


JULY 1, 2018 – JUNE 30, 2021

AGREEMENT BETWEEN THE ROMEO
BOARD OF EDUCATION
AND THE ROMEO ADMINISTRATOR
ASSOCIATION
MICHIGAN,
RAA

2018-2021



**ROMEO COMMUNITY SCHOOLS
BENEFITS AND CONDITIONS OF EMPLOYMENT
ROMEO ADMINISTRATOR ASSOCIATION
JULY 1, 2018– JUNE 30, 2021**

BENEFITS

1. **Leave Days.** The administrator shall be provided with twelve (12) leave days per year. These days shall be fronted to the administrator July 1 of each year. When taking three (3) or more consecutive leave days, the administrator must receive approval of the Superintendent or his/her designee one (1) week in advance, except in an emergency. Leave day shall not be connected to a Holiday or school break without formal approval by the Superintendent or his/her designee except in an emergency. When the Administrator is absent due to illness connected to a Holiday or school break, a doctor's note shall be required. Leave days are prorated if hired after July 1 or employment is terminated before June 30.
 - A. **Personal Leave Bank** - The Administrator is provided a Personal Leave Bank of 90 days upon Board approval, this bank of days is afforded to an Administrator only one time during their employment with the district. It is the Administrators responsibility to maintain their Personal Leave Bank at 90 days whenever possible. There are no additional days added to this bank without formal approval of the Board of Education. There is no compensation or payout for unused Leave Bank time under any circumstances. Should an Administrator exhaust their annual leave day allotment they may draw upon their Personal Leave Bank (see below) for additional paid time. As of June 30th each year, any remaining leave days from their annual allotment must be transferred to their Personal Leave Bank to bring its balance to 90 days if needed.
 - B. **Attendance Incentive "Bonus Days"** - An Administrator who used one or fewer leave days, during the school year will be entitled to two (2) incentive days with the intent that they will be used during the subsequent school year. An Administrator who used only two leave days during the school year will be entitled to one (1) incentive day with the intent that it will be used during the subsequent school year.

Up to three (3) days may be banked to be used, at times other than the following school year, at the Administrator's request, adhering to the criteria below and subject to approval from the Superintendent.

1. An incentive day may be used without specificity by any Administrator. Application must be made at least three (3) days prior to the day of leave except in cases of emergency.
2. Up to three (3) days may be used consecutively.
3. Not more than three (3) administrators will be excused under this section on any given day district-wide and not more than two (2) from any building on any day. Priority will be established by date of receipt of request by the Superintendent.

If the Administrator is sick for three (3) or more consecutive days, these days of absence will be accrued against his/her leave days that they are entitled to under the

Family Medical Leave Act (FMLA).

Association members with leave balances as of June 30, 2018 will have those days grandfathered and placed into an escrow account to be paid to administrator at \$80.00 per day of upon the Administrator's resignation of employment. **Appendix A references accrued leave day amounts and pending provisions for a financial settlement with the Administrator as it may apply.**

It is expressly understood the aforementioned leave days, leave bank and bonus days shall not be included in any payment to the Administrator upon resignation/termination of employment.

2. **Bereavement Days.** In the event of a loss of life to an Administrator's spouse or child, the district will provide access to a maximum of five (5) contract days to be used by the said administrator for bereavement. The administrator shall also be granted up to three (3) days per incident involving the death of an administrator's parent, brother, sister, grandparent, in-law and grandchild. Up to one (1) day shall be granted for other instances. These days will be an expense incurred by the district and not deducted from the administrator's accumulated leave days.
3. **Full family hospital/medical insurance plan.** MESSA Choices PPO, or similar as provided by the Board of Education.

Please see **Appendix C** for a summary of coverages which includes health, dental, vision, long-term disability and life insurances.

Note: Orthodontics is for children under age 19. The dental plan does coordinate benefits if you have coverage through another source.

Each employee enrolled in health care coverage shall have the required employee contribution payroll deducted on a pre-tax basis in accordance with necessary payroll procedures and applicable guidelines of the Internal Revenue Services. All employee payments will be payroll deducted on a pre-tax basis in accordance with necessary payroll procedures and applicable guidelines of the Internal Revenue Service.

Part B - those who don't elect health insurance

Delta Dental 100: 90/90/90: \$2,500.00 ortho maximum all other coverage \$3,000.00 yearly maximum or 50/50/50: \$2,000.00 ortho maximum, or comparable coverage

Life Insurance: \$225,000.00 A D & D and \$225,000 term life insurance and \$10,000 spouse and \$5,000.00 children

Vision - VSP-3 Plus, or comparable coverage

LTD - After 90 calendar days - 70% to \$8,000.00-month maximum, No COLA

Compensation in lieu of medical coverage - \$450.00 per month

Note: Orthodontics is for children under age 19. The dental plan does coordinate benefits if you have coverage through another source.

The MESSA disability plan uses full family social security offsets, not primary only offsets.

