

Fitzgerald Public Schools
2023 Benefit Enrollment Guide
FEA Members



Dear Fitzgerald Staff,

We believe that all employees should be covered by a great benefits package. Our benefits allow every employee and their qualified dependents to take advantage of our wellness program and not be worried when the unexpected happens. We believe your hard work should be recognized. We also understand that without your hard work and dedication we would not be the district we are today.

As many of you may be aware, the cost of health insurance has continued to increase for both the employee and the employer. With that said, Fitzgerald Public Schools is happy to announce that we will be offering an additional insurance plan option (MESSA ABC Plan 2) at a lower premium to ensure that all our employees and their dependents can remain covered without added financial burden.

Employees will be able to choose from the following four (4) benefit plans for the 2023 plan year.

- MESSA Choices II Rx 3-Tier – Medical, Dental, Vision, Life/AD&D, and Long-Term Disability
- MESSA ABC Plan 2 Rx 3-Tier - Medical, Dental, Vision, Life/AD&D, and Long-Term Disability
- Essentials by MESSA - Medical, Dental, Vision, Life/AD&D, and Long-Term Disability
- MESSA Dental/Vision - Dental, Vision, Life/AD&D, Long-Term Disability and Cash In Lieu

More information about each of these plans can be found in this booklet.

Open enrollment is an important time of year because it is the only time that you can elect or make changes to your benefits unless you have a qualifying event.

Open Enrollment Dates: November 1 – 30, 2022 Effective Date of Coverage: January 1, 2023

As you read through the following pages of this booklet, please let me know if you have any questions by calling 586-757-1751 or emailing crikoe@myfitz.net.

Sincerely,



Cristal Koehn-Socia
Human Resource Specialist

Helpful Contacts	4
Eligibility	5
Eligible Dependents	5
Elections	7
Definitions for Benefit Terms	8
2023 Medical Plan Options	9
2023 Medical Contributions	17
2023 Dental Plan – Delta Dental (Included in all 3 plans)	18
2023 Dental Contributions	18
2023 Vision Plan – VSP-2 Silver (Included in all 3 plans)	19
2023 Vision Contributions	20
2023 MESSA Group LTD Benefit Highlights (Included in all 3 plans)	21
2023 MESSA Group Term Life Insurance Benefit Highlights	23
2023 MESSA Optional Coverage Information	24
Group Basic Term Life Insurance	24
Group Dependent Life Insurance	24
Group Supplemental Term Life Insurance	24
Group Survivor Income Insurance	26
Group Short Term Disability Income Insurance	26
Group Long Term Disability Income Insurance	28
Indemnity Plans	30
Critical Illness Coverage	30
Hospital Indemnity Coverage	30
Accident Coverage	31
Flexible Spending Account - Varipro	33
Health Savings Account - Health Equity	34
Employee Assistance Program	36
Annual Notices	37
Women’s Health & Cancer Rights Act	37
Michelle’s Law	37
Children’s Health Insurance Reauthorization Act (CHIPRA)	38
HIPAA Notice of Privacy Practices Reminder	38
HIPAA Special Enrollment Rights	38
Newborns’ and Mothers’ Health Protection Act	39
Medicare Part D – Prescription Drug Coverage	40
New Health Insurance Marketplace Coverage Options and Your Health Coverage	41

Helpful Contacts

Benefit	Company/Contact	Phone Number	Website/Email
Medical/RX Plan	MESSA Choices II Rx 3-Tier MESSA ABC Plan 2 Rx 3-Tier Essentials by MESSA	800-336-0013	messa.org
Dental Plan	MESSA - Delta Dental	800-336-0013	messa.org
Vision Plan	MESSA - VSP 2 Silver	800-336-0013	messa.org
Life, AD&D, LTD	MESSA	800-336-0013	messa.org
Health Savings Account	Health Equity	866-346-5800	healthequity.com
Flexible Spending Account	Varipro	800-732-3412	varipro.com/members
General Questions	Cristal Koehn-Socia	586-757-1751	crikoe@myfitz.net

Disclosure: This benefit guide is intended for use only as a source of reference. This document is not a guarantee of benefits.

Eligibility

New Hire Coverage

For newly hired employees, your benefits will begin on the first day of employment. You will have 30 days from your eligibility date to make your benefit selections. Any necessary deductions from your paycheck will be prorated back to your eligibility date. If you do not enroll within the first 30 days of your eligibility date, you will not be eligible for coverage until the next open enrollment period unless you have a qualifying life event.

Terminating Coverage

If you leave Fitzgerald Public Schools for any reason during the school year your benefit premium shall be paid up to but not beyond the end of the month of termination (reference union contract for more information). In the event that you are eligible for COBRA coverage you will receive a packet with all documentation. If you would like to elect COBRA or have any questions, please contact Cristal Koehn-Socia at 586-757-1751 or by email at crikoe@myfitz.net

Eligible Dependents

If you are covered, your eligible dependents include:

- Your spouse (this does not include the person who marries a member who had coverage as a surviving spouse)
- Your children
 - Children are covered through the end of the month or calendar year in which they turn age 26 years of age, based on employer guidelines and subject to the following conditions:
 - The subscriber continues to be covered under this plan
 - The children are related to the subscriber by birth, marriage, legal adoption or legal guardianship

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

- Disabled, unmarried children beyond the end of the calendar year in which they turn age 26 if all of the following apply:
 - They are diagnosed as totally and permanently disabled due to a physical disability or developmental disability.
 - They are dependent on you for support and maintenance
 - They are incapable of self-sustaining employment by reason of their disabilities. (Under no circumstances will mental illness be considered a cause of incapacity. Neither will it be considered as a basis for continued coverage.)
 - Please contact MESSA to obtain the appropriate form to continue coverage. Included with those forms will be a required physician's certification.
- Your unmarried children beyond the end of the calendar year of their 26th birthday (if covered under this plan at the end of the calendar year of their 26th birthday and continuously thereafter), who are full-time students and dependent on you for a majority of their support.

- We will continue coverage when the dependent student takes a leave of absence from school or changes to part-time status due to serious illness or injury. The continuation of coverage will last until the earlier of the following dates:
 - Up to one year after the first day of a medically necessary leave of absence or change of status
 - The date on which the student's coverage would otherwise terminate
 - To qualify for continued coverage, the student must obtain written certification from his or her attending physician. The certification must verify that the student suffered from a serious illness or injury. It must further state that the leave or change in status is medically necessary. The student must continue to meet all other MESSA eligibility requirements.
 - Sponsored dependent who are members of your family, either by blood or marriage, may remain on your contract. They must qualify as dependents under the Internal Revenue Code and declared as dependents on your federal tax return for the preceding tax year. They must be continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

If you are adding a new dependent to your benefits, you will be required to provide proof of relationship. For your dependent(s) coverage to be active you will need to provide the required documentation.

