



1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

**2023 Rate Renewal Exclusively for
 Athens Area Schools**

Quote #: 350748
 MESSA Field Rep: Tara Wilbur
 Date Created: 08/03/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 007CEF - Admins, Office Pers, Teachers

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06171-16, 17, 18 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jan-Dec	Single: 9 2-Person: 5 Family: 27	\$29.59 \$58.51 \$111.52	\$29.33 \$58.01 \$110.57
Vision Plan Year:	VSP 3 Jan-Dec	Single: 9 2-Person: 5 Family: 27	\$7.22 \$15.49 \$23.30	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$205,000	41	\$0.16 \$0.80	\$0.17 \$0.85
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$205,000	41	\$0.03 \$0.15	\$0.03 \$0.15

Total Monthly Rate per Member: Single \$37.76 \$36.86
 Total Monthly Rate per Member: 2-Person \$74.95 \$73.02
 Total Monthly Rate per Member: Family \$135.77 \$132.64

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

MESSA Dental plan highlights



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Effective Date: 01/01/2020

MESSA Account: Athens Area Schools

Employee Group: 007F Teacher, Counselor

Group/Subgroup: 6171-0018 NON-PAK

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 80%	Basic Services 80%	Major Services 80%	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.

VSP-3 Benefits



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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 www.messa.org 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		\$45
Contact lenses (includes examination)		
■ 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		Member must pay the difference between the approved amount and the provider charge.
■ Rimless		
■ Oversize	MESSA pays 100% of the approved amount	
■ Blended		
■ Photochromic		
■ Progressive	Not covered	
■ Tinted		
● Single vision		\$42
● Bifocal		\$70
● Trifocal		\$84
● Lenticular	MESSA pays 100% of the approved amount	\$118
■ Polarized		
● Single vision		\$56
● Bifocal		\$90
● Trifocal		\$110
● Lenticular		\$138