

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:                   | 06517-0022   |
| Diagnostic & Preventive Services: | 75%          |
| Basic Services:                   | 75% (X-Rays) |
| Major Services:                   | 75%          |
| Annual Maximum:                   | \$2,000      |
| Orthodontic Services:             | 50%          |
| Lifetime Maximum:                 | \$1,000      |
| 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:
- |                          |  |
|--------------------------|--|
| \$10,000 Negotiated Life |  |
| \$10,000 Negotiated AD&D |  |
- Negotiated LTD:
- |  |                                   |
|--|-----------------------------------|
| 66.67% Benefit Level                       | 5% Minimum Benefit                |
| \$4,000 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           |

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**Ancillary plans without medical**

Dental:	Group/Subgroup: 06517-0023 Diagnostic & Preventive Services: 75% Basic Services: 75% (X-Rays) Major Services: 75% Annual Maximum: \$2,000 Orthodontic Services: 50% Lifetime Maximum: \$1,000 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:	\$10,000 Negotiated Life \$10,000 Negotiated AD&D
Negotiated LTD:	66.67% Benefit Level 5% Minimum Benefit \$4,000 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