Examples:

Proof of Marital Status: Copy of Marriage Certificate

Proof of Dependent: Copy of Birth Certificate

**No person may be covered as both an employee and a dependent, and no person may be covered as a dependent of more than one employee.*

Elections

It is important that you make your choices carefully since changes to those elections can generally only be made during the annual open enrollment period. Exceptions will be made for certain changes in status during the year, allowing you to make a mid-year benefit change consistent with the change in status. If you have a change in status, you must change your benefit elections within 30 days of the qualifying event. Failure to do so will forfeit your enrollment period.

A status of change includes:

- Change in legal marital status (marriage, death of spouse, divorce, or legal separation).
- Change in the number of dependents (birth, death of dependent, adoption or placement for adoption).
- Change in the employment status of the employee or the employee's spouse including start or end employment, change in eligibility (full time to part time), a strike or lockout, commencement or return from an unpaid leave of absence and a change in worksite.
- Dependent stratifies or ceases to satisfy eligibility requirements (attain particular age).
- Alternate open enrollment timeframe for spouse or loss of other coverage.
- The issuance of a Qualified Medical Child Support Order.

What happens if I do not enroll?

If you do not enroll within the required time period, you will not be eligible to receive any offered voluntary benefits until the next annual open enrollment period, or qualifying event. You may be subject to waiting periods or reduced benefits if you decide to enroll at a later date.

When can I change my benefits?

Your health and welfare benefits remain in effect throughout the 2022-2023 plan year. Generally, you cannot change your benefits, add, or drop out of a plan until the next annual open enrollment. However, if there is a qualifying change in your family status, you will be eligible to change your coverage within 30 days of the qualifying event. Proper documentation must also be provided within the 30 days' time period.

COBRA Continuation Coverage:

When you or any of your dependents no longer meet the eligibility requirements for your employer's health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986. In the event of divorce, legal separation or change in dependent status, it is your responsibility to notify Human Resources within 60 days for complete COBRA detail requirements. If you would like to elect COBRA or have any questions, please contact Cristal Koehn-Socia at 586.757.1751 or email crikoe@myfitz.net.

Definitions for Benefit Terms

It is important to be familiar with benefit terms to better understand your options. Take a moment to review these definitions, which may be referenced throughout this guide.

Carrier – Company that holds your insurance policy.

Example: Our health insurance carrier is Blue Care Network (BCN).

Deductible – The amount you pay out of pocket for eligible hospitalizations, outpatient surgery procedures and diagnostic testing.

Example: If your plans deductible is \$2,000, you will pay the first \$2,000 of covered services yourself. Once you have paid your deductible, you and your insurance carrier will then share any future costs for the plan year. You will be responsible for the copayment and coinsurance, with the carrier covering the remainder of the cost.

Coinsurance – Percentage of costs of a covered health care service you pay after you have paid your deductible. Coinsurance can come in different percentages. Coinsurance for BCN is 50% for select services.

Example: Your health insurance plan's allowed amount for an office visit is \$100 and your coinsurance is 20%. If you have paid your deductible: You pay 20% of \$100 or \$20. The insurance company pays the rest. If you haven't met your deductible: You pay the full allowed amount, \$100.

Coinsurance Maximum – Total amount of coinsurance that a member is required to pay before the carrier begins to pay 100% of eligible hospitalizations, outpatient surgery procedures and diagnostic testing.

Example: If you elect BCN, your deductible would be \$1,500 and your out-of-pocket maximum is \$4,000. You would first be responsible for your \$1,500 deductible. Then, you could have coinsurance of 50%-100% while the carrier pays the rest. You will continue to pay the difference until you have paid \$4,000 for covered services (out of pocket maximum). Once you have paid the out-of-pocket maximum of \$4,000, the carrier will pay 100% of covered health care costs for the remainder of the calendar year.

Premium – The amount that is deducted from your paycheck for your healthcare benefit deductions.

Example: The amount that is deducted from each paycheck.

Copayment – A fixed amount you pay out of pocket for a covered healthcare service to the provider of service. Copayments do not apply to the deductible or coinsurance.

Example: If you visit your Primary Care Physician you will be responsible for \$25 at the time of service. This is a predetermined amount by the health insurance plan.

In-Network – Doctors, clinics, hospitals, and other providers that have a contract with the health insurance company and negotiated rates. Members will save money using in-network provider verses using an out-of-network provider.

Out-Of-Network - Doctors, clinics, hospitals, and other providers that do not have a contract with the health insurance company. Members will pay more for using an out-of-network provider than if they use an in-network provider.

2023 Medical Plan Options

Deductible Year: January 1, 2023 - December 31, 2023

Fitzgerald Public Schools offers three medical coverage options with different benefit levels so that you may select the plan that best meets the needs of you and your family.

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% 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 Cost Share		
	MESSA Choices II	MESSA ABC Plan 2	Essentials by MESSA
Deductible	\$1,000 Individual \$2,000 Family *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 family member only. Covered services for the remaining family members will be paid when the family deductible has been met.	\$2,000 Individual \$4,000 2 Person/Family *When 2 or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.	\$375 Individual \$750 2 Person/Family *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 family member only. Covered services for the remaining family members will be paid when the family deductible has been met.
Coinsurance	0%	0%	20%

Plan Features	MESSA Choices II	MESSA ABC Plan 2	Essentials by MESSA
Prescription Drug Coverage	3-Tier Subject to prescription copayments and coinsurance.	3-Tier Under federal law governing HSA qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventative prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. <i>See Free preventative prescriptions below.</i>	Essentials by MESSA Subject to prescription copayments and coinsurance.
Free Preventative Prescriptions	Does not apply.	MESSA ABC covers an extensive list of FREE preventative prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	Does not apply.
Medical Copayment	\$20 Blue Cross Online Visit, \$20 Office Visit, \$20 Specialist Visit, \$25 Urgent Care, \$50 Emergency Room	There are no copayments under this plan.	
Out of Pocket Maximum	<i>Medical:</i> includes deductibles, applicable coinsurance, and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward out-of-pocket max. \$2,000 Individual; \$4,000 Family <i>Prescription:</i> this is the most you have to pay for prescription copays and coinsurance in a calendar year. \$2,000 Individual; \$4,000 Family	\$4,000 Individual \$7,500 2P/Family	\$8,700 Individual \$17,400 2P/Family

