

Open Enrollment

Dexter Community
Schools 2025





MESSA has options

Protecting your family in numerous ways



MESSA Gives You Options

- ✓ Group Basic Term Life
- ✓ Groups Dependent Term Life
- ✓ Group Supplemental Term Life (flat amount or time salary)
- ✓ Group Survivor Income
- ✓ Short Term Disability

Short Term Disability

- ✓ Protects income if you become disabled and are out of sick days
- ✓ Pays during contractual work times
- ✓ Choose 8th or 29th day benefit and benefit amount
- ✓ Pre-existing condition limitations apply

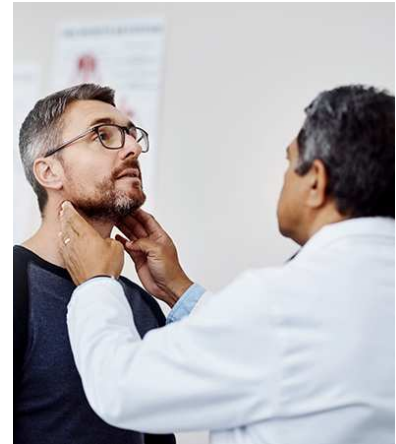
Update life insurance beneficiaries

- ✓ Update life insurance beneficiaries online during open enrollment period.
- ✓ Consider updating if you've had life changes such as marriage, divorce, children, etc.



MESSA supplemental plans

Financial protection when you need it most



Supplemental plans

- ✓ Plans pay cash benefits to you
- ✓ Choice of three plans:
 - **Accident**
 - **Critical Illness**
 - **Hospital Indemnity**
- ✓ Bundle all three for ultimate protection (Included in Balance+!)

Not a substitute
for medical
insurance



Bundle included
with MESSA
Balance+ plan

messa.org/supplemental

Accident

Pays cash benefits if you or a covered dependent experience an accidental injury on or off the job.

Includes injuries from kids' organized sports.

Payout examples

- ✓ Initial care: Ambulance, emergency room, clinic, X-rays
- ✓ Follow-up: Appliance, chiropractic, therapy
- ✓ Hospital care: Non-ICU, ICU, rehab
- ✓ Surgeries
- ✓ Transportation
- ✓ Organized sports riders for children
- ✓ Waiver of supplemental plan premium

How it works: Accident Plan

Your football ace takes a hard hit in a game and breaks his leg

✓ The bills add up: ER visit, surgery, doctors' appointments, physical therapy

Covered care	Cost of service	Member share <i>(after deductible has been met)</i>	Cash benefits
Initial treatment - ER	\$660	\$200 (copay)	\$150
X-ray/MRI/CT scan	\$210	\$42 (coinsurance)	\$50
Broken leg (open reduction)	\$12,000	\$2,400 (coinsurance)	\$2,250
Crutches	\$50	\$10 (coinsurance)	\$100
Follow-up care visit	\$185	\$25 (copay)	\$50
Physical therapy (six visits)	\$990	\$198 (coinsurance)	\$150
Organized sports rider (25%)			\$687.50
Total	\$14,095	\$2,875	\$3,437.50

These amounts should be used for example purposes only and are not necessarily reflective of your current MESSA plan.

Critical Illness

Pays cash benefits if you or a covered dependent are diagnosed with a covered illness or condition.

Payout examples

- ✓ Base face value of \$10,000:
 - Member 100%
 - Spouse or children 50%

- ✓ Pays \$50 per covered individual for certain preventive screenings and care.

How it Works: Critical Illness Plan

A safety net for when the unexpected happens

- Flat dollar cash payouts
- Preventive screenings pay out \$50 per covered individual every year
- This is not an exhaustive list

Illness	Member benefit	Dependent benefits
Heart attack	\$10,000	\$5,000
Coronary artery condition requiring bypass surgery	\$2,500	\$1,250
Stroke	\$10,000	\$5,000
Cancer (invasive)	\$10,000	\$5,000
Skin cancer	\$1,000	\$500
Third-degree burns	\$10,000	\$5,000

Hospital Indemnity

Pays a lump sum benefit for admission and a daily benefit for a covered hospital stay due to childbirth, illness, injury or surgery.