4. Administrative consecutive experience/longevity factor is determined according to the following schedule:

Any RAA members on longevity greater than 20 years as of 1/7/2019 shall remain on their current longevity rate of pay.

Completion of 11 years	\$1,000
Completion of 14 years	\$1,500
Completion of 17 years	\$2,000
Completion of 20 years	\$2,500

NOTE: Per the 8/10/95 Meeting of the Romeo Community School District Human Resources Subcommittee, longevity shall be added to the administrator's salary for purposes of calculating the daily rate of pay.

In order to determine an administrator's position on the longevity schedule, the following criteria will be utilized:

- A. A. Credit for all consecutive Romeo teaching and administrative experience. Maximum of five (5) years' experience credit for teaching in Romeo Community Schools.

Upon ratification of this agreement, Association members above 20 years on the longevity scale are grandfathered in at their current rate with no further movement.

5. District-paid membership fees for one (1) national professional association annually.
6. Mileage reimbursement at the standard mileage deduction rate approved for all mileage driven for the purpose of conducting approved school business.
7. Administrators eligible for retirement from professional service with the Romeo Community Schools will receive \$50 per year for all years of service in the District.

Unused leave days will be payable at the specified percentage and rate to a named beneficiary in the event of the death of an administrator while still on active service to the district.

8. Board of Education annuity payment set at One Thousand Five Hundred (\$1,500.00) Dollars per year beginning in the 2019-2020 school year.
9. One Thousand Five Hundred (\$1,500.00) Dollar goal attainment payment per year.
10. If an administrator is requested to work additional time by the Superintendent or designee, they will be given straight time pay for the time worked. An additional hour's timesheet will be filled out and turned in to the Superintendent for approval. The timesheet will then be processed in the following pay period.

11. Administrators who are serving in the capacity of a mentor to a newly hired administrator or administrator assigned as a mentor by the Superintendent or his/her designee shall be compensated in the amount of \$300.00 annually. The mentor/mentee relationship shall last for up to a period of three years and be initiated by the Superintendent or designee and terminated in the same capacity. Mentors shall be assigned no later than September 15th of each school year. A mentor shall be responsible for providing a mentoring plan and progress monitoring reports to the Employee Services Department by June 1st of each school year.

12. Administrators shall receive \$500.00 annually for an Ed Specialist degree and \$1,000 for an EdD or PhD. Stipends to be paid the following payroll after receipt of official transcripts.

13. **WORK YEAR**

High School Principal - Vacation: Fifty-two (52) week administrators shall receive twenty-four (24) leave days annually, exclusive of legal holidays. Annual leave days shall be noncumulative from year to year (July 1 through June 30) and thus, any or all such days will lapse if not taken prior to June 30 of each year. Annual leave days are prorated if hired after July 1 or employment is terminated before June 30. Notwithstanding the noncumulative nature of such vacation days, the administrator may elect to use vacation days not taken in a preceding school year up until September 30 in a subsequent year only. Each administrator may take a maximum of five (5) annual leave days each year in compensation form at his or her daily rate. This must be requested in writing to the Superintendent or his/her designee prior to being compensated.

Middle School Principal - 210 work days per year (205 work days plus 5 flex work days per contractual year).

Elementary Principal - 203 work days for the 2019-2020 school year (201 work days plus 2 flex work days). 205 work days for the 2020-2021 contractual year and thereafter (201 work days plus 4 flex work days per contractual year).

Assistant Principals/Academy Principals - 205 work days per contractual year (201 work days plus 4 flex work days per contractual year).

Director of Athletics & Student Activities - 210 work days per year (210 work days per contractual year).

An annual RAA work calendar will be provided each year of the contract based on the negotiated district calendar, excluding the Friday before Labor Day unless school is in session.

Work days outside of the school year will be established based on the calendar year. For the 2018-2019 school year (summer 2019), the work days will be as follows:

- Elementary and Assistant Principals - 7 days after students and 14 days prior to the first student day.
- Middle School Principals - 10 days after students and 14 days prior to the first student day.
- The Director of Athletics and Student Activities - an established schedule based on the

MHSAA season start and end dates.

Central Office Summer Work Hours - Principals will not use flex days on non-work days during the summer.

See Appendix B

14. SALARY SCHEDULE

2018-2019

The current salary schedule from the 2017-18 contract year remains in effect.

Association members on Step 0 will be moved to Step 1 effective the beginning of the second semester and their compensation will be adjusted accordingly for the remaining pay periods for this contract year.

Association members currently on the Steps 1-3 will receive step advancement based on their tenure in district according to the list agreed upon with RAA negotiating team. Step changes will be effective the beginning of the second semester and their compensation will be adjusted accordingly for the remaining pay periods for this contract year.

Association members currently on Step 5 will receive a 1% off schedule payment on February 8, 2018.

