

# MESSA Choices II Plan Summary of Benefits



*Teachers*  
**MESSA**  
www.messa.org

## Health Care Benefits for You and Your Covered Dependents

All services must be medically necessary.

### Plan Maximums

	In-Network	Out-of-Network
■ <b>Deductible</b> ( <i>per calendar year</i> )	None	\$250 individual / \$500 family
■ <b>Co-payment</b> <i>(not all out-of-pocket expenses accrue towards this maximum)</i>	None	\$2,000 individual/\$4,000 family
■ <b>Lifetime Benefit</b>	Unlimited	Unlimited

### Type of Service

	In-Network Provider	Out-of-Network Provider <i>(after deductible)</i>
<b>Office Visits</b>	\$5 co-payment	80% of the approved amount
<b>Inpatient Hospital</b>		
■ Semi-private room and board <i>(includes supplies and services)</i>	100%	80% of the approved amount
■ Physician Charges		
<b>Surgical Services</b> <i>Includes: surgeon, assistant surgeon and anesthesiologist charges.</i>	100%	80% of the approved amount
<b>Hospital Emergency Room (ER)</b> - <i>Co-payment and deductible waived if admitted or due to accidental injury</i>		
■ Hospital Charges	\$25 co-payment	\$25 co-payment
■ ER Physician Charges	\$5 co-payment	80% of the approved amount
<b>Urgent Care</b> - <i>Co-payment and deductible waived if admitted or due to accidental injury</i>	\$10 co-payment	80% of the approved amount
<b>Chiropractic Services including Modalities</b> <i>Up to 38 visits (combination of in-network and out-of-network visits) per calendar year</i>	100%	80% of the approved amount
<b>Preventive Care</b>		
■ Well baby and well child care visits: <ul style="list-style-type: none"> <li>• 6 visits per year through age 1</li> <li>• 2 visits per year - ages 2 and 3</li> <li>• 1 visit per year - ages 4 through 15</li> </ul>	100%	Not Covered
■ Immunizations - up to the age recommended by the Advisory Committee on Immunization Practices		
■ Cancer Screenings		
■ Health Maintenance Exam - age 16 through adult, 1 per year		
<b>Diagnostic Lab &amp; X-Ray</b>	100%	80% of the approved amount
<b>Radiation &amp; Chemotherapy</b>	100%	80% of the approved amount
<b>Allergy Testing &amp; Therapy</b>	100%	80% of the approved amount

Type of Service

In-Network Provider

Out-of-Network Provider  
(after deductible)

**Additional Covered Services**

<ul style="list-style-type: none"> <li>■ Medical Supplies and Equipment</li> <li>■ Ambulance</li> <li>■ Hearing Care (<i>plan limits apply</i>)</li> <li>■ Skilled Nursing Facility</li> <li>■ Hospice</li> <li>■ Home Health Care</li> <li>■ Human Organ Transplant - when authorized and performed at an approved facility (<i>plan limits apply</i>)</li> </ul>	100%	100% of the approved amount
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**Mental Health and Substance Abuse**

**Outpatient Care**

<ul style="list-style-type: none"> <li>■ Mental health care - combined limit of 50 in-network and out-of-network visits per member, per calendar year</li> <li>■ Substance abuse treatment - care must be provided in a licensed substance abuse facility.</li> </ul>	90%	80% of the approved amount
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**Inpatient Care**

<ul style="list-style-type: none"> <li>■ Pre-authorization required</li> </ul>	100%	80% of the approved amount
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**Outpatient Physical and Speech Therapy**

Up to a combined benefit maximum of 60 visits per member per calendar year, whether obtained from an in-network or out-of-network provider	100%	80% of the approved amount
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■ **Medical Case Management (MCM)**

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through these difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. Check your Collective Bargaining Agreement.

■ **MESSA Help Lines**

Plan participants have access to two 24-hour, seven-days-a-week, telephone help lines: NurseLine for general medical information and Healthy Expectations which is a prenatal information program for expectant mothers. Both help lines are staffed by specially trained Registered Nurses who can answer your medical questions and provide health related information. These services are not intended to replace regular medical care by a doctor or other qualified medical professional. To access NurseLine or Healthy Expectations, call 800.414.2014.

■ **Covered Services and Approved Amounts**

**In-Network providers** bill BCBSM and MESSA directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan co-payment requirements.

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

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

**Additional Benefits for You**

Life Insurance	\$5,000	Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment terminates, whichever happens last.
Accidental Death & Dismemberment Insurance (AD&D)	\$5,000	

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

This is a brief summary of the MESSA Choices II Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.292.4910.



