

Lakeview School District, Employee costs for 2025

SUMMARY OF EMPLOYEE RATES FOR 2025 (All quoted in monthly rates)

Cost to employee is for health only. There is no cost to employees for dental or vision.

PREMIUMS: Effective 1/1/2025

ACA taxes/fees: Effective 1/1/2025

ADMIN COORD & ASST DIRECTORS 2470

Plan: ABC2 5-TIER - \$2000/\$4000; \$none; 0%; 5-TIER RX

ACA Taxes/Fees

Total monthly cost to employee:

EMPLOYER COST

ABC2 5-TIE

| Single | 2Person | Family |
|----------|------------|------------|
| 135.63 | 304.79 | 379.22 |
| 0.00 | 0.00 | 0.00 |
| \$135.63 | \$304.79 | \$379.22 |
| \$599.67 | \$1,316.80 | \$1,683.04 |

Pak includes dental and vision

Plan: Balance+ - \$1650/\$3300; \$10, \$25, \$50; 20%; Balance+ RX

ACA Taxes/Fees

Total monthly cost to employee:

EMPLOYER COST

Balance+

| | | |
|----------|------------|------------|
| 134.52 | 302.29 | 376.10 |
| 0.00 | 0.00 | 0.00 |
| \$134.52 | \$302.29 | \$376.10 |
| \$595.23 | \$1,306.80 | \$1,670.60 |

Pak includes health, dental and vision

Plan: ABC2 3-TIER - \$2000/\$4000; None; 20%; 3-Tier RX

ACA Taxes/Fees

Total monthly cost to employee:

EMPLOYER COST

ABC2 3 TIE

| | | |
|----------|------------|------------|
| 129.57 | 291.16 | 362.26 |
| 0.00 | 0.00 | 0.00 |
| \$129.57 | \$291.16 | \$362.26 |
| \$575.46 | \$1,262.30 | \$1,615.21 |

Pak includes health, dental and vision

Plan: Dental & Vision/No health - \$350 month cash-in-lieu

Monthly cost to employee:

EMPLOYER COST FOR PAK B:

PAK B

| | | |
|-------|-------|--------|
| 0.00 | 0.00 | 0.00 |
| 57.17 | 97.66 | 166.18 |

Pak includes dental and vision, NO HEALTH

MESSA In-Network Plan Comparison - Effective 1/1/2025
Lakeview School District

| | MESSA ABC Plan 2 \$2,000/\$4,000 0% 5-Tier Rx HSA | MESSA ABC Plan 2 \$2,000/\$4,000 20% 3-Tier Rx HSA | MESSA Balance+ \$1,650/\$3,300 20% Balance+ Rx HSA |
|--|--|--|--|
| Employee Premium Share per Pay - 20% Share, 2% Medical plan discount, 24 Pays and 50% HSA Funding | | | |
| Single | \$67.66 | \$64.64 | \$67.11 |
| 2person | \$152.24 | \$145.43 | \$150.99 |
| Family | \$189.46 | \$180.98 | \$187.90 |
| In-Network Cost Share After Deductible | | | |
| Deductible | \$2,000/\$4,000 After District Funding: \$1,000/\$2,000 | \$2,000/\$4,000 After District Funding: \$1,000/\$2,000 | \$1,650/\$3,300 After District Funding: \$825/\$1,650 |
| Coinsurance | 0% | 20% | 20% |
| Teladoc 24/7 care for minor illnesses, injuries and mental health | 0% | 20% | \$10 |
| Teladoc Health virtual primary care | 0% | 20% | \$25 |
| Office visit | 0% | 20% | \$25 |
| Specialist visit | 0% | 20% | \$50 |
| Urgent care | 0% | 20% | \$50 |
| Emergency room | 0% | 20% | \$200 |
| Total out-of-pocket maximum | \$4,000/\$8,000 | \$5,000/\$8,300 | \$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; 80% 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; 80% after ded. | |
| Outpatient physical, occupational and speech therapy | 60 visits combined per calendar year; 100% after ded. | 60 visits combined per calendar year; 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. | 80% after ded. | Not covered |
| Acupuncture | 100% after ded. | 80% after ded. | Not covered |
| Hearing aids | 100% up to a max. benefit after ded. | 80% up to a max. benefit after ded. | Not covered |
| Prescription Drugs | 5-Tier Rx (after deductible) | 3-Tier Rx (after deductible) | MESSA Balance+ Rx (after deductible) |
| Up to a 34-day supply | | | |
| Generic | Free or \$10 | Free or \$10 | Free or \$10 |
| Preferred brand | \$40 | 20% coinsurance (\$40 min - \$80 max) | \$40 |
| Nonpreferred brand | \$80 | 20% coinsurance (\$60 min - \$100 max) | \$80 |
| Preferred specialty (generic specialty and brand specialty) | 20% coinsurance (\$0 min - \$150 max) | Pricing included in one of the above categories | 20% coinsurance (\$0 min - \$150 max) |
| Nonpreferred specialty | 20% coinsurance (\$0 min - \$300 max) | | 20% coinsurance (\$0 min - \$300 max) |
| 90-day supply | | | |
| Generic, Preferred brand, Nonpreferred brand | 3x 1-month supply; Retail or mail order | 2.5x 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 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 | Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans |

ACA = Affordable Care Act

~ Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Tara Wilbur, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.

MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America



1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2023

Account: Lakeview School District

Employee Group: 2470 Coordinators & Asst Directors

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.

| Plan features | Definition | Your Coverage |
|---|--|---------------------------|
| Group Term Life Insurance | The amount of your Group Term Life Insurance coverage. | 2x Salary (\$225,000 MAX) |
| Group AD&D Insurance | The amount of your Accidental Death and Dismemberment (AD&D) coverage. | 2x Salary (\$225,000 MAX) |
| 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.

VSP 3 Benefits



1475 Kendale Blvd. PO Box 2560
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In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at messa.org/vision or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800.877.7195.

| Benefit | In-network provider | Out-of-network provider maximum allowance |
|--|--|--|
| Examination | | |
| Optometrist | No copayment | \$35 |
| Ophthalmologist | No copayment | \$45 |
| Contact lenses (includes eye examination and contact lens exam) | | |
| Elective lenses to improve vision | \$115 allowance | \$115 |
| Medically necessary - to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> | MESSA pays 100% of the approved amount | \$200 |
| Eyeglass frames | \$65 allowance | \$55 |
| Eyeglass lenses | | |
| Single vision | | \$38 |
| Bifocal | MESSA pays 100% of the approved amount | \$60 |
| Trifocal | | \$72 |
| Lenticular | | \$108 |
| Eyeglass lens enhancements | | |
| Rose #1 or #2 tint | | |
| Rimless | | |
| Oversize | MESSA pays 100% of the approved amount | Member must pay the difference between the approved amount and the provider charge |
| Blended | | |
| Photochromic | | |
| Progressive | Not covered | |
| Tinted | | |
| Single vision | | \$42 |
| Bifocal | MESSA pays 100% of the approved amount | \$70 |
| Trifocal | | \$84 |
| Lenticular | | \$118 |
| Polarized | | |
| Single vision | | \$56 |
| Bifocal | MESSA pays 100% of the approved amount | \$90 |
| Trifocal | | \$110 |
| Lenticular | | \$138 |

MESSA Dental plan highlights



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Employee Group: 2470 Coordinators & Asst Directors

Group/Subgroup: 00471-0024

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.

| Plan Features | | | |
|---|--|--|--|
| Diagnostic & Preventive Services 100% | Basic Services 100% | Major Services 90% | Orthodontics 80% |
| <ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Pallative • 2 Cleanings in 12 Months <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p> | <ul style="list-style-type: none"> • 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. <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p> | <ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances. | <ul style="list-style-type: none"> • 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. <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p> |
| <p>\$1,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services</p> | | | <p>\$1,300 lifetime maximum per person Orthodontics</p> |

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