It's *that* time...
benefits information
and **open enrollment**

Benefit Enrollment Guide **2021 Plan**

For insurance-eligible employees of the Monroe County Intermediate School District

All forms, plan information and links to relevant websites can be found at www.monroeisd.us under the Quicklinks titled 'Open Enrollment'

Monroe County Intermediate School District
1101 S. Raisinville Road
Monroe, MI 48161

HUMAN RESOURCES
734-322-2641
Janel Faber

This booklet provides a brief summary of your benefits under the group health plans of Monroe County Intermediate School District. We have tried to be as accurate as possible in compiling the information in this booklet. However, if there is any discrepancy between the information in this booklet and our official plan documents, the official plan documents will rule. Monroe County Intermediate School District reserves the right to modify, amend or terminate the Plan at any time.

WHEN YOU MAY ENROLL FOR BENEFITS 4
YOUR RESPONSIBILITIES AT *INITIAL ENROLLMENT* 4
YOUR RESPONSIBILITIES AT *OPEN ENROLLMENT* 4
MEDICAL INSURANCE PLANS 6
DENTAL AND VISION INSURANCE 6
GROUP TERM LIFE INSURANCE/LONG TERM DISABILITY INSURANCE 6
OPTIONAL INSURANCE AND DISABILITY COVERAGE 6
CAFETERIA PLAN 7
PREMIUM PAYMENT COMPONENT 7
HEALTH FLEXIBLE SPENDING ARRANGEMENT (HEALTH FSA) 7
LIMITED PURPOSE HEALTH FLEXIBLE SPENDING ARRANGEMENT 7
HEALTH SAVINGS ACCOUNT (HSA) 8
DEPENDENT CARE ASSISTANCE PROGRAM (DCAP) 8
ELIGIBILITY REQUIREMENTS FOR HEALTH PLAN ENROLLMENT 9
OPEN ENROLLMENT 2021 10
TO ENROLL OR MAKE CHANGES DURING OPEN ENROLLMENT 11
INSURANCE DEDUCTION SCHEDULE AND CASH-IN-LIEU PAYMENTS 13
MEDICAL PLAN COST 14
WHO TO CONTACT FOR HELP 15
CASH IN-LIEU OF MEDICAL AND DENTAL INSURANCE (CIL) 16
MEDICAL PLAN HIGHLIGHTS 17
HEALTH SAVINGS ACCOUNT ELIGIBILITY 19
HEALTH SAVINGS ACCOUNT QUALIFIED MEDICAL EXPENSES 20
HEALTH SAVINGS ACCOUNT PREFUND 20
DENTAL PLAN INFORMATION 21
VISON PLAN INFORMATION 22
FLEXIBLE SPENDING ACCOUNTS 23
Medical Reimbursement Account 23
Dependent Care Account 23
MESSA OPTIONAL INSURANCES 24
SET SEG VOLUNTARY LIFE INSURANCE 24
Guaranteed Issue: 24
Insurance Amounts for Employees: 24
Dependent Life Insurance: 24
Accidental Death and Dismemberment: 24
ADDITIONAL CAFETERIA PLAN DOCUMENT INFORMATION 25

The Monroe County Intermediate School District does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, height, weight, marital status or familial status in its programs, activities or in employment. The following person has been designated to handle inquiries regarding the non-discrimination policies. **Elizabeth J. Taylor, Assistant Superintendent for Human Resources and Legal Counsel: 1101 S. Raisinville Road, Monroe, MI 48161; Phone 734-322-2640.**

This guide is designed to provide employees with an overview of insurance benefit options under the group health plan with Monroe County Intermediate School District.

Please take time to familiarize yourself with each benefit option to ensure that you make the best benefit elections for you and your eligible family members.

When You May Enroll for Benefits

There are three different occasions when an employee may enroll for eligible coverage under the group health plan of Monroe County Intermediate School District. These occasions are:

Initial Enrollment

Your initial enrollment into the plan when you first become eligible for benefits. This is called your **INITIAL ENROLLMENT** and may only occur once during your employment with Monroe County Intermediate School District. You must complete your Initial Enrollment within 30 calendar days of becoming benefit eligible.

Annual Open Enrollment

Once per calendar year, if eligible for benefits, you may enroll for, or change, insurance coverage. This opportunity will occur during a designated time period in the month of November. **Any changes you elect during Annual Open Enrollment will become effective January 1st of the following year.**

Change of Status Event

Throughout the year you may experience a change in life or insurance circumstances that allows you to modify your insurance enrollment. These occasions are referred to as **CHANGE OF STATUS EVENT OR QUALIFYING EVENT**. Internal Revenue Code and our health care provider plans define allowable Change of Status Events or Qualifying Events. Enrollment changes necessitated by a change of status event must be made within 30 calendar days of the date of the event. Please contact Janel Faber at 734-322-2641.

Your Responsibilities at *Initial Enrollment*

Take time to thoroughly read through this Benefit Guide to better understand your options.

Complete the Enrollment Forms provided to you by Human Resources. **If you are not enrolling for coverage, you must still complete a form to elect cash-in-lieu of insurance and waive the coverage to which you are entitled.**

Return the completed enrollment forms and required documentation to the Human Resources Office within 30 calendar days of becoming benefit eligible.

Your Responsibilities at *Open Enrollment*

Carefully review this Benefit Guide to understand your benefit options. Keep in mind that changes you elect during the Annual Open Enrollment period will remain in effect for the upcoming plan year, unless you experience a Change of Status or Qualifying Event.