2019-2020

Beginning in the 2019-2020 contract year there will be a new 8 step RAA salary schedule (see salary schedule above). In the 2019-2020 contract year, the Administrator will move (slide) to the new salary schedule on the appropriate step that is closest to, but not less than, their current salary. Once the new step is determined, each Administrator will receive a one-step advancement for the 2019-2020 contract year.

Once current members of the RAA are slid to the new scale their steps are not necessarily representative of years worked in the association.

2020-2021

Beginning in the 2020-2021 contract year, a 1% increase will be added to the RAA salary schedule and association members will move one step.

See Appendix B

15. WORKING CONDITIONS

I. Professional Growth

The Board of Education recognizes the importance of professional conferences for the professional growth of the individual administrator and therefore, subject to available resources, shall provide the opportunity for and reimbursement of appropriate expenses for such conferences upon the approval of the Superintendent or his/her designee.

Administrator will be compensated for participation in district approved Professional Development during the summer break at a rate of \$25.00 per hour. This rate would be in lieu of additional per diem pay or contractual flex days.

II. Transfer

Transfer shall mean the movement from one administrative position to another administrative position which has essentially the same job specifications, movement to a position which the administrator meets the qualifications as established by the Board of Education.

- A. An Administrator, currently employed by the District, who is eligible for transfer under the terms of the definition above shall be given an opportunity to apply for a transfer to another position within the District before candidates from within or outside the District are considered for that position. An Administrator will not be allowed a transfer unless approval is obtained from the Superintendent.
- B. When an administrative opening occurs, it shall be announced in writing to all administrators, and a period of at least one (1) week shall be established for submitting transfer requests to the Superintendent for the open position or any other opening that may occur as a direct result of approving a transfer to the open position.
- C. The Board of Education and the Superintendent after considering said transfer requests reserve the right to post the position both within and/or outside the district and to employ the person they feel to be best qualified for the vacancy.
- D. Any two (2) administrators may agree, but subject entirely to the approval of the Superintendent and Board of Education, to exchange their respective positions so that the first administrator would assume the former duties of the second and he/she would assume the former duties of the first administrator.
- E. If for reasons of inadequate performance of duties, the Superintendent believes it would be in the District's best interest to transfer an administrator to another administrative position within the district, the following shall apply:

Before effecting a Superintendent-initiated transfer, the Superintendent shall offer all appropriate assistance and counsel to the administrator to help correct the situation giving the underlying reasons for the contemplated transfer.

If the performance problem persists, a formal warning shall be issued to the involved administrator at a conference and the administrator shall have any observable inadequacies specifically written out for him/her and he/she shall be awarded an opportunity of no less than two (2) months time to rectify that which may be inadequate in his/her performance.

If the Superintendent feels that the problem has not been rectified, a formal review of the involved administrator's activities shall be written out and presented to the involved administrator at a subsequent conference prior to effecting the transfer. If such a conference is held, the involved administrator shall be entitled to legal representation.

If a transfer is exercised under the above listed transfer language, the administrator's salary and benefits will change to the new position's amount following the expiration date of the

administrator's contract.

The administrator shall be subject to assignment and transfer at the discretion of the Superintendent of Schools.

III. Evaluation

Pursuant to Act 451 of 1976 Section 380.1249, the Superintendent of Schools or his/her designee shall evaluate the administrator's job performance at least annually while providing timely and constructive feedback. Administrators shall have a pre-evaluation and planning meeting to develop goals, a formal mid-year review process and an end of year evaluation meeting.

The evaluation of each administrator shall be discussed with the individual administrator, reduced to writing, and presented to the administrator. The administrator shall receive a copy of each evaluation and a copy shall be placed on file with the Superintendent and shall be handled in an ethical manner. The original evaluation shall be placed in the administrator's personnel file.

IV. Discipline of Administrators

No administrator shall be disciplined, reprimanded or dismissed, without just cause. Nonrenewal of an administrator's contract pursuant to Section 247 of the School Code of 1976, as amended, shall not constitute discipline or dismissal.

V. Reduction in Force

In reduction-in-force situations for administrative personnel, the Board of Education will consider, but not be bound by, factors of seniority, evaluations and qualifications.

If, after the application of the above provision, the Administrator is laid off, he/she shall have recall rights equal to his/her total length of service with the District, but in no event less than the expired term of his/her most current contract.

CONTRACT DURATION

The term of this contract shall be for two (2) years beginning July 1, 2018, and expiring June 30, 2021.

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives the day and year written below:

THE BOARD OF EDUCATION

ROMEO ADMINISTRATOR ASSOCIATION

DATE:_____

DATE:_____

BY: _____
BOARD OF EDUCATION PRESIDENT

BY: _____
RAA PRESIDENT

APPENDIX A

2018-2021 Administrator Attendance Payout

In an effort to contain the compounding costs of banked leave time payouts upon resignation or retirement the Board of Education has taken action to change the leave day and attendance payout language for the Romeo Administrators Association and subsequently in all non-affiliated personnel contracts by June 30, 2019.

