

MESSA Gives You Options

Take time now to re-evaluate your family's financial protection needs.
The following is a brief summary of the MESSA variable options,
along with the monthly contribution rates for each plan.

If you need to protect your family's financial future in the event of your death.

Group Basic Term Life Insurance *(If you don't enroll in a MESSA health program, this coverage is required in order to enroll in any of the other options on the application.)*

- ▶ \$5,000 term life insurance benefit.
- ▶ Includes corresponding accidental death and dismemberment benefits.
- ▶ Available without medical evidence of insurability during an approved open enrollment period.

Group Supplemental Term Life Insurance

- ▶ Available only with Group Basic Term Life or a health care program.
- ▶ May purchase an additional \$10,000, \$20,000, \$30,000, or \$40,000 of term life insurance benefits.
- ▶ Includes corresponding accidental death and dismemberment benefits.
- ▶ Medical evidence of insurability must be provided.

Group Survivor Income Insurance

- ▶ Available only with Group Basic Term Life or a health care program, subject to age and family status requirements on spouse and children.
- ▶ Net monthly benefit:
 - \$400 spouse
 - \$200 child(ren)
- ▶ Benefit Period
 - Spouse Benefit:** until the date that the survivor remarries or dies, whichever occurs first.
 - Child(ren) Benefit:** until the date the spouse benefit terminates or the date the last such child attains the age of 25 or marries, whichever occurs first.
- ▶ Medical evidence of insurability must be provided.

If you need to supplement life insurance coverage on your spouse/child(ren) at a low cost.

Group Dependent Life Insurance

- ▶ Available only with Group Basic Term Life or a health care program.
- ▶ Provides lump sum benefit.
 - \$2,000 spouse
 - \$2,000 for each child: A child is eligible for coverage from 14 days of age through the calendar year that they attain age 25, if unmarried and dependent on you for majority of support.

If you need financial protection in the event of a loss of salary due to a disability because:

- ❖ you have inadequate sick days to fill in your district's long term disability (LTD) waiting period, or
- ❖ your district has no LTD coverage.

Group Short Term Disability Income Insurance

- ▶ Available only with Group Basic Term Life or a health care program.
- ▶ Can select weekly benefit ranging from \$20 to \$700 provided the amount selected does not exceed the weekly benefit corresponding to your contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any compensation that is not referenced in your contract, such as bonuses or other part-time employment.)
- ▶ Includes a pre-existing provision:

Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of:

- ❖ A period of three consecutive months ending on or after the effective date of insurance during which time no medical treatment or service, including prescribed drugs or medicines, has been received for such injury or illness;
 - ❖ A period of six consecutive months during which time the employee has been continuously insured and there has been no loss of time from active employment due to the pre-existing condition;
 - ❖ A period of twelve consecutive months has lapsed and the employee has been continuously insured for these benefits.
- ▶ Waiting Period: choice of either seven-day or twenty-eight day waiting period with benefits beginning on either the eighth day or the twenty-ninth day.
 - ▶ Duration of Benefits
Maximum Period of Payment. 52 weeks
Benefits are payable during the Maximum Period of Payment providing you are wholly and continuously unable to perform any and every duty pertaining to your regular occupation and you are under the regular care and attendance of a physician.
 - ▶ Maternity disability is treated the same as any other illness.
 - ▶ Benefits will be reduced by any income a member receives or is entitled to receive from an employer, workers' compensation, MPSERS, Social Security or any employer-paid group benefit plan.
Benefits are payable during times you do not have sick days (or can elect by contract or past practice not to use them.)

To continue disability income protection beyond one year if your district has no LTD coverage.

Group Long Term Disability Income Insurance

- ▶ Available only with Group Basic Term Life Insurance or a health care program.
 - ▶ Can select a monthly benefit ranging from \$100 to \$1,500 provided the amount selected does not exceed the monthly benefit corresponding to your contracted annual salary. (**Contracted annual salary includes only basic earnings and does not include any compensation that is not referenced in your contract, such as bonuses or other part-time employment.**)
 - ▶ The amount of the monthly benefit will be offset by any remuneration from any annuity, retirement or pension plan, or life insurance plan because of disability from any employer. It will also be offset by
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Social Security benefits, any salary, wages, commissions, or other periodic employer disability plan benefits or similar remuneration (i.e., workers' disability compensation).

► Includes a pre-existing provision:

Any condition for which you received advice or treatment within three months prior to the effective date of insurance will not be covered until after expiration of the earlier of:

- ❖ A period of three consecutive months ending on or after the effective date of insurance during which time no medical treatment or service, including prescribed drugs or medicines, has been received for such injury or illness.
- ❖ A period of twelve consecutive months during which time the employee has been continuously insured.

► One year waiting period.

► Duration of Benefits: Two Options Available

Must be wholly and continuously unable to perform any and every duty pertaining to your regular occupation while you are under the regular care and attendance of a physician.

