

# MESSA Dental Plan Benefit Highlights



**MESSA Account:** Farwell Area Schools

**Effective Date:** 11-1-17

**Employee Group:** Teachers

**Group/Subgroup:** 0614-0002 (PAKs A & C); 0614-0001 (PAK B)

## Plan Guidelines

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.

Diagnostic & Preventive Services 100 %	Basic Services 80 %	Major Services 80 %	Orthodontics 80 %
<ul style="list-style-type: none"> <li>Radiographs (x-rays*)</li> <li>Oral Examination</li> <li>Prophylaxes</li> <li>Topical Fluoride</li> <li>Brush Biopsy</li> <li>Emergency Palliative</li> <li>2 Cleanings in 12 Months</li> </ul> <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> <p><i>*Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</i></p>	<ul style="list-style-type: none"> <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><i>**Payable once in any five-year period on the same tooth.</i></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 nine 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, endosteal 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 and preventive services and Basic services.</li> </ul> <p><b>Rider</b> (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
<p><b>\$ 1,000</b> annual maximum per person <b>Diagnostic &amp; Preventive Services, Basic Services, and Major Services</b></p>		<p><b>\$ 2,000</b> lifetime maximum per person <b>Orthodontics</b></p>	

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

# VSP-3 Benefits



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## In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network assures that 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 [www.messa.org](http://www.messa.org) or [www.vsp.com](http://www.vsp.com). Call VSP member services at 800.877.7195 for assistance.

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

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the 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>		
<ul style="list-style-type: none"> <li>■ Optometrist</li> <li>■ Ophthalmologist</li> </ul>	No copayment	\$35 \$45
<b>Contacts (includes lenses, examination and fitting)</b>		
<ul style="list-style-type: none"> <li>■ Elective lenses to improve vision</li> <li>■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i></li> </ul>	\$115 allowance MESSA pays 100% of the approved amount	\$115 \$200
<b>Eyeglass frames</b>	\$65 allowance	\$55
<b>Eyeglass lenses</b>		
<ul style="list-style-type: none"> <li>■ Single vision</li> <li>■ Bifocal</li> <li>■ Trifocal</li> <li>■ Lenticular</li> </ul>	MESSA pays 100% of the approved amount	\$38 \$60 \$72 \$108
<b>Eyeglass lens enhancements</b>		
<ul style="list-style-type: none"> <li>■ Rimless</li> <li>■ Oversized</li> <li>■ Blended</li> <li>■ Photochromic</li> </ul>	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
<ul style="list-style-type: none"> <li>■ Progressive</li> </ul>	Not covered (discounts may apply)	Not covered
<ul style="list-style-type: none"> <li>■ Tinted                             <ul style="list-style-type: none"> <li>● Single vision</li> <li>● Bifocal</li> <li>● Trifocal</li> <li>● Lenticular</li> </ul> </li> <li>■ Polarized                             <ul style="list-style-type: none"> <li>● Single vision</li> <li>● Bifocal</li> <li>● Trifocal</li> <li>● Lenticular</li> </ul> </li> </ul>	MESSA pays 100% of the approved amount	\$42 \$70 \$84 \$118  \$56 \$90 \$110 \$138

## MESSA Group Term Life Insurance Benefit Highlights

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**MESSA Account:** Farwell Area Schools

**Employee Group:** Teachers

**Effective Date:** 11-1-17

*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.*

Feature	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.	\$ 10,000
<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.	\$ 5,000

*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 Benefit Highlights

Underwritten by Life Insurance Company of North America

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Effective Date: 11-1-17

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.**

Feature	Definition	Your Coverage
<b>Pre-Existing Conditions Waived</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.	Yes
<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.	90 CDMF
<b>Benefit Level</b>	Percent of covered salary.	66 2/3%
<b>Maximum Benefit Level</b>	Monthly benefit up to the maximum amount bargained.	\$5,000
<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.	Family
<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.	2-year limitation