

Effective Date: 01/01/2022

Monica McKay, Field Representative

Print Date: 11/12/2021

Medical plans

Plans:

MESSA Choices \$500/\$1000 0% \$200L/\$200V/\$20SV \$25UC/\$50ER SRX Mail
(Includes \$5,000 Basic Term Life with AD&D)

MESSA Choices \$500/\$1000 10% \$200L/\$200V/\$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 10% ABC Mail Rx
Health Savings Account with HealthEquity
(Includes \$5,000 Basic Term Life with AD&D)

Ancillary plans with medical

Dental:	Group/Subgroup: Diagnostic & Preventive Services: Basic Services: Major Services: Annual Maximum: Orthodontic Services: Lifetime Maximum: Adult Orthodontics: Sealants: Cleanings:	00762-0010 100% 90% (X-Rays) 90% \$3,000 90% \$3,000 No No 2 per year
Vision:	Plan: Plan Year: Examination Copay: • Optometrist • Ophthalmologist Contact Lenses (Includes examination): • Disposable • Non-disposable • Medically necessary Eyeglass frames:	VSP 3 Plus Jul-Jun No copayment No copayment \$200 allowance MESSA pays 100% of the approved amount MESSA pays 100% of the approved amount \$80 allowance
Life/AD&D:	2X Salary Negotiated Life (Max of \$300,000) 2X Salary Negotiated AD&D (Max of \$300,000)	
Negotiated LTD:	70% Benefit Level \$8,000 Maximum Benefit 180 Calendar Days Modified Fill Alcohol/Drug - Same as any other illness Mental/Nervous - Same as any other illness Family Social Security Offset 2 Year Own Occupation	5% Minimum Benefit Survivor Income Benefit - No Pre-Existing Condition - Waived COLA Provision - No Education Supplement Program - No Maternity - Yes Freeze on Offsets - Yes

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Ancillary plans without medical

Dental:	Group/Subgroup:	00762-0011
	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
	Plan Year:	Jul-Jun
	Examination Copay:	
	• Optometrist	No copayment
	• Ophthalmologist	No copayment
	Contact Lenses (Includes examination):	
	• Disposable	\$200 allowance
	• Non-disposable	MESSA pays 100% of the approved amount
	• Medically necessary	MESSA pays 100% of the approved amount
	Eyeglass frames:	\$80 allowance
Life/AD&D:	2X Salary Negotiated Life (Max of \$300,000)	
	2X Salary Negotiated AD&D (Max of \$300,000)	
Negotiated LTD:	70% Benefit Level	5% Minimum Benefit
	\$8,000 Maximum Benefit	Survivor Income Benefit - No
	180 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