Payout examples

- ✓ Lump sum of \$1,000 of first day of inpatient stay
- ✓ Daily payout of \$100 for days 2-30
 - Increase of \$100 per day for ICU
- ✓ Waiver of supplemental plan premium

How it works: Hospital Indemnity Plan

You're having a baby! Congratulations!

- ✓ You have not yet met your deductible for your MESSA Balance+ plan; here's how the costs break down for you:

Covered care	Cost of service	Member share	Cash benefits
Prenatal office visits	\$1,500	\$0	\$0
Prenatal labs, tests	\$400	\$400 (deductible)	\$0
Hospital stay, admission		\$2,800 (deductible)	\$1,000
Hospital stay, daily	\$13,000	\$2,040 (coinsurance)	\$100
Newborn routine care	\$2,000	\$400 (coinsurance)	\$100
Total	\$16,900	\$5,640	\$1,200
Member cost after supplemental payout		\$4,440	

These amounts should be used for example purposes only and are not necessarily reflective of your current MESSA plan.

Health Insurance Terms



MESSA Balance+

HSA eligible

Supplemental plans bundle

Copays & coinsurance



Significant savings
compared to most
popular MESSA ABC plan

A lower premium
MESSA plan



HealthEquity HSA

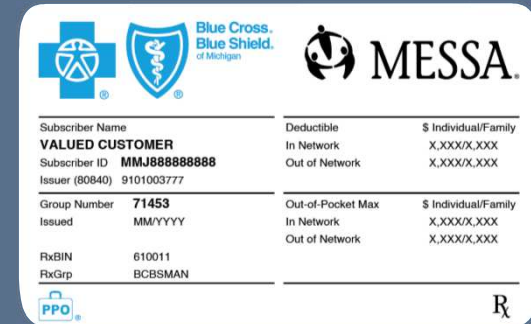
Tax-free health savings account

Pay for deductible medical expenses,
as well as qualified vision and dental
expenses

Triple tax savings — no taxes on
contributions, earnings or payments

Unspent money carries over year-to-year

Save for retirement



Overview

Same large network of doctors, hospitals and other providers

Extensive list of free preventive prescriptions

Most services and prescriptions require a copay or coinsurance



Overview

One member on a 2+ contract can meet entire family deductible

Non-preventive medical and prescription costs count toward deductible

Deductibles reset each Jan. 1

Annual limit on out-of-pocket costs for medical and Rx



In-network services

Before deductible is fully paid

PREVENTIVE CARE

No cost to you

OFFICE VISIT

Deductible

URGENT CARE/ER

Deductible

OTHER MEDICAL SERVICES & SUPPLIES

Deductible

PRESCRIPTION

Deductible

Extensive list of free preventive drugs

After deductible is fully paid

PREVENTIVE CARE

No cost to you

OFFICE VISIT

Copay

URGENT CARE/ER

Copay

OTHER MEDICAL SERVICES & SUPPLIES

20% coinsurance

PRESCRIPTION

Copay or coinsurance

Extensive list of free preventive drugs

Deductible

- Lowest deductible allowed for an HSA-eligible plan
 - ▶ In 2025: \$1,650/\$3,300

Out-of-pocket maximum

- The most a member has to pay for covered services and prescriptions in a plan year, including deductibles, copays and coinsurance
 - ▶ **Individuals:** \$4,050 (2025)
 - ▶ **Family:** \$8,100 (2025)

Copays & coinsurance

COPAYS *after deductible is met*

- ▶ \$10 for Teladoc Health 24/7 Care for minor illness or injury
- ▶ \$10 for Teladoc Health Mental Health
- ▶ \$25 for Teladoc Health Virtual Primary Care
- ▶ \$25 office visits (e.g., primary care physician, obstetrics and gynecology, pediatric visits)
- ▶ \$25 office visit for outpatient mental health and substance use disorder
- ▶ \$25 chiropractic and osteopathic manipulations
- ▶ \$50 specialist visits
- ▶ \$50 urgent care
- ▶ \$200 ER visit, if not admitted

