

Hartland Consolidated Schools LVCC - Custodial/Maintenance 096C MESSA Benefit Summary Description

Effective Date: 01/01/2022	Monica McKay, Field Representative	Print Date: 10/14/2021

Medical plans

Plans:

MESSA Choices \$500/\$1000 0% \$20OL/\$20OV/\$20SV \$25UC/\$50ER Saver Rx (Includes \$5,000 Basic Term Life with AD&D)

MESSA Choices \$1000/\$2000 10% \$20OL/\$20OV/\$20SV \$25UC/\$50ER SRX Mail (Includes \$5,000 Basic Term Life with AD&D)

MESSA ABC Plan 1 \$1400/\$2800 0% ABC Rx Health Savings Account with HealthEquity (Includes \$5,000 Basic Term Life with AD&D)

MESSA ABC Plan 1 \$1400/\$2800 20% ABC Mail Rx Health Savings Account with HealthEquity (Includes \$5,000 Basic Term Life with AD&D)

Ancillary plans with medical

Dental:	Group/Subgroup: Diagnostic & Preventive Services: Basic Services: Major Services: Annual Maximum: Orthodontic Services: Lifetime Maximum: Adult Orthodontics: Sealants: Cleanings:	06517-0030 100% 80% (X-Rays) 80% \$2,000 80% \$1,000 No No 2 per year
Vision:	Plan: Plan Year: Examination Copay: • Optometrist • Ophthalmologist Contact Lenses (Includes examination): • Disposable • Non-disposable • Medically necessary Eyeglass frames:	VSP 2 S Jul-Jun \$6.50 \$6.50 \$110 allowance \$110 allowance MESSA pays 100% of the approved amount \$130 allowance after copayment
Life/AD&D:	\$25,000 Negotiated Life \$25,000 Negotiated AD&D	
Negotiated LTD:	66.67% Benefit Level \$3,500 Maximum Benefit 90 Calendar Days Modified Fill Alcohol/Drug - Same as any other illness Mental/Nervous - Same as any other illness Family Social Security Offset 2 Year Own Occupation	5% Minimum Benefit Survivor Income Benefit - No Pre-Existing Condition - Waived COLA Provision - No Education Supplement Program - No Maternity - Yes Freeze on Offsets - Yes



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Ancillary	plans	without	medical
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Dental:	Group/Subgroup: Diagnostic & Preventive Services: Basic Services: Major Services: Annual Maximum: Orthodontic Services: Lifetime Maximum: Adult Orthodontics: Sealants: Cleanings:	06517-0031 100% 80% (X-Rays) 80% \$2,000 80% \$1,000 No No 2 per year
Vision:	Plan: Plan Year: Examination Copay: • Optometrist • Ophthalmologist Contact Lenses (Includes examination): • Disposable • Non-disposable • Medically necessary Eyeglass frames:	VSP 2 S Jul-Jun \$6.50 \$6.50 \$110 allowance \$110 allowance MESSA pays 100% of the approved amount \$130 allowance after copayment
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Negotiated LTD:	66.67% Benefit Level \$3,500 Maximum Benefit 90 Calendar Days Modified Fill Alcohol/Drug - Same as any other illness Mental/Nervous - Same as any other illness Family Social Security Offset 2 Year Own Occupation	5% Minimum Benefit Survivor Income Benefit - No Pre-Existing Condition - Waived COLA Provision - No Education Supplement Program - No Maternity - Yes Freeze on Offsets - Yes