Covered Services	In-Network Cost Share		
	MESSA Choices II	MESSA ABC Plan 2	Essentials by MESSA
<p>Preventative Care Services are provided in all three plans at no cost to you. These services include preventative annual exams, screenings, childhood and adult immunizations and certain preventative medications.</p>			
<p>Prenatal and Postnatal Care covers prenatal and postnatal doctor visits at no cost to you.</p>			
Blue Cross Online Visits	Subject to deductible and Blue Cross online visit copay.	Subject to deductible and coinsurance.	Subject to deductible and Blue Cross online visit copay.
Office Visit - e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copay.	Subject to deductible and coinsurance.	Subject to deductible and office visit copay.
Specialist Visit	Subject to deductible and specialist visit copay.	Subject to deductible and coinsurance.	Subject to deductible and specialist visit copay.
Urgent Care	<p>Copay waived if services are required to treat a medical emergency or accidental injury.</p> <p>Subject to deductible and urgent care copay.</p>	Subject to deductible and coinsurance.	Subject to deductible and urgent care copay.

Covered Services	MESSA Choices II	MESSA ABC Plan 2	Essentials by MESSA
Hospital Emergency Room	<p>Copay waived if admitted or due to an accidental injury</p> <p>Subject to deductible and ER copay. If copayment is waived, then coinsurance may apply.</p>	Subject to deductible and coinsurance.	<p>Copay waived if admitted or due to an accidental injury</p> <p>Subject to deductible and ER copay.</p>
Allergy Testing and Therapy	Subject to deductible and coinsurance. Specialist visit copay may apply.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance. Specialist visit copay may apply.
Osteopathic Manipulations	<p>Performed by an Osteopathic physician. Up to 38 visits per calendar year.</p> <p>Subject to deductible and office visit copay.</p>	<p>Performed by an Osteopathic physician. Up to 38 visits per calendar year.</p> <p>Subject to deductible and coinsurance.</p>	<p>Subject to deductible and office visit copay.</p> <p>Up to a combined (with Chiropractic Services) 12 visits per calendar year.</p>
Chiropractic Services	<p>Subject to deductible and coinsurance. Office visit copay may apply.</p> <p>Up to 38 visits per calendar year.</p>	<p>Subject to deductible and coinsurance.</p> <p>Up to 38 visits per calendar year.</p>	<p>Subject to deductible and office visit copay.</p> <p>Up to a combined (with Osteopathic Manipulations) 12 visits per calendar year.</p>
Acupuncture	<p>Must be performed by an M.D. or D.O.</p> <p>Subject to deductible and coinsurance. Office visit copay may apply.</p>	<p>Must be performed by an M.D. or D.O.</p> <p>Subject to deductible and coinsurance.</p>	Not Covered

Covered Services	MESSA Choices II	MESSA ABC Plan 2	Essentials by MESSA
Mental Health & Substance Abuse - Outpatient Care	Subject to deductible and coinsurance. Office visit copay may apply.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance. Office visit copay may apply.
Mental Health & Substance Abuse - Inpatient Care	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Inpatient Hospital	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient Physical, Occupational and Speech Therapy	Up to a combined benefit max of 60 visits per individual per calendar year. Subject to deductible and coinsurance	Up to a combined benefit max of 60 visits per individual per calendar year. Subject to deductible and coinsurance	Up to a combined benefit max of 30 visits per individual per calendar year, including massage therapy performed by a chiropractor. Subject to deductible and coinsurance.
Diagnostic Lab and X-Ray	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Radiation and Chemotherapy	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
Autism - ABA services	Subject to deductible and coinsurance	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
Hearing Care	Hearing related services performed by an M.D. or D.O. Subject to deductible and coinsurance.	Hearing related services performed by an M.D. or D.O. Subject to deductible and coinsurance.	Hearing related services performed by an M.D., D. O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing. Subject to deductible and coinsurance.
Hearing Aids	There is a max benefit for a hearing aid for each ear during a 36-month period. Subject to deductible and coinsurance	There is a max benefit for a hearing aid for each ear during a 36-month period. Subject to deductible and coinsurance	Not Covered

Covered Services	MESSA Choices II	MESSA ABC Plan 2	Essentials by MESSA
Ambulance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Bariatric Surgery	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Not Covered
Medical Supplies	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Durable Medical Equipment (DME)	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Must be obtained from a payable DME provider. Subject to deductible and coinsurance.
Prosthetics and Orthotics	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Home Health Care	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Skilled Nursing Facility	Up to a max of 120 days per calendar year. Subject to deductible and coinsurance.	Up to a max of 120 days per calendar year. Subject to deductible and coinsurance.	Up to a max of 120 days per calendar year. Subject to deductible and coinsurance.
Human Organ Transplant	Must be performed by an approved facility. Subject to deductible and coinsurance.	Must be performed by an approved facility. Subject to deductible and coinsurance.	Must be performed by an approved facility. Subject to deductible and coinsurance.

Home Delivery of Prescription Medications

MESSA Choices II

MESSA ABC Plan 2

Essentials by MESSA

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 United States of America

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, copayments 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 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 are underwritten by Life Insurance Company of North America.*

2023 Non-Medical Plan Options (Cash In Lieu)

This plan includes Dental, Vision, Life Insurance, Accidental Death & Dismemberment Insurance, Long-Term Disability and Cash in Lieu.

Two hundred dollars (\$200.00) per month cash payment shall be added to gross pay for all FEA members who choose not to enroll in medical benefits.

If 30+ FEA members choose not to enroll in medical benefits, then an additional four hundred and eighty dollars (\$480.00) per month will be added to each eligible member's cash benefit.

Information regarding Dental, Vision, Life Insurance, Accidental Death & Dismemberment and Long-Term Disability can be found beginning on page 18.