At the time of ratification with the RAA the Board of Education is honoring the accrued time of all members that have been employed and earned banked time in their previous and current positions as presented in negotiations and maintained in the Employee Services Department. The District is officially escrowing the banked time as of June 30, 2018 at a rate of \$80.00 per day and holds this financial amount in abeyance until further action of the Board of Education will inform the applicable employees of their option(s) to receive the monetary settlement. If at any time an employee separates from the district due to resignation or retirement the Board of Education will honor any remaining amount owed as of June 30, 2018.

Appendix B - RAA WAGE SCHEDULE

		2018-19 No Increase	2019-2020 New RAA Schedule	2020-2021 1%	
HIGH SCHOOL PRINCIPAL (HS PRIN) 12 Month Employee with Vacation Days	STEP	8		117700	118877
		7		116018	117178
		6		114360	115503
		5	116378	112725	113852
		4	113745	111114	112225
		3	110869	109526	110621
		2	108114	107960	109040
		1	105364	106417	107482
		0	104354		
MIDDLE SCHOOL PRINCIPAL 210 Days 205 Days plus 5 Flex Days	STEP	8		105721	106778
		7		104056	105096
		6		102417	103441
		5	104627	100804	101812
		4	101885	99217	100209
		3	99146	97654	98631
		2	96405	96116	97077
		1	93666	94603	95549
		0	92656		
ELEMENTARY PRINCIPAL 203 Days (2019-2020) 201 Days plus 2 Flex Days 205 Days (2020-2021 and thereafter) 201 Days plus 4 Flex Days	STEP	8		101591	103618
		7		99893	101886
		6		98223	100183
		5	99497	96581	98508
		4	96750	94967	96861
		3	94003	93379	95242
		2	91257	91818	93650
		1	88509	90284	92085
		0	87499		
ASST PRINCIPAL MIDDLE SCHOOL 205 Days 201 Days plus 4 Flex Days	STEP	8		95666	96623
		7		93974	94914
		6		92313	93236
		5	94552	90680	91587
		4	91816	89077	89968
		3	89076	87502	88377
		2	86339	85955	86814
		1	83599	84435	85279
		0	82589		
HIGH SCHOOL ASSISTANT PRINCIPALS/ ACADEMY PRINCIPALS 205 Days 201 Days plus 4 Flex Days	STEP	8		99280	100273
		7		97601	98577
		6		95951	96910
		5	98220	94328	95272
		4	95473	92733	93661
		3	92725	91165	92077
		2	89982	89624	90520
		1	87236	88108	88989
		0	86226		
DIRECTOR OF ATHLETICS & STUDENT ACTIVITIES 210 Days Scheduled Annually	STEP	8		99280	100273
		7		97601	98577
		6		95951	96910
		5	98220	94328	95272
		4	95473	92733	93661
		3	92725	91165	92077
		2	89982	89624	90520
		1	87236	88108	88989
		0	86226		

APPENDIX C

B06

Romeo Community Schools 0145 ADMINISTRATION – RAA group (334) MESSA Non PAK Benefit Summary Description

Eligibility Rule:
01/01/19

145A

Effective

01/01/2019

Heather Scott

For employees electing health insurance: PAK A, PAK C or PAK D – 7/1/16 District using Hard Cap set by State of Michigan for insurance employee cost share. See cost summary sheet for actual employee monthly cost and payroll deduction amounts. Pro-rated for less than full time.

Health	<p>Opt 1 MESSA Choices XVA2 Group 71453 *see medical plan highlights sheet for plan details</p> <p>PAK A Deductible amounts: \$500 individual/\$1,000 family in-network, \$1,000 individual/\$2,000 family out of network Out of pocket maximums: none in-network, \$2,000 individual/\$4,000 family out of network Copayment amounts: zero co-insurance, Office visits \$20.00, Urgent Care \$25.00*, Emergency \$50.00* (*waived if Accidental injury or admitted to hospital), Prescription: Saver RX</p> <p>Opt 2 MESSA Choices XVA2 Group 71453 *see medical plan highlights sheet for plan details</p> <p>PAK C Deductible amounts: \$500 individual/\$1,000 family in-network, \$1,000 individual/\$2,000 family out of network Out of pocket maximums: See summary – separate out of network deductibles Copayment amounts: 20% co-insurance. Office visits \$20.00, Urgent Care \$25.00*, Emergency \$50.00* (*waived if Accidental injury or admitted to hospital), Prescription: SRX – mandatory mail order prescription coverage</p> <p>Opt 3 MESSA ABC Plan 1 - see medical plan highlights sheet for plan details</p> <p>PAK D Deductible amounts: In-network:: \$1,350 Single coverage. \$2,700 Two person/Family coverage Deductible amounts: Out-of-network:: \$2,700 Single coverage.\$5,400 Two person/Family coverage Out of pocket maximums: \$1,000 individual/\$2,000 family in-network, \$2,000 individual/\$4,000 family out of network Copayment amounts: No copayments for in-network medical services. After the deductible is satisfied, the only copayments are for prescription drugs according to the MESSA ABC Rx copayment schedule (see MESSA's summary for more details.</p>
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Negotiated	<p>70% Max. Mon. Salary \$11,429 \$ 8,000 Maximum Monthly Income 90 Calendar days straight wait Alcohol/Drug - Same as any other Mental/Nervous - Same as any other Family Social Security Offset 2 year Own Occupation</p>	<p>5% Minimum Payout Survivor Income Benefit - NO Pre-Existing Condition Waiver - YES COLA-NO Education Supplement Program - Maternity Coverage, Rehabilitation Freeze on Offsets -</p>
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Negotiated	<p>\$225,000 \$225,000 AD&D</p>	
Vision:	<p>VSP3+Pltnm (now called VSP-3 Plus P) Plan year is July to July</p>	
Delta	<p>6319-0023 100/90/90/90:\$2500; \$3,000 Class I, II & III Max.</p>	
Macomb	<p>Cleanings: 2</p>	<p>Plan year is July to July</p>

