you recover. **This is a brief summary of your coverage available under MESSA's Accident Plan. Refer to the actual certificate booklet for complete information.**

Initial Care

Covered Benefit	Benefit Amounts
Ambulance - Ground ambulance - Air ambulance	\$300 \$1,500
Initial Treatment - Emergency room/hospital - Physician's office/urgent care facility - Walk-in clinic/telemedicine	\$150 \$150 \$50
X-ray/lab	\$50
Medical imaging	\$150

Follow-up Care

Covered Benefit	Benefit Amounts
Accident follow-up - Emergency room/hospital - Physician's office/urgent care facility - Walk-in clinic/telemedicine	\$50 \$50 \$25
Appliances - Major - Minor	\$200 \$100
Chiropractic treatment and alternative therapy	\$25
Pain management (epidural anesthesia)	\$100
Prescription drugs	\$10
Prosthetic device/artificial limb - One limb - Multiple limbs - Repair or replace	\$750 \$1,500 25%
Therapy services – speech, occupational or physical therapy, or cognitive rehabilitation	\$25

Hospital Care

Covered Benefit	Benefit Amounts
Hospital stay – admission (initial day)	
• Non-ICU admission	\$1,000
• ICU admission	\$2,000
Hospital stay – daily	
• Non-ICU daily	\$200
• ICU daily	\$400
• Step-down intensive care unit daily	\$300
Rehabilitation unit stay – daily	\$100
Observation unit	\$100

Surgical Care

Covered Benefit	Benefit Amounts
Blood/plasma/platelets	\$400
Eye injury	
• Surgical repair	\$300
• Removal of foreign object	\$150
Surgery (without repair)	
• Arthroscopic or exploratory	\$150
Surgery (with repair)	
• Cranial, open abdominal or thoracic	\$1,500
• Hernia	\$250
• Ruptured disc	\$750
Tendon/ligament/rotator cuff	
• Single repair	\$750
• Multiple repairs	\$1,500
Torn knee cartilage	\$750
Non-Specified	
• Inpatient	\$250
• Outpatient	\$250

Transportation/Lodging Assistance

Covered Benefit	Benefit Amounts
Lodging	\$200
Transportation	\$300

Dislocations and Fractures

Covered Benefit	Benefit Amounts
Dislocations – closed reduction	(Cash Amount Varies)
Fractures – closed reduction	(Cash Amount Varies)

Paralysis Benefits

Covered Benefit	Benefit Amounts
Home and vehicle alteration	\$1,000
Paralysis (complete, total and permanent loss)	
• Quadriplegia	\$10,000
• Triplegia	\$7,500
• Paraplegia	\$5,000
• Hemiplegia	\$5,000
• Diplegia	\$5,000
• Monoplegia	\$2,500

Other Accidental Injuries

Covered Benefit	Benefit Amounts
Animal bite treatment	\$100
• Tetanus shot	\$200
• Anti-venom shot	\$300
• Rabies shot	
Brain injury	
• Concussion/mild traumatic brain injury	\$150
• Moderate/severe traumatic brain injury	\$450
Burn	
• Second-degree burn, greater than 5% of total body surface	\$1,000
• Third-degree burn, less than 5% of total body surface	\$1,500
• Third-degree burn, 5-10% of total body surface	\$6,000
• Third-degree burn, greater than 10% of total body surface	\$18,000
Burn skin graft	50% of burn amt.
Coma/persistent vegetative state (PVS)	
• Coma (non-induced)	\$10,000
• PVS	\$10,000
• Coma (induced)	\$250
Dental treatment	
• Extractions	\$75
• Crown	\$225
Gunshot wound	\$1,500
Laceration	
• Without stitches	\$25
• With stitches, less than 7.5 centimeters	\$75
• With stitches, 7.6 – 20.0 centimeters	\$300
• With stitches, greater than 20.0 centimeters	\$600
Post-traumatic stress disorder	\$500
Service dog	\$1,500