COINSURANCE *after deductible is met*

- ▶ 20% except for preventive services and visits or services that have copays

Some coverage differences

- Chiropractic and osteopathic manipulations, 12 visits per year
- Physical therapy, occupational therapy, speech therapy and therapeutic massage, 30 visits per year combined
 - ▶ Therapeutic massage covered when performed by chiropractor, MD, DO, independent physical therapist, occupational therapist, nurse practitioner, or athletic trainer

Rx summary

Extensive list of free preventive medications

Copays for a 34-day or 90-day supply:

- *Generics: \$10 / \$30*
- *Preferred brand: \$40 / \$120*
- *Nonpreferred brand: \$80 / \$240*

Coinsurance for specialty medications:

- *Preferred specialty: 20%, \$150 max*
- *Nonpreferred specialty: 20%, \$300 max*
- *Specialty drugs limited to 30-day supply for all MESSA plans*



Includes MESSA's Supplemental Plans

Cash in your pocket for covered injuries, illness or hospitalizations

Accident

Pays cash benefits if you or a covered dependent experience an accidental injury on or off the job.

Includes a 25% increased payout for injuries from kids' organized sports.

Critical Illness

Pays cash benefits if you or a covered dependent are diagnosed with a covered illness or condition.

Pays \$50 per covered individual for certain preventive screenings.





Hospital Indemnity

Pays a lump sum benefit for admission and a daily benefit for a covered hospital stay due to childbirth, illness, injury or surgery.

HSA basics

- ✓ Tax-free health savings account that can be paired with a MESSA ABC or MESSA Balance+ plan.
- ✓ Use the funds to pay for deductible medical expenses, as well as qualified vision and dental expenses.
- ✓ You own the account forever. Any unspent money carries over year-to-year.
- ✓ Triple tax savings – no taxes on contributions, earnings or payments.
- ✓ Great way to save for medical expenses in retirement.

A MESSA medical and Rx plan with a HealthEquity health savings account (HSA)

			
Subscriber Name VALUED CUSTOMER		Deductible	\$ Individual/Family
Subscriber ID	MMJ888888888	In Network	X,XXX/X,XXX
Issuer (80840)	9101003777	Out of Network	X,XXX/X,XXX
Group Number 71453		Out-of-Pocket Max	\$ Individual/Family
Issued	MM/YYYY	In Network	X,XXX/X,XXX
RxBIN	610011	Out of Network	X,XXX/X,XXX
RxGrp	BCBSMAN		
			

HealthEquity

HEALTH SAVINGS ACCOUNT

4000 1234 5678 9010

Valid Thru 09/30

JANE DOE

DEBIT



3-Tier Rx

Flat dollar copays for:

- *Generics*

Coinsurance for:

- *Preferred brand medications*
- *Nonpreferred brand medications*



3-Tier Rx copays

Types of medications	Up to 34-day supply	90-day supply
Generic drugs Members pay the lowest copay for generics, making them the most cost-effective option for treatment.	\$10 copayment	\$25 copayment
Preferred brand-name drugs Most brand drugs with no generic equivalent or therapeutic alternative	20% (min \$40, max \$80)	20% (min \$100, max \$200)
Nonpreferred brand-name drugs Brand drugs for which there's a more cost-effective generic alternative or preferred brand-name drug	20% (min \$60, max \$100)	20% (min \$180, max \$300)