**There is no employee cost for this plan*

2023 Medical Contributions

12 Month Full Year Medical Coverage Contributions

Full Time (1.0 FTE) Employees who choose the 26 pay option for the 2022-2023 school year				
Pay Dates: January 7, 2023 - December 23, 2023				
	Single	2P - Spouse	2P - Child	Family
MESSA Choices II	\$134.46	\$355.43	\$201.59	\$391.88
MESSA ABC Plan 2	\$90.95	\$257.54	\$103.69	\$270.06
Essentials by MESSA	\$45.41	\$155.07	\$1.22	\$142.54

Full Time (1.0 FTE) Employees who choose the 22 pay option for the 2022-2023 school year				
Pay Dates: January 7, 2023 - June 24, 2023 and September 2, 2023 - December 23, 2023				
	Single	2P - Spouse	2P - Child	Family
MESSA Choices II	\$158.91	\$420.06	\$238.24	\$463.13
MESSA ABC Plan 2	\$107.49	\$304.37	\$122.55	\$319.16
Essentials by MESSA	\$53.67	\$183.26	\$1.45	\$168.46

Part Time (.50 FTE) Employees who choose the 26 pay option for the 2022-2023 school year				
Pay Dates: January 7, 2023 - December 23, 2023				
	Single	2P - Spouse	2P - Child	Family
MESSA Choices II	\$240.23	\$566.97	\$490.05	\$680.34
MESSA ABC Plan 2	\$196.72	\$469.08	\$392.16	\$558.52
Essentials by MESSA	\$151.18	\$366.61	\$289.68	\$431.00

Part Time (.50 FTE) Employees who choose the 22 pay option for the 2022-2023 school year				
Pay Dates: January 7, 2023 - June 24, 2023 and September 2, 2023 - December 23, 2023				
	Single	2P - Spouse	2P - Child	Family
MESSA Choices II	\$283.91	\$670.06	\$579.15	\$804.04
MESSA ABC Plan 2	\$232.49	\$554.37	\$463.46	\$660.07
Essentials by MESSA	\$178.67	\$433.26	\$342.35	\$509.37

2023 Dental Plan – Delta Dental (Included in all 3 plan options)

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.

Diagnostic & Preventive Services 20% coinsurance	Includes: Oral Examinations, Prophylaxes, Topical Fluoride, Brush Biopsy, Emergency Palliative, and 2 Cleanings in 12 Months
Basic Services 20% coinsurance	Includes: 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. *Bitewaxing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable one in five (5) years. **Payable once in any five (5) year period to the same tooth.
Major Services 20% coinsurance	Includes: Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. Payable once in any five (5) year period for the same appliances.
Services listed above have an annual maximum of \$1,500 per person.	
Orthodontics 20% coinsurance	Includes: Necessary treatment and procedures required for the correction of abnormal bite. Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventative Services and Basic Services. Maximum age limit is 19 years. Service has a lifetime maximum of \$2,000 per person.

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

2023 Dental Contributions

Dental insurance is paid for by the Fitzgerald Board of Education for all FEA members, their spouses and dependents. However, the employee must complete an enrollment form to qualify for this benefit. The employee is responsible for any out of pocket costs incurred.

2023 Vision Plan – VSP-2 Silver (Included in all 3 plan options)

Panel Providers

When you see a MESSA VSP participating panel provider for services which are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for the covered charges after satisfaction of a deductible. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP panel providers is available on the Web at www.messa.org > Members > Provider Search > Find an Eye Doctor.

Non-Panel Providers (Maximum Reimbursement to Patient)

Non-panel providers are providers who do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames which are obtained from a non-panel (non-participating) provider are subject to a maximum reimbursement. Members and dependents who choose to see a non-panel provider must pay the provider and submit itemized receipt to VSP for reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Features	VSP-2 Silver Panel Providers	VSP-2 Silver Non-Panel Providers
Exam Deductible <ul style="list-style-type: none"> ● Optometrist ● Ophthalmologist 	\$6.50	<ul style="list-style-type: none"> ● \$28.50 max ● \$38.50 max
Contact Lens Allowance <small>(includes exam)</small> <ul style="list-style-type: none"> ● Cosmetic (Elective) ● Disposable 	\$110.00	\$90.00
Frame Allowance	\$130.00*	\$44 max
Lenses <ul style="list-style-type: none"> ● Single Vision ● Bifocal ● Trifocal ● Lenticular 	Covered: Subject to maximum frame allowance and \$18.00 deductible on lenses and frames	<ul style="list-style-type: none"> ● \$29.00 max ● \$51.00 max ● \$63.00 max ● \$75.00 max
Extra Lens Features <ul style="list-style-type: none"> ● Pink #1 or #2 Tint ● Rimless ● Oversize ● Blended ● Progressive 	<ul style="list-style-type: none"> ● Covered ● Covered ● Covered ● Covered ● Not Covered 	**

<p>Tinted</p> <ul style="list-style-type: none"> ● Tinted Single Vision ● Tinted Bifocal ● Tinted Trifocal ● Tinted Lenticular 	<ul style="list-style-type: none"> ● Covered ● Covered ● Covered ● Covered 	<ul style="list-style-type: none"> ● \$33.00 max ● \$61.00 max ● \$75.00 max ● \$89.00 max
<p>Polarized</p> <ul style="list-style-type: none"> ● Polarized Single Vision ● Polarized Bifocal ● Polarized Trifocal ● Polarized Lenticular 	<ul style="list-style-type: none"> ● Covered ● Covered ● Covered ● Covered 	<ul style="list-style-type: none"> ● \$47.00 max ● \$81.00 max ● \$101.00 max ● \$119.00 max

*The frame allowance is the total maximum frame benefit payable for each insured person in each year. The frame allowance for VSP-2 Silver for materials provided by a panel provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.**Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement. The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount.

2023 Vision Contributions

Vision insurance is paid for by the Fitzgerald Board of Education for all FEA Members, their spouses and dependents. However, the employee must complete an enrollment form to qualify for this benefit. The employee is responsible for any out of pocket costs incurred.

2023 MESSA Group LTD Benefit Highlights (Included in all 3 plan options)

Underwritten by Life Insurance Company of North America

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 summary of your coverage available under MESSA’s Group LTD insurance. Refer to the actual certificate booklet for complete information.