Organized Sports Rider

Covered Benefit	Benefit Amounts
Child(ren) Only	25%

Critical Illness Plan

No one is truly ready to receive a diagnosis of a serious illness, but MESSA's Critical Illness Plan pays cash benefits when you are diagnosed with a covered illness or condition after your coverage effective date. This can help you relieve some financial stress so you can focus on recovery. **This is a brief summary of your coverage available under MESSA's Critical Illness Plan. Refer to the actual certificate booklet for complete information.**

Face Amounts

Covered Benefit	Benefit Amounts
Employee face amount	\$10,000
Spouse face amount	50% of employee face amount
Child(ren) face amount	50% of employee face amount

Critical Illness Conditions

Covered Benefit	Percent of Face Amount
Heart attack (myocardial Infarction)	100%
Stroke	100%
Coronary artery condition requiring bypass surgery	25%
Major organ failure	100%
End-stage renal failure	100%
Paralysis	100%
Loss of sight (blindness)	100%
Loss of speech	100%
Loss of hearing	100%
Occupational HIV	100%
Coma	100%
Benign brain tumor	100%
Third-degree burns	100%
Alzheimer's disease	25%
Parkinson's disease	25%
Lupus	25%
Multiple sclerosis	25%
Muscular dystrophy	25%
Subsequent critical illness diagnosis benefit	100% after 0 days
Recurrence critical illness diagnosis benefit	100% after 180 days

Additional Critical Illness Conditions

Covered Benefit	Percent of Face Amount
Acute respiratory distress syndrome	50%

Cancer Benefits

Covered Benefit	Benefit Amounts
Cancer (invasive)	100%
Carcinoma in Situ (non-invasive)	25%
Skin Cancer (Lifetime maximum per insured)	\$1,000
Recurrence cancer (invasive) diagnosis	100% after 180 days
Recurrence carcinoma in situ diagnosis (non-invasive)	100% after 180 days

Additional Plan Benefits

Covered Benefit	Benefit Amounts
Health screening	\$50

Hospital Indemnity Plan

MESSA's Hospital Indemnity Plan pays benefits when you have a hospital stay due to an illness, injury, surgery or childbirth. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use benefits to help pay out-of-pocket medical costs or personal expenses, providing an extra layer of financial protection when you need it. **This is a brief summary of your coverage available under MESSA's Hospital Indemnity Plan. Refer to the actual certificate booklet for complete information.**

Inpatient Stays

Covered Benefit	Benefit Amounts
Hospital stay – admission	\$1,000
Hospital stay – daily	\$100
Hospital stay – (ICU) daily	\$200
Newborn routine care	\$100
Observation unit	\$100
Substance abuse stay – daily	\$100
Mental disorder stay – daily	\$100
Rehabilitation unit stay – daily	\$50

For additional information, go to messa.org/indemnity.

MESSA Group LTD Plan Benefit Highlights

Underwritten by Life Insurance Company of North America



MESSA

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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
Pre-Existing Conditions	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
Waiting Period	<i>Calendar Day (CD):</i> The waiting period is based on actual calendar days. <i>Work Day (WD):</i> The waiting period is based on the consecutive number of contracted work days. <i>Modified Fill (MF):</i> Benefits begin on the latter of exhaustion of sick time/ bank or the specified number of calendar/work day waiting period. <i>Straight Wait (SW):</i> Benefits begin after the specified number of calendar/ work day waiting period.	90 CDMF
Benefit Level	Percent of covered salary.	66 2/3%
Maximum Benefit Level	Monthly benefit up to the maximum amount bargained.	\$3,500
Minimum Maximum Benefit	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%
Offsets	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.	
Social Security Offsets	<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
Freeze on Offsets	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
COLA	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
Own Occupation Maximum Benefit Period	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
Mental / Nervous Conditions	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	2-year limitation
Alcoholism / Drug Abuse	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	2-year limitation

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

MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America



MESSA

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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
Group Term Life Insurance	The amount of your Group Term Life Insurance coverage.	\$1,000
Group AD&D Insurance	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	\$1,000
Group Dependent Term Life Insurance: SPOUSE	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
Group Dependent Term Life Insurance: CHILD(REN)	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.