Comments:

For employees not electing Romeo Community Schools health insurance:

RCS pays stipend 450.00/month paid on first pay of month. Pro-rated for less than full time.

Health 0 None

Negotiated	<p>70% Max. Mon. Salary \$11,429 \$ 8,000 Maximum Monthly Income 90 Calendar days straight wait Alcohol/Drug - Same as any other Mental/Nervous - Same as any other Family Social Security Offset 2 year Own Occupation</p>	<p>5% Minimum Payout Survivor Income Benefit - NO Pre-Existing Condition Waiver - YES COLA-NO Education Supplement Program - Maternity Coverage, Rehabilitation Freeze on Offsets -</p>
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Negotiated	<p>\$225,000 \$225,000 AD&D \$10,000/\$5,000 Dependent Life</p>	
Vision:	<p>VSP3+Pltnm (now called VSP-3 Plus P) Plan year is July to July</p>	
Delta	<p>6319-0024 100/90/90/90:\$2500; \$3,000 Class I, II & III Max.</p>	
Macomb	<p>Cleanings: 2</p>	<p>Plan year is July to July</p>

Comments:

**MESSA In-Network Plan Comparison Exclusively for
Romeo Community Schools**

Effective: 1/1/2019

* NEW

	A	C	D
	MESSA Choices \$500/\$1000 0% MESSA Saver Rx	MESSA Choices \$500/\$1000 20% MESSA SaverRx Mandatory Mail	MESSA ABC Plan 1 \$1350/\$2700 HSA 0% MESSA ABC Rx
145A-Administration			
In-Network Cost Share After Deductible			
Deductible.	\$500/\$1000	\$500/\$1000	\$1350/\$2700
Coinsurance.	0%	20%	0%
Blue Cross online visit copay/coinsurance	\$20	\$20	0%
Office visit copay/coinsurance	\$20	\$20	0%
Specialist visit copay/coinsurance	\$20	\$20	0%
Urgent care copay/coinsurance	\$25	\$25	0%
Emergency room copay/coinsurance	\$50	\$50	0%
Total out-of-pocket maximum	\$2500/\$5000	\$3500/\$7000	\$2350/\$4700
Certain Benefit Differences			
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage. Office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage. Coinsurance applies Office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage.
Osteopathic manipulations	Up to 38 visits per calendar year. Office visit copay applies	Up to 38 visits per calendar year. Office visit copay applies	Up to 38 visits per calendar year.
Physical, occupational, and speech therapy	Up to a combined 60 visit maximum per calendar year.	Up to a combined 60 visit maximum per calendar year. Coinsurance applies	Up to a combined 60 visit maximum per calendar year.
Bariatric surgery	Covered	Covered	Covered
Acupuncture	Covered	Covered	Covered
Hearing aids	Covered up to the maximum benefit, adjusted annually.	Covered up to the maximum benefit, adjusted annually. Coinsurance applies	Covered up to the maximum benefit, adjusted annually.

**MESSA In-Network Plan Comparison Exclusively for
Romeo Community Schools
Effective: 1/1/2019**

145A Administration	A MESSA Choices \$500/\$1000 0% MESSA Saver Rx	C MESSA Choices \$500/\$1000 20% MESSA SaverRx Mandatory Mail	D MESSA ABC Plan 1 \$1350/\$2700 HSA 0% MESSA ABC Rx
Prescription Drugs	MESSA Saver Rx	MESSA SaverRx Mandatory Mail	MESSA ABC Rx (after deductible)
Retail	34-day supply	34-day supply	34-day supply
Optional mail order 90-day supply	2x copay of 34-day supply	N/A	2x copay of 34-day supply
Mandatory mail rider 90-day supply	N/A	2x copay of 34-day supply	N/A
Generic drug 34-day supply	\$2 or \$10	\$2 or \$10	Free, \$2 or \$10
Brand drug - preferred 34-day supply	\$20 or \$40	\$20 or \$40	Free, \$20 or \$40
Brand drug - non-preferred 34-day supply	N/A	N/A	An extensive list of FREE preventive drugs. These are FREE before you pay your deductible.

