

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:	06517-0048 75% 75% (X-Rays) 75% \$1,500 0% \$ 0 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:	\$20,000 Negotiated Life \$20,000 Negotiated AD&D	
Negotiated LTD:	66.67% Benefit Level \$6,000 Maximum Benefit 60 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**

Dental:	Group/Subgroup: 06517-0049 Diagnostic & Preventive Services: 75% Basic Services: 75% (X-Rays) Major Services: 75% Annual Maximum: \$1,500 Orthodontic Services: 75% Lifetime Maximum: \$1,500 Adult Orthodontics: No Sealants: No Cleanings: 2 per year
Vision:	Plan: VSP 2 S Plan Year: Jul-Jun Examination Copay: • Optometrist \$6.50 • Ophthalmologist \$6.50 Contact Lenses (Includes examination): • Disposable \$110 allowance • Non-disposable \$110 allowance • Medically necessary MESSA pays 100% of the approved amount Eyeglass frames: \$130 allowance after copayment
Life/AD&D:	\$20,000 Negotiated Life \$20,000 Negotiated AD&D
Negotiated LTD:	66.67% Benefit Level 5% Minimum Benefit \$6,000 Maximum Benefit Survivor Income Benefit - No 60 Calendar Days Modified Fill Pre-Existing Condition - Waived Alcohol/Drug - Same as any other illness COLA Provision - No Mental/Nervous - Same as any other illness Education Supplement Program - No Family Social Security Offset Maternity - Yes 2 Year Own Occupation Freeze on Offsets - Yes