For MESSA ABC plans, copays begin after your deductible is met

	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% MESSA ABC Rx	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx
In-Network Cost Share After Deductible				
Deductible	\$1,000/\$2,000	\$1,650/\$3,300	\$2,000/\$4,000	\$1,650/\$3,300
Coinsurance	0%	0%	0%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	0%	\$10
Teladoc Health virtual primary care	\$20	0%	0%	\$25
Office visit	\$20	0%	0%	\$25
Specialist visit	\$20	0%	0%	\$50
Urgent care	\$25	0%	0%	\$50
Emergency room	\$50	0%	0%	\$200
Total out-of-pocket maximum	\$4,000/\$8,000	\$3,650/\$7,300	\$3,000/\$6,000	\$4,050/\$8,100
Certain Benefit Differences (cost share is applied after deductible is met)				
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	12 visits combined per calendar year; \$25 copay applies
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	Not covered
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.	Not covered
Acupuncture	100% after ded.	100% after ded.	100% after ded.	Not covered
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	Not covered

	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% MESSA ABC Rx	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx
Prescription Drugs	3-Tier Rx	3-Tier Rx (after deductible)	MESSA ABC Rx (after deductible)	MESSA Balance+ Rx (after deductible)
Up to a 34-day supply				
Generic	\$10	Free or \$10	Free, \$2 or \$10	Free or \$10
Preferred brand	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	\$20 or \$40	\$40
Nonpreferred brand	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)		\$80
Preferred specialty (generic specialty and brand specialty)	Pricing included in one of the above categories	Pricing included in one of the above categories	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty				20% coinsurance (\$0 min - \$300 max)
90-day supply				
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	2x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Additional Information				
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans

Support Staff

	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 3-Tier Rx	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA Rx
In-Network Cost Share After Deductible				
Deductible	\$1,000/\$2,000	\$1,650/\$3,300	\$1,650/\$3,300	\$375/\$750
Coinsurance	0%	0%	20%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	\$10	\$10
Teladoc Health virtual primary care	\$20	0%	\$25	\$25
Office visit	\$20	0%	\$25	\$25
Specialist visit	\$20	0%	\$50	\$50
Urgent care	\$25	0%	\$50	\$50
Emergency room	\$50	0%	\$200	\$200
Total out-of-pocket maximum	\$4,000/\$8,000	\$3,650/\$7,300	\$4,050/\$8,100	\$9,200/\$18,400
Certain Benefit Differences (cost share is applied after deductible is met)				
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	12 visits combined per calendar year; \$25 copay applies	12 visits combined per calendar year; \$25 copay applies
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.		
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	100% after ded.	100% after ded.	Not covered	Not covered
Acupuncture	100% after ded.	100% after ded.	Not covered	Not covered
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	Not covered	Not covered

Support Staff

	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 3-Tier Rx	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA Rx
Prescription Drugs	3-Tier Rx	3-Tier Rx (after deductible)	MESSA Balance+ Rx (after deductible)	Essentials by MESSA Rx
Up to a 34-day supply				
Generic	\$10	Free or \$10	Free or \$10	\$10
Preferred brand	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	\$40	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	\$80	20% coinsurance (\$60 min - \$100 max)
Preferred specialty (generic specialty and brand specialty)	Pricing included in one of the above categories	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)	Pricing included in one of the above categories
Nonpreferred specialty			20% coinsurance (\$0 min - \$300 max)	
90-day supply				
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Additional Information				
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans	Not included

Plan comparison tool



1. Select plans
2. Select coverage
3. Calculate and compare

Estimate employee out-of-pocket costs

Reset Print

Year:

2025

Step 1: Select up to four plans to compare

	1 Compare	2 Compare	3 Compare	4 Compare
Plan	MESSA ABC Plan 1	MESSA Balance+	MESSA Choices	Essentials by MESSA
Deductible	\$1650 / \$3300	\$1650 / \$3300	\$500 / \$1000	\$375 / \$750
Coinsurance	0 percent	20 percent	0 percent	20 percent
Medical copays	\$0 / \$0 / \$0	\$25 / \$50 / \$200	\$20 / \$25 / \$50	\$25 / \$50 / \$200
Rx copays	MESSA ABC Rx	MESSA Balance+ Rx	MESSA Saver Rx	Essentials by MESSA
Your premium share	0	0	0	\$
Pays per year				
Employer HSA	0	\$	\$	\$