~ Information on this document is a general overview. Please refer to the plan booklet for more detailed information.

~ For Saver Rx and ABC Rx, the reduced cost Generic drugs at \$2 and Brand Name drugs at \$20, include medications for Asthma, Diabetes, Coronary Artery Disease, High Blood Pressure and High Cholesterol.

~ The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 to remain HSA-compatible according to IRS rules governing HSAs.

If you have any questions, please contact your MESSA Field Representative, Heather Scott, at 800.292.4910.

MESSA Choices Medical plan highlights



MESSA Account: Romeo Community Schools

Employee Group: Admin, Supv, Exec Secy, Non Union EA

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

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

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

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For complete coverage details, go to messa.org to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$500 individual/\$1,000 family
Medical copayment A fixed amount you pay for a medical visit.	\$20 Blue Cross online visit, \$20 office visit, \$20 specialist visit, \$25 urgent care, \$50 emergency room
Medical coinsurance A fixed percentage you pay for a medical service.	0%
Prescription drug coverage Subject to prescription copayments and coinsurance.	Saver Rx
Annual out-of-pocket maximums Medical: The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Prescription: The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: \$1,500 individual/\$3,000 family Prescription: \$1,000 individual/\$2,000 family
Covered service	In-network cost share
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Prenatal and postnatal care Prenatal and postnatal doctor visits.	
Blue Cross online visit	Subject to deductible and Blue Cross online visit copayment
Office visit (e.g. primary care physician, obstetrics and gynecology and pediatric visits)	Subject to deductible and office visit copayment
Specialist visit	Subject to deductible and specialist visit copayment
Urgent care Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment
Hospital emergency room (ER) Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
Allergy testing and therapy	Subject to deductible and coinsurance Specialist visit copayment may apply
Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.	Subject to deductible and office visit copayment
Chiropractic services including modalities Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply

Covered service	In-network cost share	
Acupuncture Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance Office visit copayment may apply	
Mental health and substance abuse - outpatient care		
Mental health and substance abuse - inpatient care		
Inpatient hospital		
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.		
Diagnostic lab and X-ray		
Radiation and chemotherapy		
Autism - applied behavior analysis (ABA) services		
Hearing care Hearing related services performed by an M.D. or D.O.		
Hearing aids There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.		Subject to deductible and coinsurance
Ambulance		
Bariatric surgery		
Medical supplies		
Durable medical equipment (DME)		
Prosthetics and orthotics		
Home health care		
Skilled nursing facility Up to a maximum of 120 days per calendar year.		
Human organ transplant Must be performed at an approved facility.		
Home delivery of prescription medications		
MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts 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 Express Scripts at 800.903.8346		
Medical care outside the U.S.		
MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.		
Covered services and approved amounts		
In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.		
Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.		
<i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i>		
Life and accidental death & dismemberment insurance		
Life insurance: \$5,000 policy for you.		
Accidental death & dismemberment insurance (AD&D): \$5,000 policy or you.		
AD&D terminates at age 65 or when employment ends, whichever comes later. <i>Life and AD&D insurance underwritten by Life Insurance Company of North America.</i>		

MESSA Choices Medical plan highlights



MESSA Account: Romeo Community Schools

Employee Group: Admin, Supv, Exec Secy, Non Union EA

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

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

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

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For complete 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
<p>Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	\$500 individual/\$1,000 family
<p>Medical copayment A fixed amount you pay for a medical visit.</p>	\$20 Blue Cross online visit, \$20 office visit, \$20 specialist visit, \$25 urgent care, \$50 emergency room
<p>Medical coinsurance A fixed percentage you pay for a medical service.</p>	20%
<p>Prescription drug coverage Subject to prescription copayments and coinsurance.</p>	SaverRx with mandatory mail
<p>Annual out-of-pocket maximums Medical: The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Prescription: The most you have to pay for prescription copayments and coinsurance in a calendar year.</p>	<p>Medical: \$2,500 individual/\$5,000 family Prescription: \$1,000 individual/\$2,000 family</p>
Covered service	In-network cost share
<p>Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.</p>	No cost to you
<p>Prenatal and postnatal care Prenatal and postnatal doctor visits.</p>	
<p>Blue Cross online visit</p>	Subject to deductible and Blue Cross online visit copayment
<p>Office visit (e.g. primary care physician, obstetrics and gynecology and pediatric visits)</p>	Subject to deductible and office visit copayment
<p>Specialist visit</p>	Subject to deductible and specialist visit copayment
<p>Urgent care Copayment waived if services are required to treat a medical emergency or accidental injury.</p>	Subject to deductible and urgent care copayment
<p>Hospital emergency room (ER) Copayment waived if admitted or due to an accidental injury.</p>	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<p>Allergy testing and therapy</p>	Subject to deductible and coinsurance Specialist visit copayment may apply
<p>Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.</p>	Subject to deductible and office visit copayment
<p>Chiropractic services including modalities Up to 38 visits per calendar year.</p>	Subject to deductible and coinsurance Office visit copayment may apply

