MESSA In-Network Plan Comparison - Effective 1/1/2026

Ypsilanti Community Schools - Princ & NU Admin, SS, Teachers

	MESSA Choices $500/$1,000 0% 3-Tier Rx	MESSA Choices $500/$1,000 20% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 1 $1,700/$3,400 HSA 0% 3-Tier Rx	Essentials by MESSA $375/$750 20% Essentials by MESSA Rx
In-Network Cost Share After Deductible				
Deductible	$500/$1,000	$500/$1,000	$1,700/$3,400	$375/$750
Coinsurance	0%	20%	0%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	$20	$20	0%	$10
Teladoc Health virtual primary care	$20	$20	0%	$25
Office visit	$20	$20	0%	$25
Specialist visit	$20	$20	0%	$50
Urgent care	$25	$25	0%	$50
Emergency room	$50	$50	0%	$200
Total out-of-pocket maximum	$3,500/$7,000	$4,500/$9,000	$3,700/$7,400	$10,600/$21,200
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.	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; 80% 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; 80% 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.
Bariatric surgery	100% after ded.	80% after ded.	100% after ded.	Not covered
Acupuncture	100% after ded.	80% after ded.	100% after ded.	Not covered
Hearing aids	100% up to a max. benefit after ded.	80% up to a max. benefit after ded.	100% up to a max. benefit after ded.	Not covered

MESSA In-Network Plan Comparison - Effective: 1/1/2026

Ypsilanti Community Schools - Princ & NU Admin, SS, Teachers

	MESSA Choices $500/$1,000 0% 3-Tier Rx	MESSA Choices $500/$1,000 20% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 1 $1,700/$3,400 HSA 0% 3-Tier Rx	Essentials by MESSA $375/$750 20% Essentials by MESSA Rx
Prescription Drugs	**3-Tier Rx**	**3-Tier Rx with Mandatory Mail**	**3-Tier Rx (after deductible)**	**Essentials by MESSA Rx**
Up to a 34-day supply				
Generic	$10	$10	Free or $10	$10
Preferred brand	20% coinsurance ($40 min - $80 max)	20% coinsurance ($40 min - $80 max)	20% coinsurance ($40 min - $80 max)	20% coinsurance ($40 min - $80 max)
Nonpreferred brand	20% coinsurance ($60 min - $100 max)	20% coinsurance ($60 min - $100 max)	20% coinsurance ($60 min - $100 max)	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	Pricing included in one of the above categories	Pricing included in one of the above categories
Nonpreferred specialty				
90-day supply				
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Mail order only	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. These are FREE before deductible.	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. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Not included

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 out-of-pocket maximum (OOPM) for Essentials by MESSA, is subject to change each Jan. 1 according to the maximum limit allowed by the Affordable Care Act.

~ 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, Monica McKay, 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.

Essentials by MESSA
Medical plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 1/1/2026

MESSA Account: Ypsilanti Community Schools

Employee Group: 967ABE Princ & NU Admin, SS, Teachers

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100% of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your MyMESSA account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	$375 individual/$750 family
Medical copayment A fixed amount you pay for a medical visit.	$10 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, $25 Teladoc Health virtual primary care visit, $25 office visit for medical, mental health and/or substance use disorder treatment, $25 chiropractic and osteopathic manipulations, $50 specialist visit, $50 urgent care, $200 emergency room, if not admitted
Medical coinsurance A fixed percentage you pay for a medical service.	20%
Prescription drug coverage Subject to prescription copayments and coinsurance.	Essentials by MESSA
Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	$10,600 individual/$21,200 family Your out-of-pocket maximum is subject to change each Jan. 1 according to the maximum limit allowed by the Affordable Care Act.
Covered service	**In-network cost share**
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	No cost to you
Prenatal and postnatal care Prenatal and postnatal doctor visits.	
In-network services subject to deductible and applicable copayment	
Allergy testing and therapy Subject to deductible and coinsurance Specialist visit copayment may apply.	**Chiropractic and Osteopathic manipulations** Up to a combined 12 visits per calendar year.