Step 2: Select coverage and claims scenario options

Coverage type selected: Single

Claims scenario selected: Not much

SELECT OPTIONS

Step 3: Calculate and compare employee out-of-pocket costs

CALCULATE AND COMPARE

Teladoc Health

24/7 Care

Mental Health

**Virtual
Primary Care**

Chronic Condition Management:

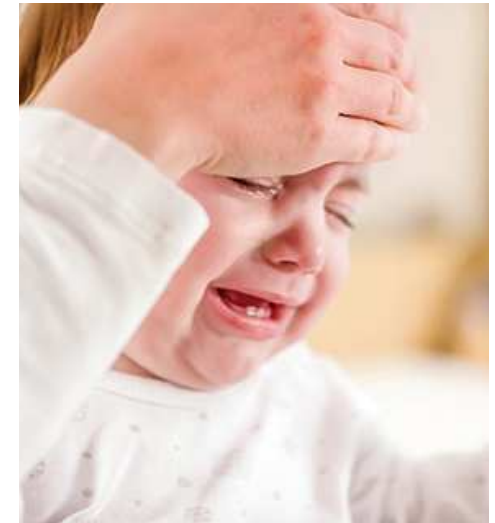
- ✓ **Weight management program – Coming Jan. 1, 2025**
- ✓ **Hypertension management**
- ✓ **Diabetes prevention and weight loss**

messa.org/Teladoc

NurseLine

- ✓ Staffed by registered nurses who can answer medical questions and offer guidance
- ✓ May help you avoid unnecessary ER visits
- ✓ Call anytime **800-414-2014**

Available
24/7



messa.org

View:

- ✓ Claims history
- ✓ Explanation of benefits

Request:

- ✓ MESSA ID cards

Link:

- ✓ HealthEquity health savings account
- ✓ Aetna supplemental plans portal
- ✓ Optum Rx for home delivery

MyMESSA

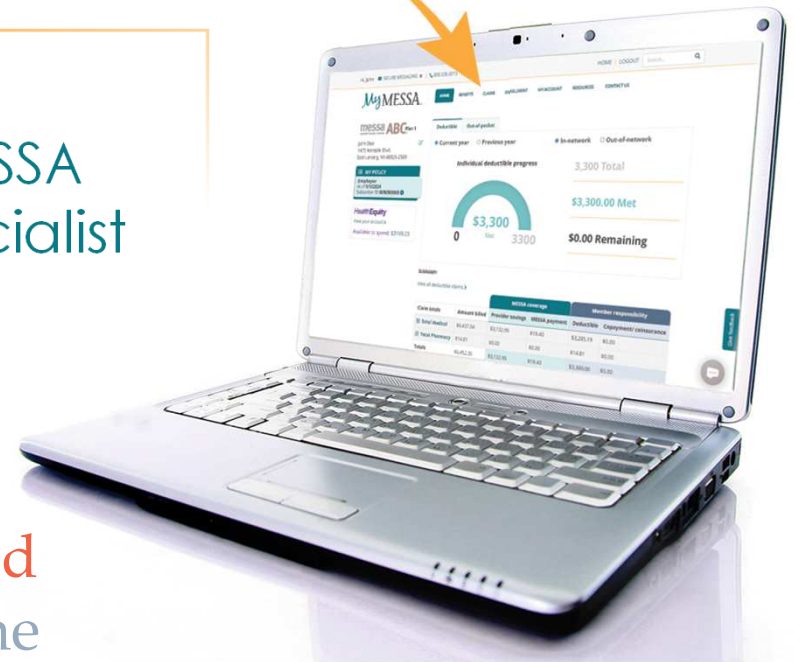
Your online member account

All your plan details in **one secure place**

Live chat with a MESSA member service specialist



Download a **virtual MESSA card** to your smartphone



MESSA believes the hardworking people who care for our kids, our schools and our communities **deserve exceptional health benefits and unmatched personal service.**



Our **WHY**



Questions?

Monica McKay, Ethan Scott
mmckay@messa.org | escott@messa.org
800-292-4910