Features	Definition	Your Coverage
Pre-Existing Conditions Waived	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
Waiting Period	Calendar Day (CD): The waiting period is based on actual calendar days. Workday (WD): The waiting period is based on the consecutive number of contracted workdays. Modified Fill (MF): Benefits begin on the latter of exhaustion of sick time/bank or the specified number of CD/WD waiting period. Straight Wait (SW): Benefits begin after the specific number of CD/WD waiting period.	90 CDSW
Benefit Level	Percent of covered salary.	66 ⅔%
Maximum Benefit Level	Monthly benefit up to the maximum amount bargained.	\$7,500
Minimum Monthly Benefits	There is a minimum monthly benefit of 5% of the gross monthly benefit or \$50.00, 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, short-term disability, and others.	
Social Security Offsets	<i>Primary:</i> Social Security retirement and social security disability	Family

<p>Freeze on Offsets</p>	<p>are offsets. <i>Family:</i> Any social security disability benefits received by the employee's family due to the employee's disability are an offset.</p> <p>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.</p>	<p>Yes</p>
<p>COLA</p>	<p>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 1st each year and is payable on the anniversary of the commencement of benefit payment. There is a maximum annual increase of 3%.</p>	<p>No</p>
<p>Two-Year Own Occupation Maximum Benefit Period</p>	<p>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.</p>	<p>2 Years</p>
<p>Mental/Nervous Conditions</p>	<p>These conditions are covered as any other illness unless you have a 2 year aggregate limitation.</p>	<p>Same as other illness</p>
<p>Alcoholism/Drug Abuse</p>	<p>These conditions are covered as any other illness unless you have a 2 year aggregate limitation.</p>	<p>Same as other illness</p>

2023 MESSA Group Term Life Insurance Benefit Highlights

(Included in all 3 plans)

Underwritten by Life Insurance Company of North America

This is a 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.

MESSA Life Insurance includes:

- \$60,000 employee;
- \$10,000 spouse;
- \$5,000 for each dependent child

MESSA Accidental Death and Dismemberment includes:

- \$60,000 employee;
- \$10,000 spouse;
- \$5,000 for each dependent child

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.

2023 MESSA Optional Coverage Information

Group Basic Term Life Insurance

Note: If you choose not to enroll in a MESSA medical plan, you must enroll in group basic term life insurance in order to enroll in other optional coverage, except indemnity plans.

- \$5,000 term life insurance benefit.
- Includes corresponding accidental death and dismemberment benefits. The AD&D portion terminates when you reach age 65.
- Available during open enrollment, and without medical evidence of insurability.

Cost of Basic Group Term Life Insurance \$5,000 is \$2.36 per month.

Group Dependent Life Insurance

- Available only with Group Basic Term Life or a MESSA medical plan.
- Provides a lump sum benefit of \$2,000 for a spouse and \$2,000 for each dependent child. A child is eligible for coverage from 14 days of age through the calendar year they turn 25, if unmarried and dependent on you for the majority of support. Benefit may continue past the age of 25 if the child is approved by MESSA as having a physician or intellectual impairment, is unmarried, dependent upon you for a majority of their support and is incapable of self-sustaining employment by reason of their physical or intellectual impairment.

Cost of Basic Group Dependent Life Insurance \$2,000 is \$1.48 per month.

Group Supplemental Term Life Insurance

- Available only with Group Basic Term Life or a MESSA medical plan.
- You may select one of the options below:
 - Fixed Amount:
 - You may purchase \$10,000, \$20,000, \$30,000, or \$40,000 in term life insurance benefits.
 - Includes corresponding AD&D benefits.
 - Medical evidence of insurability is not required if you are a new MESSA member electing coverage for the first time or if you want to increase your existing fixed amount by \$10,000.
 - Medical evidence of insurability is required if you did not enroll in this coverage within 31 days following the date you first became eligible or if you elect to increase by more than \$10,000.

- Insurance ends the first day of the calendar month in which you become age 65. However, for a person over age 65 and actively school employed, insurance ends upon cessation of active school employment.
- Times Salary:
 - You may purchase an amount of term life insurance benefits determined by a multiple of 1, 2, 3, or 4 times your salary, up to a maximum of \$150,000.
 - Includes corresponding AD&D benefits.
 - Medical evidence of insurability is not required when enrolling in up to \$75,000 in coverage.
 - Medical evidence of insurability is required when selecting over \$75,000 in coverage.
 - Insurance ends the first day of the calendar month in which you become age 65. However, for a person over age 65 and actively school employed, insurance ends upon cessation of active school employment.

Cost of Group Supplemental Term Life Insurance:

The monthly rate is based on your age on January 1st of the current year.

Fixed Amount Supplemental Term Life				
	\$10,000 Life and AD&D	\$20,000 Life and AD&D	\$30,000 Life and AD&D	\$40,000 Life and AD&D
Under Age 40	\$1.50	\$3.00	\$4.50	\$6.00
Age 40-49	\$3.00	\$6.00	\$9.00	\$12.00
Age 50-59	\$6.50	\$13.00	\$19.50	\$26.00
Age 60-64	\$11.50	\$23.00	\$34.50	\$46.00
Age 65-69	\$17.50	\$35.00	\$52.50	\$70.00
Age 70-74	\$30.00	\$60.00	\$90.00	\$120.00
Age 75+	\$44.00	\$88.00	\$132.00	\$176.00

Times Salary Supplemental Term Life Rates per \$1,000 Life and AD&D	
Calculate Times Salary monthly cost: Multiply your contractual annual salary by the level of coverage selected (1, 2, 3 or 4 time salary), divide by 1,000 then multiply by the rate from the chart below.	
Under Age 40	\$0.15
Age 40-49	\$0.30
Age 50-59	\$0.65
Age 60-64	\$1.15
Age 65-69	\$1.75
Age 70-74	\$3.00
Age 75+	\$4.40

Group Survivor Income Insurance

- Available only with Group Basic Term Life or a MESSA medical plan, subject to age and family status requirements on spouse and children.
- Net monthly benefit: \$400 spouse; \$200 child(ren)
- Spouse Benefit
 - Spouse is eligible until the day before their 65th birthday; benefit will continue until the spouse remarries or dies.
- Child Benefit
 - Children receive benefits until age 25, get married or the member's spouse dies, whichever occurs first. Benefit may continue past the age of 25 if the child is approved by MESSA as having a physical or intellectual impairment, is unmarried, dependent on you for a majority of their support and is incapable of self-sustaining employment by reason of their physical or intellectual impairment.

Cost of Group Survivor Income:

The monthly rate is based on your age on January 1st of the current year.

Under Age 30	\$3.18
Age 30-34	\$4.20
Age 35-39	\$5.88
Age 40-44	\$8.90
Age 45-49	\$12.44
Age 50-54	\$15.80
Age 55+	\$18.90

Group Short Term Disability Income Insurance

If you need financial protection in the event of a loss of salary due to a disability because you have inadequate sick days to fill in your district's long-term disability waiting period, or your district has no long-term disability coverage.