Follow the directions included in your Annual Open Enrollment materials, being sure to complete and return any required forms. You may also elect other changes to your coverage (adding/dropping coverage and/or dependents). Elected benefit changes, except where Statements of Health or Evidence of Insurability must be provided, will become effective as of January 1st of the following year.

If you have any questions, please contact Janel Faber at 734-322-2641 or e-mail janel.faber@monroeisd.us

MEDICAL INSURANCE PLANS

Eligible employees may elect between four different medical plans offered by MESSA Blue Cross Blue Shield, depending on their employee group.

Members of the MCIFSA, MCIEA, and ESPA employees may choose between MESSA CHOICES, MESSA ABC Plan 1, MESSA ABC Plan 2 and MESSA ABC Plan 3.

GSRP and Head Start employees may choose between MESSA CHOICES, MESSA ABC Plan 1, MESSA ABC Plan 3 and MESSA Essentials.

Non-Affiliated employees may choose between MESSA CHOICES, MESSA ABC Plan 1, MESSA ABC Plan 2 and MESSA Essentials.

Plan descriptions of each plan can be found on the MISD website under *Human Resources Department - Employee Benefits - MESSA Medical Insurance*. Highlights of each medical plan are also outlined on pages 17-19 of this document.

ABC Plans are high deductible health plans (HDHP) and feature a Health Savings Account (HSA). A Health Savings Account allows employees to contribute pre-tax dollars to a savings account that can be used to pay for health care expenses not covered by their insurance carrier. Also see the *Complete HSA Guidebook*, *Winning With an HSA* and *Five Great Reasons to Choose an HSA.*

Employees and their spouses who contribute to a Health Savings Account cannot participate in a non-qualifying plan (e.g. CHOICES or Health Flexible Spending Account). Additional information regarding your eligibility to participate in a Health Savings Account can be found in *IRS Publication 969.*

DENTAL AND VISION INSURANCE

Dental and vision insurance is provided to eligible employees through SET SEG. Plan descriptions can be found on the MISD website under *Human Resources Department Employee Benefits - SET/SEG Dental and Vision.* Highlights of the Dental Plan and Vision Plan are are also outlined on pages 21-22 of this document.

GROUP TERM LIFE INSURANCE/LONG TERM DISABILITY INSURANCE

Please refer to your collective bargaining agreement, employee handbook or individual employment contract to determine your eligibility for Board paid life insurance and/or Long-Term Disability.

OPTIONAL INSURANCE AND DISABILITY COVERAGE

Employees may purchase additional life and disabilty products from MESSA. See page 24 for information regarding options and costs. Employees may also purchase Voluntary Life

Insurance from SET SEG. See page 24 for additional information regarding the SET SEG plan.

CAFETERIA PLAN

Monroe County ISD sponsors the Monroe Intermediate School District Cafeteria Plan that allows eligible employees to choose from a menu of different benefits (Premium Payment, Health FSA, Health Savings Account, and Dependent Care Assistance Program) and to pay for those benefits with pre-tax dollars. Alternatively, eligible employees may choose to pay for any of the benefits with after-tax contributions on a payroll-reduction basis. Please refer to the MCISD website *Human Resources Department Employee Benefits - Cafeteria Plan* page for the Summary Plan description. See also *Flexible Spending Accounts*.

PREMIUM PAYMENT COMPONENT

Premium payment component permits an eligible employee to pay for their share of contributions for the Medical Insurance Plan with pre-tax dollars.

HEALTH FLEXIBLE SPENDING ARRANGEMENT (Health FSA)

This is also called a medical expense reimbursement plan and permits an eligible employee to pay, with pre-tax dollars, for his/her qualifying Medical Care Expenses that are not otherwise reimbursed by insurance. The Health FSA election may be for:

- General Purpose Health FSA Coverage
- Limited Purpose (Vision/Dental Care) Health FSA Coverage

An employee enrolled in the MESSA ABC Plans 1, 2 or 3 is not eligible to enroll in the General Purpose Health FSA but may enroll in the Limited Purpose Health FSA. Additionally, if your spouse participates in a Health Flexible Spending Arrangement through his or her place of employment, you are not eligible to particpate in the MCISD Health Flexible Spending Arrangement. Additional information regarding your eligibility to participate in a Flexible Spending Account can be found in *IRS Publication 969.* See also pages 19-20 for additional information regarding Health FSA.

LIMITED PURPOSE HEALTH FLEXIBLE SPENDING ARRANGEMENT

A Limited Purpose Flex Account is a reimbursement account specifically designed for individuals with a Health Savings Account. This type of account allows for reimbursements of dental, vision and post deductible expenses (co-insurance and co-pay expenses after your deductible has been met).

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account permits an employee to make pre-tax contributions to an HSA established and maintained outside the Plan with the employee's HSA trustee. This is not an employer-sponsored employee benefit plan - it is an individual custodial account that an employee opens with an HSA custodian (Health Equity) to be used for reimbursement of "eligible medical expenses" as set forth in the IRS Code. Additional information regarding your eligibility to participate in a Health Savings Account can be found in *IRS Publication 969.*

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

Permits an employee to pay for his or her qualifying Dependent Care Expenses with pre-tax dollars.

***Not all employee groups are eligible for Board Paid dependent coverage, per Union agreement or individual contract/condition of employment. ***

Eligibility Requirements for Health Plan Enrollment

Please refer to your individual contract, union contract or employee handbook for eligibility requirements for health care coverage. Providing you qualify for family benefits, or if you qualify for single benefits but wish to purchase family benefits, the following definitions apply.