Emergency room (ER) Copayment waived if admitted or due to an accidental injury.	**Mental health and substance use disorder - outpatient care**
Office visit e.g. primary care physican, obstetrics and gynecology and pediatric visits.	**Specialist visit**
Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	**Urgent care**

In-network services subject to deductible and applicable coinsurance

Ambulance	**Autism - applied behavior analysis (ABA) services**
Diagnostic lab and X-ray	**Durable medical equipment (DME)** Must be obtained from a payable DME provider.
Hearing care Hearing related services performed by an M.D., D.O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing.	**Home health care**
Human organ transplant Must be performed at an approved facility.	**Inpatient hospital**
Medical supplies	**Mental health and substance use disorder - inpatient care**
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 30 visits per individual per calendar year, including therapeutic massage performed by an approved provider (excludes massage therapist).	**Prosthetics and orthotics**
Radiation and chemotherapy	**Skilled nursing facility** Up to a maximum of 120 days per calendar year.

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. For more information, go to messa.org to log in to your MyMESSA account and link to the Optum Rx website. For general questions about your prescription coverage, call MESSA at 800-336-0013 or TTY 888-445-5614. For questions about a prescription order, call Optum Rx at 800-903-8346.

Medical care outside the U.S.

MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.

Covered services and approved amounts

In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Life and accidental death & dismemberment insurance

Life insurance: $5,000 policy for you.

Accidental death & dismemberment insurance (AD&D): $5,000 policy for you.

Life and AD&D insurance underwritten by Life Insurance Company of North America.

MESSA Choices
Medical plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 1/1/2026

MESSA Account: Ypsilanti Community Schools

Employee Group: 967ABE Princ & NU Admin, SS, Teachers

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100% of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your MyMESSA account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	$500 individual/$1,000 family
Medical copayment A fixed amount you pay for a medical visit.	$20 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, $20 Teladoc virtual primary care visit, $20 office visit for medical, mental health and/or substance use disorder treatment, $20 specialist visit, $25 urgent care, $50 emergency room, if not admitted
Medical coinsurance A fixed percentage you pay for a medical service.	0%
Prescription drug coverage Subject to prescription copayments and coinsurance.	3-Tier Rx
Annual out-of-pocket maximums The most you have to pay for covered medical services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. **Prescription:** The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: $1,500 individual/$3,000 family Prescription: $2,000 individual/$4,000 family
In-network preventive care – no cost to you	
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	**Prenatal and postnatal care** Prenatal and postnatal doctor visits.
In-network services subject to deductible and applicable copayment	
Emergency room (ER) Copayment waived if admitted or due to an accidental injury.	**Mental health and substance use disorder - outpatient care**
Office visit e.g. primary care physican, obstetrics and gynecology and pediatric visits.	**Specialist visit**

Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	**Urgent care** Copayment waived if services are required to treat a medical emergency or accidental injury.
In-network services subject to deductible and applicable coinsurance	
Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist.	**Allergy testing and therapy** Subject to deductible and coinsurance. Office visit copayment may apply
Ambulance	**Autism - applied behavior analysis (ABA) services**
Bariatric surgery	**Chiropractic services including modalities** Up to 38 visits per calendar year.
Diagnostic lab and X-ray	**Durable medical equipment (DME)**
Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.	**Hearing care** Hearing related services performed by an M.D. or D.O.
Home health care	**Human organ transplant** Must be performed at an approved facility.
Inpatient hospital	**Medical supplies**
Mental health and substance use disorder - inpatient care	**Osteopathic manipulations** Performed by an Osteopathic physician. Up to 38 visits per
Outpatient physical, occupational and speech therapy Up to a combined benefit max of 60 visits per individual per calendar year.	**Prosthetics and orthotics**
Radiation and chemotherapy	**Skilled nursing facility** Up to a max of 120 days per calendar year.
Home delivery of prescription medications	
MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Optum Rx. For more information, go to messa.org to log in to your MyMESSA account and link to the Optum Rx website. For general questions about your prescription coverage, call MESSA at 800-336-0013 or TTY 888-445-5614. For questions about a prescription order, call Optum Rx at 800-903-8346.	
Medical care outside the U.S.	
MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.	
Covered services and approved amounts	
In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.	
Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.	
Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.	
Life and accidental death & dismemberment insurance	
Life insurance: $5,000 policy for you.	
Accidental death & dismemberment insurance (AD&D): $5,000 policy for you.	
Life and AD&D insurance underwritten by Life Insurance Company of North America.	