Option 1: Benefits are provided up to a maximum of five years for disabilities commencing prior to age 66. For disabilities commencing at or after age 66, up to the following periods:

<u>Disabled at Age</u>	<u>Duration of Benefits</u>
66	4 years
67	3 years
68	2 years
69 or later	1 year

Option 2: Benefits are provided to age 70 regardless of the age at which you become disabled.

► Not Covered

No benefits are payable for disability due to:

- ❖ Self-inflicted injuries if intentional or while insane,
- ❖ War,
- ❖ Participation in, or in consequence of having participated in, the committing of a felony,
- ❖ Cosmetic surgery unless:
Occasioned by accidental bodily injury sustained while insured or an active illness contracted while insured, and
You have been continuously insured under this program since such injury was sustained or such illness was contracted.

► Benefits are payable for two years during any one period of disability due to a mental or nervous disorder.

For further detailed information, contact MESSA Field Services.



1475 Kendale Blvd., P.O. Box 2560 • East Lansing, Michigan 48826-2560

517.332.2581 • 800.292.4910

Contribution Rates for Non-Health Coverages

The Group Dependent Life Insurance and/or the coverages below are available only in addition to a MESSA health insurance plan or the Group Basic Term Life Insurance.

Group Basic Term Life Insurance

Available only if not enrolling in MESSA health insurance plan.

\$5,000 Basic Term Life and AD&D monthly rate **\$2.36**

Group Dependent Life Insurance

**\$2,000 for spouse, and
\$2,000 for each eligible dependent** monthly rate **\$1.48**

Group Short Term Disability Income Insurance

Benefits are reduced by other income. Waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column.

Annual Salary	Weekly Benefit	8th Day	29th Day
\$ 1,300	\$ 20	\$ 2.00	\$ 1.40
2,600	40	4.00	2.80
3,900	60	6.00	4.20
5,200	80	8.00	5.60
6,500	100	10.00	7.00
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8,000	120	12.00	8.40
9,500	140	14.00	9.80
11,000	160	16.00	11.20
12,500	180	18.00	12.60
14,000	200	20.00	14.00
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15,500	220	22.00	15.40
17,000	240	24.00	16.80
18,500	260	26.00	18.20
20,000	280	28.00	19.60
21,500	300	30.00	21.00
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23,000	320	32.00	22.40
24,500	340	34.00	23.80
26,000	360	36.00	25.20
27,500	380	38.00	26.60
29,000	400	40.00	28.00
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30,500	420	42.00	29.40
32,000	440	44.00	30.80
33,500	460	46.00	32.20
35,000	480	48.00	33.60
36,500	500	50.00	35.00
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38,000	520	52.00	36.40
39,500	540	54.00	37.80
41,000	560	56.00	39.20
42,500	580	58.00	40.60
44,000	600	60.00	42.00
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45,500	620	62.00	43.40
47,000	640	64.00	44.80
48,500	660	66.00	46.20
50,000	680	68.00	47.60
51,500	700	70.00	49.00

If you are currently enrolled in Group Hospital Confinement Indemnity Insurance and want to verify your rates, please check with your employer's business office.

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.*

You may elect one \$100 monthly benefit unit for each \$2,000 of annual school salary up to \$30,000. The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a Maximum Benefit Period. This plan has a 52 week waiting period.

- Option 1:** provides benefits for up to 5 years if disabled prior to age 66; up to 4 years if disabled while age 66; up to 3 years if disabled while age 67; up to 2 years if disabled while age 68; and up to 1 year if disabled at age 69 or older.
- Option 2:** provides benefits up to age 70 if disabled prior to age 69; up to 1 year if disabled at or after age 69.

Determine the unit rate below at your attained age for the option selected. Multiply the rate times the number of \$100 units you elect. Example: If you are age 35, earn \$18,200 in annual school salary and elect the maximum benefit allowed of 9 units (\$900 monthly benefit) and also elect Option 2, your contribution rate is \$2.70 (9 units at \$.30 per unit). Age is determined as of previous July 1.

	Monthly Rate for each \$100 Monthly Benefit Unit	
	Option 1	Option 2
Under Age 40	\$.20	\$.30
Age 40 - 49	.50	.80
Age 50 and Older	1.40	2.10

Group Supplemental Life Insurance

Age is determined as of previous July 1.

Attained Age	\$10,000 Life \$10,000 AD & D	\$20,000 Life \$20,000 AD & D	\$30,000 Life \$30,000 AD & D	\$40,000 Life \$40,000 AD & D
Under Age 40	\$ 1.50	\$ 3.00	\$ 4.50	\$ 6.00
40 - 49	3.00	6.00	9.00	12.00
50 - 59	6.50	13.00	19.50	26.00
60 - 64	11.50	23.00	34.50	46.00
65 - 69	17.50	35.00	52.50	70.00
70 - 74	30.00	60.00	90.00	120.00
Age 75 & Older	44.00	88.00	132.00	176.00

Group Survivor Income Insurance - \$400/\$200 Plan

Age is determined as of previous July 1.

	Monthly Rate
Under Age 30	\$ 3.18
30 - 34	4.20
35 - 39	5.88
40 - 44	8.90
45 - 49	12.44
50 - 54	15.80
Age 55 and Older	18.90