Eligible dependents include:

- Spouse; A legally married couple
- Dependent Children up to month in which they turn age 26 including children of the employee or spouse by birth, marriage, legal adoption or legal guardianship
- Dependent children over the age of 26 if totally and permanently disabled by either physical or mental condition prior to age 26. They may remain covered to any age as long as you remain employed and benefit eligible

Not all employee groups are eligible for Board Paid dependent coverage, per Union agreement or individual contract/condition of employment.

Open Enrollment 2021

Open Enrollment for insurance benefits will take place from November 2, 2020 through November 30, 2020. During this time period, active, benefit-eligible employees may modify their insurance coverage as well as coverage for their eligible dependents (see previous page for eligibility). Coverage changes will be effective January 1, 2021

All Open Enrollment changes and documentation must be returned to Human Resources or completed on-line no later than 4:00 p.m. November 30, 2020

Making *NO CHANGES* to your elected insurance?

If you are not making changes to your current *medical, dental or vision* or *optional* insurance elections, you do not have to do anything.

HOWEVER, if you are currently enrolled in a BASIC Health Flexible Spending Arrangement or Dependent Care Assistance Program, you ***must*** complete an enrollment application annually. See page 23 for additional information.

OR

If you are enrolled in Health Savings Prefund, you ***must*** complete an election annually. See page 20 for additional information.

Making *CHANGES?*

If you'd like to make changes to your insurance(s), see page 11 for instructions.

Waiving insurance coverage?

If you are electing to waive medical, dental or vision insurance, each year **you must fill out** and return the *Election or Waiver of Health Insurance and Cash-In-Lieu Election Form* to Human Resources. Cash-in-lieu amounts vary between employee groups. Refer to your *Collective Bargaining Agreement* or *Employee Handbook* for cash-in-lieu amounts.

If you are waiving medical insurance, you ***must*** provide proof that you are enrolled in another group healthcare plan. Marketplace insurances are not considered group healthcare plans under IRS regulations; therefore cash-in-lieu cannot be paid to employees enrolled in these plans.

If the waiver and proof of coverage under another group healthcare plan is not received by the Human Resources Department by November 30, 2020, employees will stop receiving cash-in-lieu of medical insurance payments effective January 2021. Payments would resume in the month proof is provided.

To Enroll or Make Changes During Open Enrollment

MESSA COVERAGE (including optional Short-Term Disability, Long-Term Disability and/or Supplemental Life Insurance):

As in previous years, you can review and update your current MESSA coverage and optional insurance online at *www.messa.org* through your member account. If you have not yet created a member account, you can create one from the MESSA homepage.

It is no longer necessary to forward paperwork to the Human Resources Department when making changes to your MESSA coverage. *All changes* to MESSA coverage are done on-line through your MESSA account.

To create an account and/or make changes to your current coverage, follow the link on the *Employee Benefits* website page. Select *Online Benefits Website User Guide for Open Enrollment.*

If you currently are not enrolled in a medical insurance plan and would like to enroll, contact Janel Faber in Human Resources, 734-322-2641 or janel.faber@monroeisd.us to activate an enrollment for you on the MESSA on-line benefit enrollment website.

SET-SEG COVERAGE (Dental/Vision or Voluntary Life Insurance)

Individual current coverage information for your SET- SEG coverage will be provided by Human Resources upon request. Contact Janel Faber at janel.faber@monroeisd.us or 734-322-2641. We encourage you to review your coverage to determine if any changes are necessary.

SET SEG Dental/Vision or Optional Voluntary Life Insurance Enrollment/Changes:

Use the Dental/Vision Group Insurance Change Form Request to add or delete dependents or make a name or address change.

Use the SETSEG Subscriber Application for new dental and/or vision enrollments

Use the Voluntary Life Insurance Form to enroll for voluntary life insurance

HEALTH FLEXIBLE SPENDING ARRANGEMENT OR DEPENDENT CARE ASSISTANCE PLAN ENROLLMENT

See the *Basic Flex Brochure* for information about these benefits and how to enroll.

YOU *MUST* COMPLETE AN ENROLLMENT FORM EACH YEAR FOR THE HEALTH FLEXIBLE SPENDING ARRANGEMENT AND THE DEPENDENT CARE ASSISTANCE PLAN.

HEALTH SAVINGS ACCOUNT PREFUND

A prefund to your Health Savings Account is available to those employees whose individual contract, union contract or employee handbook allows for the prefund (excludes those in the Head Start and GSRP programs). See your collective bargaining agreement or employee handbook for details regarding the funding schedule. See also page 20 of this guide for enrollment information.

YOU *MUST* COMPLETE AN ENROLLMENT FORM EACH YEAR FOR THE HEALTH SAVINGS ACCOUNT PREFUND.

AFLAC INSURANCE ENROLLMENT/CHANGES: Contact Cheryl Bauer at 734-476-2008 or c_bauer@us.aflac.com

AFLAC policies remain effective each year until you terminate them.

Insurance Deduction Schedule and Cash-In-Lieu Payments

Depending on your insurance elections and contractual/assigned obligations, you will find that not all deductions for premiums and contributions occur on the same deduction schedule. The table below identifies when deductions will be taken and for what purpose, as well as when cash-in-lieu payments will be made.

