

MESSA Dental Plans



Good health. Good business. Great schools.

MESSA Account: Reeths Puffer Schools

Employee Group: Teachers

Group/Subgroup: 0439-0003 (PAK A & PAK C); 0439-0004 (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 %

- Oral Examination
- Prophylaxes
- Topical Fluoride
- Brush Biopsy
- Emergency Palliative
- Two Cleanings in 12 Months

RIDER

(If neither box below is checked, you do not have this coverage.)

- ☐ 3 Cleanings in 12 Months
- ☐ 4 Cleanings in 12 Months

Basic Services 90 %

- 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.

* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.

** Payable once in any five-year period on the same tooth.

RIDER

(If the box below is not checked, you do not have this coverage.)

- ☐ Sealants — payable on occlusal surface of first permanent molars for patients up to age nine and for second permanent molars for patients up to age 14 that are free from caries and restorations.

Major Services 90 %

- Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures.
- Payable once in any 5 year period for the same appliances.

Orthodontics 90 %

- 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.

RIDER

(If the box below is not checked, you do not have this coverage.)

- ☐ Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.

\$2,000 annual maximum per person
Diagnostic & Preventive Services, Basic Services, and Major Services

\$ UCR lifetime maximum per person
Orthodontics

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

VSP-3 Gold Benefits



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Panel Providers

When you see a MESSA VSP participating panel provider for services which 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 panel providers is available on the Web at www.messa.org > Members > Provider Search > Find an Eye Doctor.

Non-Panel Providers (Maximum Reimbursement to Patient)

Non-panel providers are providers who do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames which are obtained from a non-panel (non-participating) provider are subject to a maximum reimbursement. Members and dependents who choose to see a non-panel 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 Gold Panel Provider	VSP-3 Gold Non-Panel Provider
Exam Deductible		
■ Optometrist	No Deductible	\$35 max
■ Ophthalmologist		\$45 max
Contact Lens Allowance (includes exam)		
■ Cosmetic (Elective)	\$135	\$115 max
■ Disposable		
Frame Allowance	\$130*	\$55 max
Lenses		
■ Single Vision		\$ 38 max
■ Bifocal	Covered	\$ 60 max
■ Trifocal		\$ 72 max
■ Lenticular		\$108 max
Extra Lens Features		
■ Pink #1 or #2 tint	Covered	
■ Rimless		**
■ Oversize		
■ Blended		
■ Progressive	Not Covered	
Tinted		
● Tinted Single Vision		\$ 42 max
● Tinted Bifocal	Covered	\$ 70 max
● Tinted Trifocal		\$ 84 max
● Tinted Lenticular		\$118 max
Polarized		
● Polarized Single Vision		\$ 56 max
● Polarized Bifocal	Covered	\$ 90 max
● Polarized Trifocal		\$110 max
● Polarized Lenticular		\$138 max

*The frame allowance is the total maximum frame benefit payable for each insured person in each year.

**Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement. The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount. The frame allowance for VSP-3 Gold for materials provided by a panel provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.





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www.messa.org

MESSA Group LTD Benefit Highlights

Underwritten by Life Insurance Company of North America

MESSA Account: Reeths Puffer Schools

Employee Group: Teachers

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 CDMF
Benefit Level	Percent of covered salary.	50%
Maximum Benefit Level	Monthly benefit up to the maximum amount bargained.	\$4,500
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 (MPERS), 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

For additional information please call MESSA's Disability Department at 800.247.6951.



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MESSA Group Term Life Insurance Benefit Highlights

Underwritten by Life Insurance Company of North America

MESSA Account: Reeths Puffer Schools

Employee Group: Teachers

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.	\$ 45,000
Group AD&D Insurance	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	\$ 45,000
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.