- Available only with Group Basic Term Life or a MESSA medical plan.
- Can select a weekly benefit ranging from \$20.00 to \$700.00, provided the amount selected does not exceed the weekly benefit corresponding to your contractual annual salary. (Contracted annual salary includes only basic earnings and does not include any other compensation.)
- Benefits are not payable during summer vacation period unless it is medically necessary for you to be house-confined or hospital-confined. If a disability commences within 30 days from the date of an accidental injury, it is not necessary to be house- or hospital-confined.
- Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of the following:
 - A period of three consecutive months ending on or after the effective date of insurance if during this time no medical treatment or service including prescribed drugs or medicines has been received in connection with the illness or injury; or

- A period of six consecutive months if during this time the employee has been continuously insured and these has been no loss of time from active employment due to the pre-existing condition; or
- A period of 12 consecutive months if during this time the employee has been continuously insured for these benefits.
- Choice of either seven-day or 28-day waiting period with benefits beginning on either the eighth day or the 29th day.
- Duration of benefits:
 - Maximum period of payment is 52 weeks. Benefits are payable during the maximum period of payment providing you are wholly and continuously unable to perform any and every duty pertaining to your regular occupation and you are under the regular care and attendance of a physician.
- Maternity disability is treated the same as any other illness.
- Benefits will be reduced by any income a member receives or is entitled to receive from an employer, workers' compensation, MPERS, social security (including social security retirement benefits) or any employer-paid group benefit plan. Benefits are generally payable only after you've exhausted your sick days.
- Benefits are not payable for disability due to:
 - Self-inflicted injuries if intentional or while insane
 - War
 - Participation in the committing of a felony
 - Cosmetic surgery unless:
 - Caused by accidental bodily injury sustained while insured or an active illness contracted while insured, and
 - You have been continuously insured under this program since such injury was sustained or such illness was contracted.

Cost for Group Short Term Disability Income Insurance:

Benefits are reduced by other income. Waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column. Rates below are on a per month basis.

Annual Salary	Weekly Benefit	8th Day Rate per Month	29th Day Rate per Month
\$1,300	\$20.00	\$2.00	\$1.40
\$2,600	\$40.00	\$4.00	\$2.80
\$3,900	\$60.00	\$6.00	\$4.20
\$5,200	\$80.00	\$8.00	\$5.60
\$6,500	\$100.00	\$10.00	\$7.00
\$8,000	\$120.00	\$12.00	\$8.40
\$9,500	\$140.00	\$14.00	\$9.80
\$11,000	\$160.00	\$16.00	\$11.20
\$12,500	\$180.00	\$18.00	\$12.60
\$14,000	\$200.00	\$20.00	\$14.00

\$15,500	\$220.00	\$22.00	\$15.40
\$17,000	\$240.00	\$24.00	\$16.80
\$18,500	\$260.00	\$26.00	\$18.20
\$20,000	\$280.00	\$28.00	\$19.60
\$21,500	\$300.00	\$30.00	\$21.00
\$23,000	\$320.00	\$32.00	\$22.40
\$24,500	\$340.00	\$34.00	\$23.80
\$26,000	\$360.00	\$36.00	\$25.20
\$27,500	\$380.00	\$38.00	\$26.60
\$29,000	\$400.00	\$40.00	\$28.00
\$30,500	\$420.00	\$42.00	\$29.40
\$32,000	\$440.00	\$44.00	\$30.80
\$33,500	\$460.00	\$46.00	\$32.20
\$35,000	\$480.00	\$48.00	\$33.60
\$36,500	\$500.00	\$50.00	\$35.00
\$38,000	\$520.00	\$52.00	\$36.40
\$39,500	\$540.00	\$54.00	\$37.80
\$41,000	\$560.00	\$56.00	\$39.20
\$42,500	\$580.00	\$58.00	\$40.60
\$44,000	\$600.00	\$60.00	\$42.00
\$45,500	\$620.00	\$62.00	\$43.40
\$47,000	\$640.00	\$64.00	\$44.80
\$48,500	\$660.00	\$66.00	\$46.20
\$50,000	\$680.00	\$68.00	\$47.60
\$51,500	\$700.00	\$70.00	\$49.00

Group Long Term Disability Income Insurance

(To continue disability income protection beyond 52 weeks if your district has no LTD coverage.)

Important: If you are enrolled in an employer-sponsored long-term disability plan, you should know that enrollment in MESSA’s long-term disability plan may be of limited value. If you have any questions or concerns please contact your HR Specialist.

- Available only with Group Basic Term Life Insurance or a MESSA medical plan.
- Can select a monthly benefit ranging from \$100 to \$1,500 provided the amount selected does not exceed the monthly benefit corresponding to your contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any other compensation.)
- The amount of the monthly benefit will be offset by any disbursement from any annuity, retirement or pension plan, or life insurance plan because of disability from any employer. It will also be offset by social security benefits, any salary, wages, commissions, or other periodic employer disability plan benefits or similar disbursement (i.e., workers’ disability compensation).

- Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of the following:
 - A period of three consecutive months ending on or after the effective date of insurance if during this time no medical treatment or service, including prescribed drugs or medicines, has been received in connection with the illness or injury; or
 - A period of 12 consecutive months if during this time the employee has been continuously insured for these benefits.
- Waiting period: 52 consecutive weeks of disabilities.
- Must be wholly and continuously unable to perform any and every duty pertaining to your regular occupation while you are under the regular care and attendance of a physician.
- Duration of benefits:
 - Option 1: Benefits may be provided up to five years but not beyond the day before your 70th birthday.
 - Option 2: Benefits may be provided until the day before your 70th birthday.
 - Disability due to mental or nervous disorder: Benefits are limited and payable for two years during any one period of disability, but not beyond the day before your 70th birthday.
- Benefits are not payable for disability due to:
 - Self-inflicted injuries if intentional or while insane
 - War
 - Participation in the committing of a felony
 - Cosmetic surgery unless:
 - Caused by accidental bodily injury sustained while insured or an active illness contracted while insured, and
 - You have been continuously insured under this program since such injury was sustained or such illness was contracted.

Cost of Group Long Term Disability Income Insurance:

You may elect one \$100 monthly benefit unit for each \$2,000 of annual salary up to \$30,000 (for a maximum of 15 units). The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a Maximum Benefit Period. This plan has a 52-week waiting period.

Option 1: Benefits may be provided up to five years but not beyond the day before your 70th birthday.

Option 2: Benefits may be provided, but not beyond the day before your 70th birthday.

Benefits are payable for two years during any one period of disability due to a mental or nervous disorder, but not beyond the day before your 70th birthday.