Type of Deduction	Frequency of Deduction
Medical Premium	Full Year Employees: Each payroll* School Year Employees: Each payroll October through May
HSA Prefund Premium	Full Year Employees: Each payroll* School Year Employees: Each payroll January – June and October – December
FLEX Spending	Each Pay: The annual amount you elect for the 2021 plan year will be divided over 20 equal deductions that will be taken over 20 pay cycles, beginning January 8, 2021.
Vision, Dental & Optional Insurance Purchases (i.e., MESSA variable options, SET Voluntary Life, and/or employee portion of the Dental and/or Vision coverage)	2nd pay of the month, Full Year Employees** School Year Employees***
AFLAC	Each pay October through May
Type of Payment	**Frequency of Payment**
Cash in-Lieu	Cash In-Lieu of Medical insurance is paid every payroll each month throughout the calendar year.

*MCIEA staff who have elected 20 pays will have their deduction taken over the 20 pays.

**Full Year employees are deducted throughout the entire year.

*** School Year employees are deducted each pay October through June. Deductions for summer coverage are taken the 1st and 2nd pay of May and the 1st pay of June.

Medical Plan Cost

Employees enrolled in medical insurance through the Monroe County Intermediate School District may be required to pay a contribution toward medical insurance. ***This contribution toward medical insurance is <u>not</u> the same as the prorated premiums you might pay if you are less than a full-time employee. Part-time employees should contact Janel Faber at 734-322-2641 or janel.faber@monroeisd.us for information regarding their part-time benefit premiums.***

Deductions for contributions toward medical insurances vary depending on your work schedule (see previous page). Board paid contributions toward medical premiums for full-time employees **through December 31, 2021** are capped at:

$7,043.89 for single coverage
$14,730.96 for two-person coverage
$19,210.66 for full family coverage

	MESSA Annual Premium	Board Paid Cap	Employee Annual Contribution
MESSA Choices II			
$500/$1000 Deductible			
Single	$ 8,506.92	$ (7,043.89)	$ 1,463.03
2-SP/2-DP	$ 19,117.92	$ (14,730.96)	$ 4,386.96
Family	$ 23,786.88	$ (19,210.66)	$ 4,576.22
ABC/HSA Plan 1			
$1400/$2800 Deductible			
Single	$ 7,596.72	$ (7,043.89)	$ 552.83
2-SP/2-DP	$ 17,070.36	$ (14,730.96)	$ 2,339.40
Family	$ 21,238.68	$ (19,210.66)	$ 2,028.02
ABC/HSA Plan 2			
$2000/$4000 Deductible			
Single	$ 7,110.72	$ (7,043.89)	$ 66.83
2-SP/2-DP	$ 15,976.68	$ (14,730.96)	$ 1,245.72
Family	$ 19,877.76	$ (19,210.66)	$ 667.10
ABC/HSA Plan 3			
$3500/$7000 Deductible			
Single	$ 6,330.72	$ (7,043.89)	$ (713.17)
2-SP/2-DP	$ 14,221.68	$ (14,730.96)	$ (509.28)
Family	$ 17,693.76	$ (19,210.66)	$ (1,516.90)
MESSA Essentials			
$375/$750 Deductible			
Single	$ 5,716.68	$ (7,043.89)	$ -
2-SP/2-DP	$ 12,839.88	$ (14,730.96)	$ -
Family	$ 15,974.16	$ (19,210.66)	$ -

Employee per pay deductions have been previously communicated. Hourly school-year employees making a change from one plan to another should contact Janel Faber at 734-322-2641 or janel.faber@monroeisd.us for updated payroll deductions effective January 2021. See page 13 for the payroll deduction schedule.

Who To Contact For Help

Who to Contact for Help			
PROVIDER	BENEFIT	PHONE	WEBSITE
MESSA	Medical (MESSA Choices II or ABC Plans 1, 2 or 3: HSA) Optional Life Coverage Optional Disability Income Insurance	(888) 888-4167	www.messa.org
HealthEquity	HSA Administrator for ABC Plans	(866) 346-5800	www.healthequity.com
SETSEG	Dental & Vision	(800) 292-5421	www.setseg.org
BASIC	Flexible Spending Accounts for Medical Reimbursement and Dependent Care	(800) 444-1922	www.basiconline.com
AFLAC	Accident Indemnity Advantage Cancer Care Select Plan Hospital Protection Plan Critical Care and Recovery Vision Now	Cheryl Bauer 734-476-2008	c_bauer@us.aflac.com www.aflac.com
MCISD Benefits	Benefit Changes/Questions	(734) 322-2641	janel.faber@monroeisd.us

Cash In-Lieu of Medical and Dental Insurance (CIL)

A benefit eligible employee choosing to opt out of medical and/or dental insurance will receive an amount (see table) for each full month of the plan year (January 1 through December 31) in which the employee is not enrolled in such insurance under the Group Health Plan of Monroe County Intermediate School District. This amount is prorated if the employee is less than a full-time employee. The amount, less applicable deductions, is paid each payroll of each month. The employee will not be eligible for this payment in any month in which he/she is enrolled in medical insurance provided through the school district as the subscriber. No additional CIL is paid for declining vision insurance.

