



Effective Date: 01/01/2023

Monica McKay, Field Representative

Print Date: 11/11/2022

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 \$1500/\$3000 0% ABC Rx
Health Savings Account with HealthEquity
(Includes \$5,000 Basic Term Life with AD&D)

MESSA ABC Plan 1 \$1500/\$3000 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:	06517-0010
	Diagnostic & Preventive Services:	100%
	Basic Services:	80% (X-Rays)
	Major Services:	80%
	Annual Maximum:	\$2,500
	Orthodontic Services:	80%
	Lifetime Maximum:	\$2,500
	Adult Orthodontics:	No
	Sealants:	No
	Cleanings:	2 per year
Vision:	Plan:	VSP 3 G
	Plan Year:	Jan-Dec
	Examination Copay:	
	• Optometrist	No copayment
	• Ophthalmologist	No copayment
	Contact Lenses (Includes examination):	
	• Disposable	\$135 allowance
	• Non-disposable	\$135 allowance
	• Medically necessary	MESSA pays 100% of the approved amount
	Eyeglass frames:	\$130 allowance
Life/AD&D:	2X Salary Negotiated Life (Max of \$225,000)	
	2X Salary Negotiated AD&D (Max of \$225,000)	
Negotiated LTD:	70% Benefit Level	5% Minimum Benefit
	\$8,000 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:	06517-0011
	Diagnostic & Preventive Services:	100%
	Basic Services:	90% (X-Rays)
	Major Services:	90%
	Annual Maximum:	\$3,000
	Orthodontic Services:	90%
	Lifetime Maximum:	\$3,000
	Adult Orthodontics:	No
	Sealants:	No
	Cleanings:	2 per year
Vision:	Plan:	VSP 3 Plus P
	Plan Year:	Jan-Dec
	Examination Copay:	
	• Optometrist	No copayment
	• Ophthalmologist	No copayment
	Contact Lenses (Includes examination):	
	• Disposable	\$250 allowance
	• Non-disposable	MESSA pays 100% of the approved amount
Life/AD&D:	• Medically necessary	MESSA pays 100% of the approved amount
	Eyeglass frames:	\$130 allowance
Negotiated LTD:	2X Salary Negotiated Life (Max of \$225,000)	
	2X Salary Negotiated AD&D (Max of \$225,000)	
Negotiated LTD:	70% Benefit Level	5% Minimum Benefit
	\$8,000 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