## DENTAL PLANS

### Plan Description

MESSA Delta Dental plans provide coverage at a wide range of levels depending on the group's needs. Over 90% of Michigan dentists participate with Delta Dental Plan of Michigan. Benefits will be based on the benefit level selected, up to your plan maximum.

If a dentist does not participate with Delta Dental, Delta Dental's payment will be sent to the subscriber. They must make full payment to their dentist. However, the member or their dentist must still submit the completed claim form to Delta Dental.

Your group can have a unique dental plan designed to meet their needs. Below you will find the guidelines to assist you in designing your plan but should you have questions, contact your MESSA Field Representative.

MUST HAVE BOTH CLASSES I AND CLASS II BENEFITS		Class III percentage cannot exceed Class I and II	Class IV percentage cannot exceed Class I and II. Must have Class I, II and III benefits
Class I 50% up to 100% in increments of 5% .....%	Class II 50% up to 90% in increments of 5% .....%	Class III 50% up to 90% in increments of 5% .....%	Class IV 50% up to 90% in increments of 5% .....%
DIAGNOSTIC • Oral Examination • Prophylaxes • Topical Fluoride • Emergency Palliative • Two cleanings in 12 months	BASIC SERVICES • Radiographs • Restorative • Crowns • Oral Surgery • Endodontic Services - treatment for diseases of the gum and teeth supporting structures.	<ul style="list-style-type: none"> <li>Procedures for the construction of fixed bridgework, partial and complete dentures. Payable once in any 5 year period for the same appliances.</li> <li>Endosteal Dental Implants</li> </ul>	ORTHODONTICS <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 Class I and II.</li> </ul>
RIDER- Sealants - payable			
RIDER- Three or four cleanings every 12 months on occlusal surface of first permanent molars for patients up to age nine and for second permanent molars for patients up to age 14 that are free from caries and restorations.			RIDER- Adult orthodontics: removes the age 19 restriction on Class IV coverage.
Class I, II and III combined annual maximum beginning with \$1,000 with increments of \$100 up to a maximum of \$5,000 .....% Annual Maximum per person			Class IV maximum beginning with \$500 with increments of \$100 up to \$5,000 or UCR .....% Lifetime maximum per person



### Historical Benefit Classes

Effective in 2000, the MESSA/Delta Dental plan designations changed. The same benefit levels, benefit maximums, premiums and rules regarding underwriting, eligibility and rating apply to all benefit class variations.

**Class IA is now Class I:** Oral exams, prophylaxes (cleanings), topical fluoride, emergency palliative

**Class IB is now Class II:** Radiographs (x-rays), restorative, crowns, oral surgery, endodontic and periodontic services and optional sealants for children

**Class II is now Class III:** Procedures for the construction of fixed bridgework, partial and complete dentures

**Class III is now Class IV:** Orthodontics

**Earlier contracts:** In some earlier contracts, MESSA/Delta Dental plans were described using the following terminology:

STANDARD DENTAL PLANS			ORTHODONTIC RIDERS		
Plan	Class I & II Benefit	Class III Benefit	Rider	Benefit	Lifetime Maximum
A	75%	50%	0-2	50%	\$750
A Modified	75%	60%	0-3	50%	\$1,000
B	60%	50%	0-4	60%	\$600
C	50%	50%	0-5	70%	\$700
D	60%	60%	0-6	75%	\$750
E	80%	80%	0-7	80%	\$800
F	50%	-	0-8	90%	\$900
G	75%	-	004	60%	\$1,000
H	85%	50%	005	70%	\$1,200
Auto +	100% I/90% II	90%	006	75%	\$1,200
			007	80%	\$1,300
			008	90%	\$1,500
			0R4	60%	UCR

### REMEMBER

If your contract contains any of the earlier dental benefit class designations, you should use current designations when negotiating a new contract.

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### Dental Coordination of Benefits (COB) and Eligibility

The decisions of internal or external COB are an eligibility issue. Delta Dental will bill a premium for every member eligible for coverage. COB also determines the eligibility and coverage of dependents. There are three COB options: full COB (both internal and external), external COB only, and no COB.

- **Internal COB**

Both spouses can enroll in a Delta Dental plan and cover each other and their dependents. Delta Dental charges a premium for each spouse. Claims are coordinated between both policies with up to 100% of covered charges paid.

- **External COB**

A member who is covered by another dental plan, i.e., through a spouse's coverage, a second job, etc., enrolls to cover himself/herself and all eligible dependents in a Delta Dental plan through the district. Delta Dental will then coordinate benefits with the other plan when a claim is filed. The employer is billed a premium on these members.