MESSA Choices
Medical plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 1/1/2026

MESSA Account: Ypsilanti Community Schools

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Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	$500 individual/$1,000 family
Medical copayment A fixed amount you pay for a medical visit.	$20 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, $20 Teladoc virtual primary care visit, $20 office visit for medical, mental health and/or substance use disorder treatment, $20 specialist visit, $25 urgent care, $50 emergency room, if not admitted
Medical coinsurance A fixed percentage you pay for a medical service.	20%
Prescription drug coverage Subject to prescription copayments and coinsurance.	3-Tier Rx with Mandatory Mail
Annual out-of-pocket maximums The most you have to pay for covered medical services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. **Prescription:** The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: $2,500 individual/$5,000 family Prescription: $2,000 individual/$4,000 family
In-network preventive care – no cost to you	
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	**Prenatal and postnatal care** Prenatal and postnatal doctor visits.
In-network services subject to deductible and applicable copayment	
Emergency room (ER) Copayment waived if admitted or due to an accidental injury.	**Mental health and substance use disorder - outpatient care**
Office visit e.g. primary care physican, obstetrics and gynecology and pediatric visits.	**Specialist visit**

Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	**Urgent care** Copayment waived if services are required to treat a medical emergency or accidental injury.
In-network services subject to deductible and applicable coinsurance	
Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist.	**Allergy testing and therapy** Subject to deductible and coinsurance. Office visit copayment may apply
Ambulance	**Autism - applied behavior analysis (ABA) services**
Bariatric surgery	**Chiropractic services including modalities** Up to 38 visits per calendar year.
Diagnostic lab and X-ray	**Durable medical equipment (DME)**
Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.	**Hearing care** Hearing related services performed by an M.D. or D.O.
Home health care	**Human organ transplant** Must be performed at an approved facility.
Inpatient hospital	**Medical supplies**
Mental health and substance use disorder - inpatient care	**Osteopathic manipulations** Performed by an Osteopathic physician. Up to 38 visits per
Outpatient physical, occupational and speech therapy Up to a combined benefit max of 60 visits per individual per calendar year.	**Prosthetics and orthotics**
Radiation and chemotherapy	**Skilled nursing facility** Up to a max of 120 days per calendar year.
Home delivery of prescription medications	
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Medical care outside the U.S.	
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Covered services and approved amounts	
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Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.	
Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.	
Life and accidental death & dismemberment insurance	
Life insurance: $5,000 policy for you.	
Accidental death & dismemberment insurance (AD&D): $5,000 policy for you.	
Life and AD&D insurance underwritten by Life Insurance Company of North America.	

MESSA ABC Plan 1
Medical plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 1/1/2026

MESSA Account: Ypsilanti Community Schools

Employee Group: 967ABE Princ & NU Admin, SS, Teachers

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100% of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your MyMESSA account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

Plan features	In-network
Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	Single coverage: $1700 2-Person & Family coverage: $3400 Your deductible is subject to change each Jan. 1 to remain HSA-eligible according to IRS rules. When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.
Medical coinsurance A fixed percentage you pay for a medical service.	0%
Prescription drug coverage Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See free preventive prescriptions below.	3-Tier Rx
Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	Single coverage: $3700 2-Person & Family coverage: $7400 Your out-of-pocket maximum is subject to change each Jan.1 to align with IRS adjustments.
In-network services covered at no cost to you	
Free preventive prescriptions MESSA ABC covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	No cost to you
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	
Prenatal and postnatal care Prenatal and postnatal doctor visits.	