Determine the amount of monthly benefit you would like: Contractual annual salary divided by \$2,000 equals the number of \$100 benefits you may select (maximum of 15 \$100 benefit units allowed).

Calculate the cost for optional LTD: multiply the number of units you would like to purchase by the rate (based on your age) for the plan option you would like.

Monthly rate for each \$100 monthly benefit unit:

	Option 1	Option 2
Under Age 40	\$0.20	\$0.30
Age 40-49	\$0.50	\$0.80
Age 50+	\$1.40	\$2.10

Indemnity Plans

Critical Illness Coverage

- Benefits paid when diagnosed with a covered serious illness or condition.
- Use benefits to pay out-of-pocket medical costs or personal expenses.
- Select between two plans:
 - Critical Illness
 - Critical Illness Plus
- Plan Highlights:
 - HSA compatible
 - Cash paid directly to you
 - Pre-existing conditions waived
- Plan features:
 - Subsequent critical illness diagnosis benefit
 - Recurrence critical illness diagnosis benefit
 - Recurrence cancer (invasive) diagnosis benefit
 - Recurrence carcinoma (non-invasive) diagnosis benefit
 - Health screening benefit
 - Portable coverage should employment terminate
- Premium discount for non-tobacco users.
- Coverage available for member, spouse and dependents under the age of 26.

See cost below.

Hospital Indemnity Coverage

- Pays benefits when you have a planned or unplanned hospital stay.
- Lump-sum benefit for admission; daily benefit for covered hospital stay.
- Use benefits to help pay out-of-pocket medical costs or personal expenses.
- Select between two plans:
 - Hospital Indemnity

- Hospital Indemnity Plus
- Plan highlights:
 - HSA compatible
 - Cash paid directly to you
 - Pre-existing conditions waived
- Plan features:
 - Lump-sum payment for first day of inpatient stay
 - Daily benefit payment beginning the second day
 - Increased per day payment in an intensive care unit (ICU)
 - Waiver of premium
 - Portable coverage should employment terminate
- Coverage available for member, spouse and dependents under the age of 26.

See cost below.

Accident Coverage

- Pays benefits for covered minor and serious injuries due to accident.
- Use benefits to help pay out-of-pocket medical costs or personal expenses.
- Select between two plans:
 - Accident
 - Accident Plus
- Plan highlights
 - HSA compatible
 - Cash benefits paid directly to you
- Plan features:
 - Full schedule of benefits payable for accidental injuries, including initial and follow-up treatment, medical imaging, surgeries and more
 - Coverage applies both at home and at work
 - Organized sports rider (children only)
 - Waiver of premium
 - Portable coverage should employment terminate
- Coverage available under the age of 26.

See cost below.

Cost of Optional Indemnity Protection Plans:

3-Plan Bundle	Single		2 Person		Full Family	
Optional Accident						
Optional Critical Illness	\$29.69		\$49.63		\$64.41	
Optional Hospital Indemnity						
A LA CARTE	Single		2 Person		Full Family	

		Plus		Plus		Plus
Optional Accident	\$7.79	\$11.60	\$14.04	\$20.98	\$19.25	\$29.35
Optional Hospital Indemnity	\$13.54	\$20.48	\$23.57	\$35.59	\$33.84	\$51.19
Optional Critical Illness		Plus		Plus		Plus
<i>Non-Tobacco Users</i>						
Under Age 20	\$1.99	\$2.97	\$3.47	\$5.04	\$4.85	\$7.17
Age 20-24	\$2.33	\$3.65	\$3.96	\$6.04	\$5.35	\$8.16
Age 25-29	\$2.86	\$4.70	\$4.68	\$7.47	\$6.06	\$9.60
Age 30-34	\$3.50	\$5.99	\$5.62	\$9.34	\$7.00	\$11.47
Age 35-39	\$4.48	\$7.96	\$7.06	\$12.23	\$8.44	\$14.36
Age 40-44	\$6.23	\$11.44	\$9.64	\$17.38	\$11.02	\$19.51
Age 45-49	\$9.11	\$17.22	\$13.90	\$25.90	\$15.28	\$28.30
Age 50-54	\$13.74	\$26.46	\$20.85	\$39.80	\$22.23	\$41.93
Age 55-59	\$20.39	\$39.77	\$30.81	\$59.73	\$32.19	\$61.85
Age 60-64	\$29.13	\$57.26	\$43.76	\$85.62	\$45.14	\$87.75
Age 65-69	\$41.28	\$81.54	\$60.66	\$119.43	\$62.04	\$121.55
Age70+	\$53.37	\$105.73	\$77.15	\$152.40	\$78.53	\$154.53
<i>Tobacco Users</i>						
Under Age 20	\$2.66	\$4.32	\$4.55	\$7.20	\$6.44	\$10.35
Age 20-24	\$3.23	\$5.46	\$5.38	\$8.87	\$7.28	\$12.02
Age 25-29	\$4.12	\$7.23	\$6.59	\$11.29	\$8.49	\$14.44
Age 30-34	\$5.21	\$9.41	\$8.16	\$14.44	\$10.06	\$17.59
Age 35-39	\$6.86	\$12.72	\$10.60	\$19.31	\$12.50	\$22.46
Age 40-44	\$9.80	\$18.59	\$14.94	\$27.99	\$16.84	\$31.14
Age 45-49	\$14.66	\$28.32	\$22.12	\$42.34	\$24.01	\$45.49
Age 50-54	\$22.45	\$43.90	\$33.83	\$65.77	\$35.72	\$68.82
Age 55-59	\$33.67	\$66.33	\$50.62	\$99.34	\$52.51	\$102.49
Age 60-64	\$48.40	\$95.78	\$72.43	\$142.97	\$74.33	\$146.12
Age 65-69	\$68.86	\$136.71	\$100.91	\$199.93	\$102.80	\$203.08
Age70+	\$89.24	\$177.46	\$128.69	\$255.49	\$130.59	\$258.64

Flexible Spending Account - Varipro

MESSA Choices II and Essentials by MESSA are qualified health plans. Information found in the FSA Information Sheet, attached to enrollment email.

Health Savings Account - Health Equity

Fitzgerald Public Schools allows employees enrolled in a HSA-qualified health plan to participate in a Health Savings Account offered through Health Equity. MESSA ABC Plan 2 is a qualified health plan.