Employee Group	Annual Cash In-Lieu
Hourly (ESPA) Benefit Eligible Employees*	• $4,800 annually • No CIL benefit for Dental Coverage
Non-Affiliated, Supervisory (MCIFSA) Benefit Eligible Employees*	• $4,800 annually • Dental $150 annually
Non-Affiliated Head Start and GSRP Employees	• $1,800 annually • Dental $150 annually
Certified (MCIEA) Benefit Eligible Employees*	• $4,800 • No CIL benefit for Dental Coverage
Central Office	See individual employment contract

The employee must file a *Waiver of Insurance and Cash-In-Lieu Election Form* within 30 calendar days of either becoming benefit eligible or following a change of status event in order to enroll in this option. This form must also be submitted annually for those employees waiving medical insurance. Employees must provide proof of coverage under another group healthcare plan in order to receive payment of cash-in-lieu monies for medical insurance. Marketplace insurances are not considered group healthcare plans under IRS Regulations. Employees enrolled in these plans will not receive cash-in-lieu of medical insurance payments.

Employees electing to enroll in this option during Open Enrollment period will begin their participation on January 1. Employees who become eligible will have 30 calendar days from the date of eligibility to enroll in the CIL program. If, after electing the CIL option, the employee experiences a change of status event, he/she may re-enroll in the district's healthcare program within 30 calendar days of the event and terminate his/her enrollment in the CIL program.

The *Waiver of Insurance and Cash-In-Lieu Election Form* is available on the Employee Benefits page of the Monroe Intermediate School District's Human Resources page. For more information contact the Human Resources department at (734) 322-2641.

*Cash in-lieu is prorated for less than full-time (1.0) employees.

Medical Plan Highlights

The Monroe County Intermediate School District offers medical coverage through MESSA. Following is a brief overview of the plan coverages. MESSA offers many links to information and videos on their website www.messa.org.

Please see the Employee Benefits page of the MCISD Human Resources website at www.monroeisd.us for a full description of each plan and links to additional MESSA information regarding prescriptions and optional insurance purchases

MESSA Choices (All Employee Groups)	
In Network Deductible	$500 Single $1,000 2-Person & Family
In Network Copay	$20 Office Visit/$25 Urgent Care Visit/$50 Emergency Room Visit
Out-of-Network Deductible	$1,000 Single $2,000 2-Person & Family
Out-of-Network Coinsurance	20% of approved amount after deductible is met.
Out-of-pocket Maximum In-network	$2,500 Single $5,000 2-Person & Family
Out-of-pocket Maximum Out-of-Network	$3,000 Single $6,000 2-Person & Family
Prescription Coverage	MESSA Saver RX - $2.00 to $40.00
Inpatient Hospital In-Network • Semi-private room and board • Physician Charge	In-Network Provider :100% of approved amount (after co-pay/deductible) Out-of-Network Provider :80% of approved amount (after co-pay/deductible)
Emergency Care In-Network • Emergency Room Facility and Physician Charges • Urgent Care	100% of approved amount
Preventative Care – In-Network www.uspreventiveservicestaskforce.org	100% coverage, not subject to deductible

ABC Plan 1 Health Savings Account (All Employee Groups)	
In Network Deductible	$1,400 Single $2,800 2-Person & Family
Out-of-Network Deductible	$2,800 Single $5,600 2-Person & Family
Out-of-pocket Maximum In-network	$2,400 Single $4,800 2-Person & Family
Out-of-pocket Maximum Out-of-Network	$4,800 Single $9,600 2-Person & Family
Office Visits In-Network	100% of approved amount
Prescription Coverage	After ABC Plan deductible is met, MESSA Saver RX - $2.00 to $40.00
Free Preventative Prescriptions In-Network	MESSA ABC covers an extensive list of FREE preventative prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. For a full list see the Human Resources Webpage under Employee Benefits.
Inpatient Hospital In-Network • Semi-private room and board • Physician Charges	100% of approved amount after deductible
Emergency Care In-Network • Emergency Room Facility and Physician Charges • Urgent Care	100% of approved amount after deductible
Preventative Care – In-Network www.uspreventiveservicestaskforce.org	100% coverage, not subject to deductible

ABC Plan 2 Health Savings Account (excludes GSRP and Head Start Employees)	
In Network Deductible	$2,000 Single $4,000 2-Person & Family
Out-of-Network Deductible	$4,000 Single $8,000 2-Person & Family
Out-of-pocket Maximum In-network	$3,000 Single $6,000 2-Person & Family
Out-of-pocket Maximum Out-of-Network	$6,000 Single $12,000 2-Person & Family
Office Visits In-Network	100% of approved amount
Prescription Coverage	After ABC Plan deductible is met, MESSA Saver RX - $2.00 to $40.00
Free Preventative Prescriptions In-Network	MESSA ABC covers an extensive list of FREE preventative prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. For a full list see the Human Resources Webpage under Employee Benefits.
Inpatient Hospital In-Network • Semi-private room and board • Physician Charges	100% of approved amount after deductible
Emergency Care In-Network • Emergency Room Facility and Physician Charges • Urgent Care	100% of approved amount after deductible
Preventative Care – In-Network www.uspreventiveservicestaskforce.org	100% coverage, not subject to deductible

ABC Plan 3 Health Savings Account 10% Co-Insurance (excludes Non-Affiliated Employees)	
In Network Deductible	$3,500 Single $7,000 2-Person & Family
Out-of-Network Deductible	$7,000 Single $14,000 2-Person & Family
Out-of-pocket Maximum In-network	$4,500 Single $9,000 2-Person & Family
Out-of-pocket Maximum Out-of-Network	$9,000 Single $18,000 2-Person & Family
Office Visits In-Network	90% of approved amount
Prescription Coverage	After ABC Plan deductible is met, MESSA Saver RX - $2.00 to $40.00
Free Preventative Prescriptions In-Network	MESSA ABC covers an extensive list of FREE preventative prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. For a full list see the Human Resources Webpage under Employee Benefits.
Inpatient Hospital In-Network • Semi-private room and board • Physician Charges	90% of approved amount after deductible
Emergency Care In-Network • Emergency Room Facility and Physician Charges • Urgent Care	90% of approved amount after deductible
Preventative Care – In-Network www.uspreventiveservicestaskforce.org	100% coverage, not subject to deductible