In-network services subject to deductible and applicable coinsurance

Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist.	**Allergy testing and therapy**
Ambulance	**Autism - applied behavior analysis (ABA) services**
Bariatric Surgery	**Chiropractic services including modalities** Up to 38 visits per calendar year.
Diagnostic lab and X-ray	**Durable medical equipment (DME)**
Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.	**Hearing care** Hearing related services performed by an M.D. or D.O.
Home health care	**Hospital emergency room (ER)**
Human organ transplant Must be performed at an approved facility.	**Inpatient hospital**
Medical supplies	**Mental health and substance abuse - inpatient and outpatient care**
Office visit	**Osteopathic manipulations** Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	**Prosthetics and orthotics**
Radiation and chemotherapy	**Skilled nursing facility** Up to a maximum of 120 days per calendar year.
Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	**Urgent Care**

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Optum Rx. For more information, go to messa.org to log in to your MyMESSA account and link to the Optum Rx website. For general questions about your prescription coverage, call MESSA at 800-336-0013 or TTY 888-445-5614. For questions about a prescription order, call Optum Rx at 800-903-8346.

Medical care outside the U.S.

MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.

Covered services and approved amounts

In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Life and accidental death & dismemberment insurance

Life insurance: $5,000 policy for you.

Accidental death & dismemberment insurance (AD&D): $5,000 policy for you.

Life and AD&D insurance underwritten by Life Insurance Company of North America.

MESSA Dental plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 01/01/2026

MESSA Account: Ypsilanti Community Schools

Employee Group: 967ABE Princ & NU Admin, SS, Teachers

Group/Subgroup: 06493-0003

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 **messa.org** and using the provider directory search provided by Delta Dental.

Plan Features

Diagnostic & Preventive Services 75%	Basic Services 50%	Major Services 50%	Orthodontics 50%
• Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months * Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. **Rider** (If neither box below is checked, you do not have this coverage.) ☐ 3 Cleanings in 12 Months ☐ 4 Cleanings in 12 Months	• 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 5-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 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.	• Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances.	• 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.
$1,000 annual maximum per person **Diagnostic & Preventive Services, Basic Services, and Major Services**			**$500** 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 Benefits

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 1/1/2026

MESSA Account: Ypsilanti Community Schools

Employee Group: 967ABE Princ & NU Admin, SS, Teachers

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 or 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 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 contact lens examination) *		
Elective lenses to improve vision	$115 allowance	$115
Medically necessary - *to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye*	MESSA pays 100% of the approved amount	$200
Eyeglass frames	$65 allowance	$55
Eyeglass lenses		
Single vision	MESSA pays 100% of the approved amount	$38
Bifocal		$60
Trifocal		$72
Lenticular		$108
Eyeglass lens enhancements		
Rose #1 or #2 tint Rimless Oversize Blended Photochromic	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Progressive	Not covered	
Tinted		
Single vision	MESSA pays 100% of the approved amount	$42
Bifocal		$70
Trifocal		$84
Lenticular		$118
Polarized		
Single vision	MESSA pays 100% of the approved amount	$56
Bifocal		$90
Trifocal		$110
Lenticular		$138

*** The cost of the eye exam is covered separately and does not count against the contact lens allowance.**

MESSA Group LTD Plan Benefit Highlights

Underwritten by Life Insurance Company of North America

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 01/01/2026

Account: Ypsilanti Community Schools

Employee Group: 967ABE Princ & NU Admin, SS, 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.

Plan Features	Definition	Your Coverage
Pre-Existing Conditions	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.	Waived
Waiting Period	*Calendar Day (CD):* The waiting period is based on actual calendar days. *Work Day (WD):* The waiting period is based on the consecutive number of contracted work days. *Modified Fill (MF):* Benefits begin on the latter of exhaustion of sick time/ bank or the specified number of calendar/work day waiting period. *Straight Wait (SW):* Benefits begin after the specified number of calendar/ work day waiting period.	30 CDMF
Benefit Level	Percent of covered salary.	70%
Maximum Benefit Level	Monthly benefit up to the maximum amount bargained.	$6,000
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 (MPSERS), short-term disability, and others.	
Social Security Offsets	*Primary*: Social security retirement and social security disability are offsets. *Family:* Any social security disability benefits received by the employee's family due to the employee's disability is an offset.	Primary
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.

MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 01/01/2026

Account: Ypsilanti Community Schools

Employee Group: 967ABE Princ & NU Admin, SS, 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.

Plan features	Definition	Your Coverage
Group Term Life Insurance	The amount of your Group Term Life Insurance coverage.	$50,000
Group AD&D Insurance	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	$50,000
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.