How an HSA Works

- An HSA paired with an HSA-qualified health plan allows you to make tax-free contributions to a federally insured savings account.
- HSA-qualified health plans typically cost less than traditional plans and the money saved can be put into your HSA.
- HSA balances earn tax-free interest and can be used to pay for qualified medical expenses.

Who is eligible for an HSA?

- You are covered by an HSA-qualified health plan and have no other health coverage, such as health plan, Medicare, military health benefits, medical FSAs.
- You cannot be claimed as a dependent on another person's tax return.
- Need to transfer your HAS? Visit healthequity.com for a Transfer Request Form.

Maximize your savings

To take full advantage of tax savings and to build a reserve for the future, it is suggested that you maximize your contributions as set by the IRS:

Tax Year	HSA Contribution Limits	
	Individual	2 Person / Family
2023	\$3,650	\$7,300
2023	\$3,850	\$7,750
At age 55, an additional \$1,000 is allowed annually		

Discover the many uses for your HSA

Qualified medical expenses (QMEs) are designated by the IRS and include medical, dental, vision and prescription expenses. A complete list is available at <https://healthequity.com/learn/qualified-medical-expenses>

What if...

I do not have enough money in my HSA to pay a medical expense.

- If you need to pay a medical bill but do not have a sufficient balance to cover the expense, you have the following options:
- Many healthcare providers will allow you to pay installments over a period of time. You can even set up recurring payments on the member portal once you have authorized installment payments with your provider.
- You can pay for medical expenses out-of-pocket and reimburse yourself once your balance is sufficient.

- As long as a medical expense is incurred after your HSA is established, you can use your HSA funds to cover that expense.

I leave my employer.

- You own the HSA, so even if you leave your employer, the account stays with you. In fact, if you keep your HSA-qualified health plan or enroll in another HSA-qualified health plan, you can still contribute to your Health Equity HSA.

I change my health plan.

- If your new health plan is not compatible with an HSA, you will not be able to continue making contributions to your HSA. However, any funds you have contributed can continue to be accessed tax-free to pay for the qualified medical expenses of you and your tax dependents.
- You can also contribute additional funds to the account if you have not made the maximum eligible contribution based on how long you were covered, however leaving the plan early may result in excess contributions to your account.

I die.

- Establishing a beneficiary for your account will save your loved ones a lot of difficulty in the event of your death. It is one of the first actions we recommend completing when you open your HSA.
- A spouse beneficiary can assume ownership of the account without tax penalties or receive a taxable lump sum distribution. All other beneficiaries would receive a taxable lump sum. Taxes are assessed on the value of the account on the date of death.

For more information call member services at 866-346-5800 or go online to healthequity.com

Employee Assistance Program

Fitzgerald Public Schools is proud to announce a commitment to you and your eligible family members in providing you with resources and guidance for personal challenges that are part of life with an Employee Assistance Program. Our provider is CARE's WorkLife Solutions. Fitzgerald Public Schools committed to employee wellness, and we know that when employees and/or their eligible family members are struggling with personal challenges, this can affect their overall mental, emotional and physical well-being.

CARE's WorkLife Solutions services are available to both you and your eligible family members.

CARE's WorkLife Solutions is staffed with experienced counselors to help with a variety of issues including:

- Counseling for you and your immediate family members
- Childcare, elder care and family support
- Daily stresses
- Health and well –being
- Referrals to providers, specialists, and resources to meet specific work, life or care giving needs
- Website resources and support

Each employee and each eligible family member have free and confidential access to five individual counseling sessions with a master level counselor to provide short-term problem-solving sessions. CARE's WorkLife Solutions has access to over 50,000 master level counselors to support you at a location that is convenient.

The service is free to Fitzgerald Public School employees and their eligible family members 24 hours a day, seven days a week. By calling toll free 866.888.1555, you can consult with a counselor over the phone or arrange to see a counselor that is convenient for you or your eligible family member face-to-face.

What's most important is that your confidentiality is assured under state and federal laws. For employees who call on their own to CARE's WorkLife Solutions, Fitzgerald Public Schools receives no information as to which employees use the service or what they use it for. More information regarding this program will be sent to you within the next couple weeks.

Each of you deserves support when "life happens". At times when problems are too tough to manage alone it's good to know CARE's WorkLife Solutions is there.

To access CARE online visit <https://www.careofsem.com/employee-assistance-programs/> click EAP login and enter password Spartan-wls

If you need assistance accessing care please contact Cristal Koehn-Socia, HR Specialist, at 586-757-1751.



Annual Notices

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, call your HR department at 586-757-1751.

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under Fitzgerald Public School's Group Health Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Fitzgerald Public School's Group Health Plan but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under Fitzgerald Public School's Group Health Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institute (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's Law, please contact your HR department at 586-757-1751.

Children’s Health Insurance Reauthorization Act (CHIPRA)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the HR department at 586-757-1751.

To see if Michigan has added a premium assistance program, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Notice of Privacy Practices Reminder

Fitzgerald Public Schools is committed to the privacy of your health information. The administrators of the Fitzgerald Public Schools Group Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the HR department at 586-757-1751.

HIPAA Special Enrollment Rights

Fitzgerald Public Schools Initial Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Fitzgerald Public Schools Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA required that we notify you about an important provision in the plan – your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents’ other coverage). However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact the HR department at 586-757-1751.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following vaginal delivery or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother’s or the newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours, or 96 hours as applicable. In any case, plans and insurers may not, under Federal law, require that a provider

obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

Medicare Part D – Prescription Drug Coverage

Important Notice from Fitzgerald Public Schools About Your Prescription Drug Coverage and Medicare. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fitzgerald Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Fitzgerald Public Schools has determined that the prescription drug coverage offered by MESSA Choices II, Essentials by MESSA and Blue Care Network are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fitzgerald Public Schools coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Fitzgerald Public School coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Fitzgerald Public Schools and don't join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage,

your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the Human Resources Department for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your Employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description located on the District website or contact Cristal Koehn-Socia, Human Resource Specialist at 586-757-1751.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such cost.

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. IF you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Fitzgerald Public Schools		4. Employer Identification Number (EIN) 38-6002566	
5. Employer Address 23200 Ryan Road		6. Employer Phone Number 586-757-1751	
7. City Warren	8. State Michigan		9. ZIP Code 48091
10. Who can we contact about employee health coverage at this job? Cristal Koehn-Socia			
11. Phone Number 586-757-1751		12. Email Address crikoe@myfitz.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are: All full-time employees
 - Some employees. Eligible employees are:
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: Dependent children are eligible for coverage through the end of the year in which they turn 26.
 - We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

*** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.*