Covered service	In-network cost share
Acupuncture Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - outpatient care	
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Inpatient hospital	
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	
Diagnostic lab and X-ray	
Radiation and chemotherapy	
Autism - applied behavior analysis (ABA) services	
Hearing care Hearing related services performed by an M.D. or D.O.	
Hearing aids There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.	
Ambulance	
Bariatric surgery	
Medical supplies	
Durable medical equipment (DME)	
Prosthetics and orthotics	
Home health care	
Skilled nursing facility Up to a maximum of 120 days per calendar year.	
Human organ transplant Must be performed at an approved facility.	
Home delivery of prescription medications	
MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts 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 Express Scripts at 800.903.8346	
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Covered services and approved amounts	
In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.	
Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.	
<i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i>	
Life and accidental death & dismemberment insurance	
Life insurance: \$5,000 policy for you.	
Accidental death & dismemberment insurance (AD&D): \$5,000 policy or you.	
AD&D terminates at age 65 or when employment ends, whichever comes later. <i>Life and AD&D insurance underwritten by Life Insurance Company of North America.</i>	

MESSA ABC Plan 1

Medical plan highlights



1475 Kendale Blvd. PO Box 2560
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 517.332.2581 • 800.292.4910

MESSA Account: Romeo Community Schools

Effective Date: 1/1/2019

Employee Group: Admin, Supv, Exec Secy, Non Union EA

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

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

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For complete 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
<p>Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	<p>Single coverage: \$1,350</p> <p>2-Person & Family coverage: \$2,700</p> <p><i>*Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.</i></p> <p><i>*When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</i></p>
<p>Medical coinsurance A fixed percentage you pay for a medical service.</p>	<p>0%</p>
<p>Prescription drug coverage Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. <i>See Free preventive prescriptions below.</i></p>	<p>ABC Rx</p>
<p>Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.</p>	<p>Single coverage: \$2,350</p> <p>2-Person & Family coverage: \$4,700</p>

In-network services covered at no cost to you

Free preventive prescriptions

MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.

Preventive care and prenatal care

Certain services such as annual exams, screenings, childhood and adult immunizations, certain preventive medications and prenatal doctor visits.

In-network services subject to deductible and applicable coinsurance

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

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts 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 Express Scripts at 800.903.8346

Medical care outside the U.S.

MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.

Covered services and approved amounts

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

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

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

Life and accidental death & dismemberment insurance

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

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

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

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



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MESSA Dental Plan Benefit Highlights

Effective Date: 01/01/2019
 MESSA Account: Romeo Community Schools
 Employee Group: 145A Administration
 Group/Subgroup: 6319-0023 PAK A, C, D

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 and using the provider directory search provided by Delta Dental.

Diagnostic & Preventive Services 100%	Basic Services 90%	Major Services 90%	Orthodontics 90%
<ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months <p>Rider (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>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p>	<ul style="list-style-type: none"> • 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. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. 	<ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. <p>Rider (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>\$3,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services</p>			<p>\$2,500 lifetime maximum per person Orthodontics</p>

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



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MESSA Dental Plan Benefit Highlights

Effective Date: 01/01/2019

MESSA Account: Romeo Community Schools

Employee Group: 145A Administration

Group/Subgroup: 6319-0024 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 and using the provider directory search provided by Delta Dental.

Diagnostic & Preventive Services 100%	Basic Services 90%	Major Services 90%	Orthodontics 90%
<ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months <p>Rider (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>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p>	<ul style="list-style-type: none"> • 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. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. 	<ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. <p>Rider (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>\$3,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services</p>			<p>\$2,500 lifetime maximum per person Orthodontics</p>

MESSA Group Term Life Insurance Benefit Highlights

Underwritten by Life Insurance Company of North America



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www.messa.org

Effective Date: 01/01/2019

MESSA Account: Romeo Community Schools

Employee Group: 145A Administration PAK A, B, C, D

*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
Group Term Life Insurance	The amount of your Group Term Life Insurance coverage.	\$225,000
Group AD&D Insurance	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	\$225,000
Group Dependent Term Life Insurance: SPOUSE	This provides a life benefit equal to 50% of the member's benefit (not to exceed \$25,000) for the spouse and does not contain AD&D benefits.	N/A
Group Dependent Term Life Insurance: CHILD(REN)	This provides a life benefit equal to 25% of the member's benefit (not to exceed \$12,500) for all eligible children and does not contain AD&D benefits.	N/A

It is important to note that Group Term Life Insurance in excess of \$50,000 and Group Dependent Term Life Insurance (if the benefit exceeds \$2,000) are taxable benefits.