MESSA Essentials (excludes ESPA, MCIEA and MCIFSA Employees)	
In Network Deductible	$375 Single $750 2-Person & Family
In Network Copay	$25 Office Visit/$50 Urgent Care Visit/$200 Emergency Room Visit
Out-of-Network Deductible	$750 Single $1,500 2-Person & Family
Out-of-Network Coinsurance	40% of approved amount after deductible is met.
Out-of-pocket Maximum In-network	$8,150 Single $16,300 2-Person & Family
Out-of-Network Out-of-Pocket Cap	$16,300 Single $32,600 2-Person & Family
Prescription Coverage	EbM – Dependent on days supply; $10 - $30 co-payment for generics
Inpatient Hospital In-Network • Semi-private room and board • Physician Charge	In-Network Provider :20% co-insurance; pre-authorization required Out-of-Network Provider :40% co-insurance; pre-authorization required
Emergency Care Out-of-Network • Emergency Room Facility and Physician Charges • Urgent Care	$200 co-pay/visit to Emergency Room 40% co-insurance for Urgent Care
Preventative Care – In-Network www.uspreventiveservicestaskforce.org	100% coverage, not subject to deductible

Health Savings Account Eligibility

To qualify for a Health Savings Account, an employee:

- Must be covered by an HSA-qualified high-deductible plan (MESSA ABC plans are HSA-qualified).
- Cannot be claimed as a dependent on someone else's tax return.
- Cannot be covered under any other health plan unless the plan is also HSA-qualified.
- Cannot be enrolled in Medicare or Medicaid.
- Cannot have utilized VA benefits in the three months leading up to enrollment in the HSA plan.
- Generally, cannot make contributions to an HSA if the employee has a medical flexible spending account (FSA) or a health retirement account (HRA) that reimburses qualified medical expenses (even if the employee is covered by a high-deductible health plan).

For additional information on eligibility, review IRS Publication 969.

Health Savings Account Qualified Medical Expenses

Qualified medical expenses are those expenses that generally would qualify for the medical and dental expenses deduction. These are explained in IRS Publication 502, Medical and Dental Expenses.

Qualified medical expenses are those incurred by the following persons.

- You and your spouse.
- All dependents you claim on your tax return.
- Any person you could have claimed as a dependent on your return except that:
    a. The person filed a joint return,
    b. The person had gross income of $4,050 or more, or
    c. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's 2018 return.

Health Savings Account Prefund

Employees may elect to have their Health Savings Account prefunded, excluding those who work in the GSRP and Head Start Programs. Subject to the limitations of Publicly Funded Health Insurance Contribution Act (MCL 15.563), the district will fully fund the annual single in-network ABC Plan 1 HSA deductible. See your collective bargaining agreement or employee handbook for details regarding the funding schedule. For new employees selecting one of the available ABC HSA plans upon employment or for those employees experiencing a qualifying event during the year and selecting one of the available ABC HSA plans at that time, the district will prorate the annual single in-network ABC Plan 1 HSA deductible on a monthly basis.

Employees electing an available ABC HSA must sign a commitment letter to repay any prefunded amounts made and not repaid if the employee does not complete the entire calendar year for which the deductible was remitted by the district. The employee's signature constitutes authorization for payroll to withhold any amounts still owing from the prefunded deductible from the employee's pay. The signature also acknowledges that should there be insufficient funds through the payroll process to cover the amount due, the employee is still obligated to repay the funds to the district in a timely manner.

Employees may elect HSA prefunding only at the district's annual open enrollment period. Those newly hired employees or those employees experiencing a qualifying event may opt out of HSA prefunding upon hire or upon the qualifying event.

Dental Plan Information

The Monroe County Intermediate School District offers a dental plan through SETSEG. Eligible participants include all active, full-time employees of Monroe County ISD (part-time eligible employee's dental premium is prorated).

Eligible dependents include (1) an employee's spouse while not divorced or legally separated from the employee; (2) each of the employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States, to age 25. Coverage is provided through December 31 of the year in which the dependent becomes age 25. **Not all employee groups are eligible for Board Paid dependent coverage, per Union agreement or individual contract/condition of employment.**

Eligible dental care charges are the actual costs charged for the listed treatments or services to the extent that such charges are reasonable and customary for the services performed or the materials furnished. Reasonable and customary is determined from a compilation of reported usual fees charged by doctors in specific geographic areas.

Eligible charges are reimbursed on a year defined as the 12-month period of January 1 through December 31.

Your plan: Covers bridge/and or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth); orthodontia started prior to the effective contract date; and orthodontia without regard to the patient's age.

Basic Services 80% of R&C*º The Plan Year is January 1 through December 31	
Basic Services Include Services Such As:	
Examinations	Diagnostic X-Rays
Cleaning (Prophylaxis)	Oral Surgery and Anesthetics
Fillings	Root Canals (Endodontics)
Fluoride Treatment to age 18	Periodontics
Lifetime Deductible	$25

Major Services 80% of R&C* The Plan Year is January 1 through December 31	
Major Services Include Services Such As:	
Inlays	Dentures (Full and Partial)
Crowns and/or Bridges	Crown and/or Bridge Repair
Annual Deductible	$25
Combined Annual Maximum	$1,200 per year/per person total benefit

A Summary of Benefit Coverage is available on the MCISD Website under Human Resources Department – Employee Benefits.