- **No COB\***

Delta Dental will not coordinate benefits with any other dental plan under which an employee may be covered, such as a spouse's plan. This also means that only one spouse can enroll in the Delta plan.

*\*Not available in MESSA PAKs which require full COB or contain a specific COB suffix group as outlined in the next section.*

### COB Suffixing

Establishing a COB Suffix plan may save money without reducing member benefits. Those who have dental coverage through another source (e.g., covered by their spouse's plan) are enrolled in a 50% benefit plan that includes internal and external coordination of benefits (COB). Therefore, this plan will coordinate with their other dental plan. This results in these members receiving up to a 100% benefit level through the coordination of benefits from both plans.

Those members who do not have dental coverage through another source are enrolled in a higher benefit plan (e.g., 100/90/90/90). This group's benefit does not include either internal or external coordination of benefits (COB). There is no coordination of benefits with any other dental plan.

Please contact your MESSA Field Representative for details.



### Underwriting and Eligibility Guidelines

- The plan must have 100% participation within a definable group and must be 100% Employer-paid.
- There is no at-work requirement to place the coverage in force.
- Requires a 30-day written notification period prior to the MESSA/Delta Dental effective date of coverage.
- Sponsored dependents, ex-spouse, and surviving spouse/children coverage is not available.
- The employer must sign an Employer Participation Agreement in this program before coverage can be implemented.

### Rates

Rates for MESSA dental plans are based upon the number of employees needing self-only coverage and the number needing two or more person coverage. Send your group's census to MESSA Field Services for processing.

### Continuing Coverage into Retirement

- **As a Group** - 100% of the definable group must be included. Cost must be paid in full by the employer.
- **As an Individual** - not available.

### Predetermination

If treatment is expected to exceed \$200, the dentist should file the treatment plan with Delta Dental before any work is done. Delta Dental reviews the plan and informs the member and their dentist what treatment is covered and at what amount. Predetermination is recommended, not required. No predetermination is required for emergency care.

### Out-of-State Dentist

If the member or their covered family member has dental care in another state, Delta Dental will pay the member or their dentist according to the instructions given by the member.





## REMEMBER

- Class III and IV benefits cannot exceed Class I and II benefits.
  - Review and update your annual and lifetime maximums to keep pace with inflation.
  - If there is a MESSA PAK, your Delta Dental renewal date is July 1.
  - Any plan changes require a 30-day written notification from the employer.
  - Effective dates are the first of the month.
  - Retroactive effective dates are not available.
  - COBRA requires employers to offer continued coverage to certain employees and qualified dependents who are losing their eligibility.
  - Contact your MESSA Field Representative through MESSA Field Services with any questions.
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## VISION CARE PLANS

*Vision insurance is underwritten by Life Insurance of North America (LINA). Plans are administered by Vision Service Plan (VSP), Columbus, OH.*

### Plan Description

During each plan year, the MESSA Vision Care Plan (VSP) includes benefits toward:

- one vision examination, and
- one pair of spectacle lenses and one frame, or
- one pair of contact lenses, or
- a supply of disposable contact lenses.

Deductibles may apply depending upon which of the VSP plans is selected.

### Coordination of Benefits

VSP plans have a coordination of benefits provision. They coordinate with any group vision plan including another MESSA/VSP plan.

If covered by two MESSA/VSP plans, members may elect COB or receive a separate benefit under each plan.



### Underwriting and Eligibility Guidelines

- The plan must be 100% Employer-paid and have 100% participation within the definable group.
- There is no at-work or out-of-hospital requirement.
- The plan requires a 30-day written notification period prior to the VSP effective date of coverage.
- Sponsored dependent and ex-spouse coverage is not available.
- The employer must sign an Employer Participation Agreement for this program before coverage can be implemented.

### Rates

Rates for vision care plans are based on the number needing self-only coverage and the number needing two-person or more coverage. A composite rate is calculated on all employees of a definable group.

### Continuing Coverage into Retirement

- As a Group - 100% of the group must be included.
- Cost must be fully paid by the employer.
- Above underwriting and eligibility guidelines apply.
- As an Individual - not available.

### Panel Providers

The VSP panel provider agrees to accept the benefit as payment-in-full for covered services after satisfaction of an applicable deductible, up to plan maximums.

Panel providers bill VSP and are paid directly by VSP making member filing unnecessary.

The panel provider will call VSP to confirm the member's eligibility for benefits before the scheduled appointment.