MESSA Group Term Life Insurance Benefit Highlights

Underwritten by Life Insurance Company of North America



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Effective Date: 01/01/2019

MESSA Account: Romeo Community Schools

Employee Group: 145A Administration PAK B

*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
Group Term Life Insurance	The amount of your Group Term Life Insurance coverage.	N/A
Group AD&D Insurance	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	N/A
Group Dependent Term Life Insurance: SPOUSE	This provides a life benefit equal to 50% of the member's benefit (not to exceed \$25,000) for the spouse and does not contain AD&D benefits.	\$10,000
Group Dependent Term Life Insurance: CHILD(REN)	This provides a life benefit equal to 25% of the member's benefit (not to exceed \$12,500) for all eligible children and does not contain AD&D benefits.	\$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 Plan Benefit Highlights

Underwritten by Life Insurance Company of North America



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Effective Date: 01/01/2019

MESSA Account: Romeo Community Schools

Employee Group: 145A Administration

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
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	<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 CDSW
Benefit Level	Percent of covered salary.	70 %
Maximum Benefit Level	Monthly benefit up to the maximum amount bargained.	\$8,000
Minimum Maximum Benefit	There is a minimum monthly benefit of 5% of the gross monthly benefit or \$50, whichever is greater, after all offsets are applied, not to exceed the maximum monthly benefit.	5 %
Offsets	Benefits are reduced by any income the employee receives or is entitled to receive such as vacation pay, salary continuation, workers' compensation, full auto wage loss benefit, any employer-paid group plan, retirement benefits you receive from your employer's retirement or pension plan, including Michigan Public School Employees' Retirement System (MPSERS), short-term disability, and others.	
Social Security Offsets	<i>Primary:</i> Social security retirement and social security disability are offsets. <i>Family:</i> Any social security disability benefits received by the employee's family due to the employee's disability is an offset.	Family
Freeze on Offsets	Monthly disability benefits will not be reduced because of automatic, statutory or general cost of living increases in income from other sources after MESSA's initial benefit determination for each specified offset has been made. The exception to this is an unsuccessful return to work with increased salary, social security and retirement cost of living.	Yes
COLA	An employee's benefit may be increased while on claim due to increase in the cost of living. The increase is based on changes in the Consumer Price Index as of January 1 each year and is payable on the anniversary of the commencement of benefit payment. There is a maximum annual increase of 3%.	No
Own Occupation Maximum Benefit Period	Disability benefits may be payable during continuous disability. After the own occupation period, a member must be unable to perform any occupation for which he/she is qualified by training, experience or education. Benefits may be payable up to age 65. For benefits commencing at or after age 60, please see your benefit schedule.	2 Years
Mental / Nervous Conditions	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	Same as any other illness
Alcoholism / Drug Abuse	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	Same as any other illness

VSP-3 Plus P Benefits

Formerly VSP-3 Plus Platinum



In-network providers

When you see a MESSA VSP in-network provider for services that are covered charges (exam, lenses and frame allowance, or exam and contact lenses), the provider bills VSP directly for the covered charges. 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 in-network providers is available on the web at www.messa.org > Members > Find a Doctor > VSP Vision (Find an Eye Doctor).

Out-of-network providers

(Maximum reimbursement to patient)

Out-of-network providers are providers that do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames that are obtained from an out-of-network provider are subject to a maximum reimbursement. Members and dependents who choose to see an out-of-network provider must pay the provider and submit an 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-3 Plus P In-network provider	VSP-3 Plus P Out-of-network provider
Exam		
<ul style="list-style-type: none"> ■ Optometrist ■ Ophthalmologist 	No copayment	\$35 maximum reimbursement \$45 maximum reimbursement
Contact lens allowance (includes exam)		
<ul style="list-style-type: none"> ■ Cosmetic (elective) ■ Disposable 	Covered in full \$250	\$150 maximum reimbursement
Frame allowance	\$130*	\$66 maximum reimbursement
Lenses		
<ul style="list-style-type: none"> ■ Single vision ■ Bifocal ■ Trifocal ■ Lenticular 	Covered	\$38 maximum reimbursement \$60 maximum reimbursement \$72 maximum reimbursement \$108 maximum reimbursement
Extra lens features		
<ul style="list-style-type: none"> ■ Pink #1 or #2 tint ■ Rimless ■ Oversize ■ Blended ■ Progressive 	Covered	Patient pays for all materials and services above maximum reimbursement amount.
Tinted		
<ul style="list-style-type: none"> ● Tinted single vision ● Tinted bifocal ● Tinted trifocal ● Tinted lenticular 	Covered	\$42 maximum reimbursement \$70 maximum reimbursement \$84 maximum reimbursement \$118 maximum reimbursement
Polarized		
<ul style="list-style-type: none"> ● Polarized single vision ● Polarized bifocal ● Polarized trifocal ● Polarized lenticular 	Covered	\$56 maximum reimbursement \$90 maximum reimbursement \$110 maximum reimbursement \$138 maximum reimbursement

*The frame allowance is the total maximum frame benefit payable for each insured person in each year. The frame allowance for VSP-3 Plus P for materials provided by an in-network provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.