Orthodontic Services (to age 19) 80% of R&C* The Plan Year is January 1 through December 31	
Major Services Include Services Such As:	
Deductible	$50
Lifetime Maximum	$2,000 per person

*R&C means reasonable and customary (see eligible dental care charges in summary above).

ºAn Incentive Plan is incorporated in this benefit. The Benefit Level will begin at 80% on selected basic services for the first year, and then increase to 10% each succeeding benefit year, to a maximum of 100%, provided you visit the dentist at least once during the calendar year for a regular exam and/or cleaning.

Vison Plan Information

The Monroe County Intermediate School District offers a vision plan through SETSEG. Eligible participants include all active, full-time employees of Monroe County ISD, per Union or individual contract.

Eligible dependents include (1) an employee's spouse while not divorced or legally separated from the employee; (2) each of the employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States, to age 25. Coverage is provided through December 31 of the year in which the dependent becomes age 25. **Not all employee groups are eligible for Board Paid dependent coverage, per Union agreement or individual contract/condition of employment.**

Eligible charges are reimbursed on a year defined as the 12-month period of January 1 through December 31.

Ultra-Vision Benefit Program Schedule	
Complete Vision Examination	$75
Regular Lenses (each pair)	$110
Bifocal Lenses (each pair)	$128
Trifocal Lenses (each pair)	$150
Progressive Lenses (each pair)	$186
Contact Lenses (each pair)	$250
Frames-Standard-type	$150

The above service/items are available as follows:

Vision Examination	Once every 12 months
Frames	Once every 12 months
Lenses	Once every 12 months

The benefit year is defined as January 1 – December 31

A Summary of Benefit Coverage is available on the MCISD Website under *Human Resources Department – Employee Benefits.*

Flexible Spending Accounts

The Monroe County Intermediate School District offers two types of Flexible Spending Accounts (FSA) – the Medical Reimbursement Account and Dependent Care Account. These accounts reimburse you for certain medical and dependent care expenses. Payroll deductions are taken on a pretax basis. Eligible expenses must be incurred between January 1 and December 31 of the plan year. **NOTE: You must enroll each year in a Flexible Spending Account**.

Medical Reimbursement Account

You may contribute up to $2,750 per year in a Health Care Spending Account. You may use this money to reimburse yourself for any health care expenses that the IRS allows and that are not reimbursed from another plan. You are not allowed to change the amount you contribute during the year or stop contributing unless you experience a qualifying life event. You may carryover up to $550 in current year contributions to the following year's expenses. The carryover amount is not available for use until April 1st of the following year.

Examples of Eligible Expenses:

- Deductibles, copayments, and coinsurance for medical and dental services.
- Prescription drug co-pays
- Chiropractic services
- Contact lenses, vision exams
- Prescription eyeglasses, laser vision surgery
- Hearing aids

You must complete and submit the Basic Flex Enrollment Form each year to participate in the Flexible Spending Accounts. Please turn in the enrollment form to HR by 4:00 p.m. November 30, 2020

Dependent Care Account

You may contribute up to $5,000 per year to a Dependent Care Spending Account. This limit is set by the IRS. If you are married and file separate tax returns, the maximum contribution is $2,500, but in no event can you and your spouse jointly contribute more than $5,000. While the Dependent Care Spending Account works much like the Health Care Spending Account, it is an entirely separate account with its own rules and procedures.

The Basic Flex Information Brochure and Enrollment Form is available on the ISD website. The form must be printed, completed, and submitted to the Human Resources Dept.

Employees enrolled in a MESSA ABC Plan are not eligible to participate in a Medical Reimbursement Account. Employees whose spouse is enrolled in an FSA are not eligible to elect a MESSA ABC Plan. (see IRS Publication 969)

MESSA Optional Insurances

Employees have several optional coverages, e.g. Life Insurances, Long-Term and Short-Term Disability, available for purchase on a voluntary basis at affordable rates. These optional coverages are available WHETHER OR NOT you are enrolled in health care through MESSA. If you are not enrolled in health care, you MUST enroll in the Basic Term Life Insurance ($5,000 coverage) at $2.36 per month in order to enroll in any of the other optional coverages.

For an overview of these benefits go to *MESSA Gives You Options* on the MCISD website.

Group Long Term Disability Income Insurance:

IMPORTANT – If you are enrolled in an employer-sponsored long-term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

SET SEG Voluntary Life Insurance

Voluntary Life Insurance is available to employees and eligible dependents through SET. For a complete explanation of these benefits go to *SET Voluntary Life Insurance* on the MCISD website. The *Voluntary Life Enrollment Form* is also available on the website**.**

Guaranteed Issue:

A guaranteed issue amount of $30,000 is available for employees under age 60. For employees aged 60-70, the guaranteed issue amount is $10,000. Employees must apply for coverage within 31 days of eligibility to receive guaranteed issue amounts.

A guaranteed issue amount of $20,000 is available for an employee's spouse under age 60; there is no guaranteed issue for spouses age 60 and older.

Insurance Amounts for Employees:

Up to $500,000 of coverage in $10,000 increments may be elected.

Dependent Life Insurance:

Spouse option – up to $500,000 of coverage, in increments of $10,000, may be elected for your spouse. A spouse is eligible for coverage until age 75; however, your spouse must be under age 70 on the date of application.