### Non-Panel Providers

Using a non-panel provider requires filing for reimbursement. The member must get a fully itemized receipt showing a complete cost breakdown for all service



and merchandise dispensed. To provide VSP with the proper information for accurate reimbursement on eligible expenses, a reimbursement form is available. Payment is made directly to the member and is determined by the non-panel reimbursement schedules. With non-panel providers, there is a limited dollar amount paid—the member pays the balance.

#### **REMEMBER**

- MESSA/VSP vision plans cannot be bargained with a retroactive effective date.
  - All non-PAK plans are effective on the first of the month. The plan year is determined by the effective date of the plan.
  - MESSA/VSP plans included in a MESSA PAK have a plan year beginning July 1.
  - MESSA/VSP requires a 30-day written notification period prior to the effective date of coverage.
  - COBRA requires employers to offer continued coverage to certain employees and qualified dependents that are losing their eligibility.
  - Contact your MESSA Field Representative through MESSA Field Services with any questions.
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PANEL BENEFITS								
FEATURES	VSP-1	VSP-1 Bronze	VSP-2	VSP-2 Silver	VSP-3	VSP-3 Gold	VSP-3 Plus	VSP-3 Plus Platinum
<b>Exam Maximum Reimbursement</b>								
Optometrist	\$10		\$6.50		No Deductible			
Ophthalmologist								
<b>Contact Lens Maximum Reimbursement (includes exam)</b>								
Cosmetic (Elective)	\$65	\$85	\$90	\$110	\$115	\$135	Covered in full	
Disposable							\$200	\$250
<b>Frame Maximum Reimbursement</b>								
	\$65	\$130†	\$65	\$130†	\$65	\$130†	\$80	\$130†
<b>Lenses Reimbursement</b>								
Single Vision	Covered: Subject to maximum frame allowance and \$25 deductible on lenses and frames		Covered: Subject to maximum frame allowance and \$18 deductible on lenses and frames		Covered			
Bifocal								
Trifocal								
Lenticular								
<b>Extra Lens Features</b>								
Pink #1 or #2 tint	Covered		Covered		Covered		Covered	
Rimless								
Oversize	Not Covered		Not Covered		Not Covered		Covered	
Blended								
Progressive								
<b>Tinted</b>								
Tinted Single Vision	Not Covered		Covered					
Tinted Bifocal								
Tinted Trifocal								
Tinted Lenticular								
<b>Polarized</b>								
Polarized Single Vision	Not Covered		Covered					
Polarized Bifocal								
Polarized Trifocal								
Polarized Lenticular								

†VSP-1 Bronze, VSP-2 Silver, VSP-3 Gold and VSP-3 Plus Platinum are only available through VSP panel providers.

The frame allowance is the total maximum frame benefit payable for each insured person in each year. The frame allowance for VSP-1 Bronze, VSP-2 Silver, VSP-3 Gold and VSP-3 Plus Platinum for materials provided by a panel provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.



NON-PANEL BENEFITS Maximum Reimbursement to Patient								
FEATURES	VSP-1	VSP-1 Bronze	VSP-2	VSP-2 Silver	VSP-3	VSP-3 Gold	VSP-3 Plus	VSP-3 Plus Platinum
<b>Exam Maximum Reimbursement</b>								
Optometrist	\$15 max		\$28.50 max		\$35 max			
Ophthalmologist			\$38.50 max		\$45 max			
<b>Contact Lens Maximum Reimbursement (includes exam)</b>								
Cosmetic (Elective)	\$65 max		\$90 max		\$115 max		\$150 max	
Disposable								
<b>Frame Maximum Reimbursement</b>								
	\$8 max		\$44 max		\$55 max		\$66 max	
<b>Lenses Reimbursement</b>								
Single Vision	\$20 max		\$29 max		\$38 max			
Bifocal	\$24 max		\$51 max		\$60 max			
Trifocal	\$30 max		\$63 max		\$72 max			
Lenticular	\$40 max		\$75 max		\$108 max			
<b>Extra Lens Features</b>								
Pink #1 or #2 tint	††							
Rimless								
Oversize								
Blended								
Progressive								
<b>• Tinted</b>								
Tinted Single Vision	††		\$33 max		\$42 max			
Tinted Bifocal			\$61 max		\$70 max			
Tinted Trifocal			\$75 max		\$84 max			
Tinted Lenticular			\$89 max		\$118 max			
<b>• Polarized</b>								
Polarized Single Vision	††		\$47 max		\$56 max			
Polarized Bifocal			\$81 max		\$90 max			
Polarized Trifocal			\$101 max		\$110 max			
Polarized Lenticular			\$119 max		\$138 max			

†† Non-panel

Member is responsible for paying the cost of materials and services above the maximum reimbursement amount.