Children option – up to $10,000 of coverage, in increments of $2,500, may be elected for each eligible, unmarried, dependent child, from ages six months to 20 (age 26 if a full-time student). Children ages 14 days to six months are provided $1,000 coverage. You or your spouse must be insured for any eligible, dependent children to be insured. All dependent child coverage is guaranteed issue.

Accidental Death and Dismemberment:

Accidental Death and Dismemberment (AD&D) coverage is also available in $10,000 increments, for employees, their spouses and eligible dependent children. For a complete explanation of this benefit go to ***SET Voluntary Life Insurance*** on the MCISD website. The monthly rates for employee, spouse and dependent children are $0.03 per thousand dollars of benefit to a maximum of $500,000. Voluntary AD&D benefits cannot exceed 10 times the employee's basic annual earnings for amounts of $150,000 or more.

Additional Cafeteria Plan Document Information

WHO YOU CAN COVER UNDER THE MEDICAL PLAN?

- Yourself;
- Your Spouse;
- Your eligible children through the end of the month in which the individual turns age 26.

SPECIAL ENROLLMENT PERIODS

Loss of Other Coverage

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing to the other coverage). However, you must request enrollment within 30 days after the other coverage ends (or after the employer stops contributing to the other coverage).

New Dependent

If you gain a new dependent as the result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that enrollment is requested within 30 days after the marriage, birth, adoption, or placement for adoption.

CHILDREN'S HEALTH INSURANCE PROGRAM AND MEDICAID ELIGIBILITY CHANGES

- If you or your dependents are eligible for medical coverage in this Plan but are not enrolled, you have 60 days to enroll in the Plan in the following two circumstances:
- If you or your eligible dependents' Medicaid coverage or coverage under the state Children's Health Insurance Program (CHIP) is terminated due to loss of eligibility; or
- If you or your dependents become eligible for a premium assistance program in the state in which you reside.

NOTICE OF WOMEN'S HEALTH AND CANCER RIGHTS ACT

This Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides group health benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema (swelling caused by the removal of lymph nodes). Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the Plan.

NEWBORNS AND MOTHERS HEALTH PROTECTION NOTICE

Group health plans generally may not, under federal law, restrict benefits for any hospital length of stay for the mother or newborn child in connection with childbirth to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending health care provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours, if applicable). In any case, the Health Plan

will not require a provider to obtain authorization from the Health Plan for prescribing a length of stay of 48 hours (or 96 hours, if applicable) or less.

NOTICE OF ELIGIBILITY FOR HEALTH PLAN RELATED TO MILITARY LEAVE

- If you take a military leave, the Uniformed Services Employment and Reemployment Rights Act (USERRA) provides the following rights:
- If you take a leave from your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage at your cost for you and your dependents for up to 24 months during your military service.
- If you don't elect to continue coverage during your military service, you have the right to be reinstated in the Plan when you are reemployed, without any additional waiting period or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

The Plan Administrator can provide you with information about how to elect continuation coverage under USERRA.

PATIENT PROTECTION NOTICES

If the Plan provides for or requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

If you have a health emergency, you can go to any emergency room. You don't need to get approval from the plan first – even if the emergency room isn't in your plan's network. However, we do require you or your doctor to notify us of your visit after you go to the emergency room.

Your plan covers both in-network and out-of-network emergency services. Your out-of-pocket costs are the same, but you may pay more for out-of-network care in other ways. For example, an out-of-network provider is allowed to bill you for some things that in-network providers can't bill you for.

W-2 REPORTING

The health care reform law requires some employers to report the cost of employer sponsored group health coverage. You may see this reported in Box 12 of your W-2 form. This is an employer reporting requirement only and it won't have an impact on your taxable income or require you to report it on your personal income taxes.

HEALTH INSURANCE EXCHANGE

Beginning in 2014, state/federal-run programs called “health insurance exchanges” will allow individuals and qualified small employers to comparison-shop for health insurance online. Plans in the exchange will have standard levels of benefits – for example, a “gold” plan will have certain features and a “silver” plan will have certain features. Subsidies will be available to low-income people and small businesses that buy insurance through an exchange.

HIPAA NOTICE OF PRIVACY PRACTICES

Your employer is committed to maintaining the privacy of protected health information for participants in the Plan. This is a reminder that in compliance with the privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) a Notice of Privacy Practices is available to employees. This notice of Privacy Practices explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy or for further information regarding the issues covered by this Notice of Privacy Practices, please contact the Plan Administrator.

NOTICE OF RIGHT TO RECEIVE A CERTIFICATE OF CREDITABLE COVERAGE

The Health Insurance Portability and Accountability Act (HIPAA) was enacted to help you maintain your health coverage when you need to change jobs. If you lose coverage under the Plan, the Plan will provide you with a certificate that shows how long you had coverage under the Plan. This is your “creditable coverage.” Using this certificate of creditable coverage, you will be able to reduce or eliminate any pre-existing condition exclusion imposed by a new employer plan or group insurance policy. You will automatically receive a certificate:

- When you become a qualified beneficiary entitled to elect COBRA coverage.
- When you lose medical coverage, even though you are not entitled to elect COBRA coverage.
- When your COBRA continuation coverage ends.

You may also request a certificate at any time or within 24 months after your medical coverage ends.

PLAN ADMINISTRATOR CONTACT INFORMATION

For more information about any of the notices contained herein, or any of your rights under the Plan, please contact the Plan Administrator at: Human Resources Department 734-242-322-2640.