

# 2023

## Open Enrollment Benefit Guide For North Central Michigan College



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

## 1/1/2023 MEDICAL/RX PLANS

The Medical/Rx Plan provider will be Blue Cross Blue Shield of Michigan (BCBSM) administered through MESSA.

**4 medical plans total will be offered groupwide**

Verify that your current providers are participating with BCBSM.

BCBSM has a strong statewide network of participating providers and many providers who participate with BCBSM. If you find your provider is not participating, you may want to seek out a similarly credentialed provider who is participating. Otherwise, your out-of-pocket costs will increase as benefits for out-of-network (OON) are covered at a lesser percentage or not covered. Also, your medical provider may choose to balance bill more than the BCBSM Plan allowance (as there is no contracted rate protection). Ask your provider how they bill.



Blue Cross Blue Shield has a National network of participating providers so you can obtain in-network services when you are traveling outside the State of Michigan.

MESSA has many tools that will assist you in your partnership with them. You can register on the MESSA website below to obtain secure and confidential access to your coverage and claims information. MESSA will be providing flyers that will provide guidance in using the tools.

[www.messa.org](http://www.messa.org)

**MyMESSA account**



## Benefits Overview

**North Central Michigan College (NCMC)** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You may access on SharePoint plan booklets under HR 2023 Open Enrollment, which give you more detailed information about each of these plans.

For 2023, you will share the costs of some benefits (Medical, RX) and NCMC provides other benefits at no cost to you (Dental, Vision, Life, Accidental Death & Dismemberment, EAP).

### Benefits Offered

- Medical/Rx: MESSA/ Blue Cross
- HSA/FSA: Health Equity/MESSA
- Dental: MESSA/Delta Dental
- Vision Insurance: MESSA/VSP
- Employee Assistance Program: Ulliance
- Life Insurance/AD&D: MESSA/CIGNA
- Long Term Disability: MESSA/CIGNA

### Eligibility

You and your dependents are eligible for NCMC benefits on the first day of employment.

Eligible dependents are your spouse and children who are covered through the calendar year of attaining age 26 for Medical/Rx Coverage, Dental and Vision Coverage for dependent children runs through the calendar year of attaining age 26 (if the child is unmarried and you provide the majority of the child's financial support).

Elections made now will remain until the next open enrollment in 2024; unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days to change your coverage.

Upon termination of employment, benefits will end the last day of the month. COBRA coverage is available.



**CHOICES**

**In-Network health care benefits for you and your covered dependents.**

All services must be medically necessary and preformed 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 percent of the cost to the applicable out-of network cost share amounts. For complete coverage details go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

Plan features	In-network
<p><b>Annual deductible</b></p> <p>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.</p>	<p>\$500 individual/\$1,000 family</p>
<p><b>Medical copayment</b></p> <p>A fixed amount you pay for a medical visit.</p>	<p>\$20 Blue Cross online visit, \$20 office visit, \$20 specialist visit, \$25 urgent care, \$50 emergency room</p>
<p><b>Medical coinsurance</b></p> <p>A fixed percentage you pay for a medical service after deductible</p>	<p>0%</p>
<p><b>Prescription drug coverage</b></p> <p>Subject to prescription copayments and coinsurance.</p>	<p>\$2-\$10 generic/\$20-\$40 brand</p>
<p><b>Annual out-of-pocket maximums</b></p> <p><b>Medical:</b> The most you have to pay for covered 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.</p> <p><b>Prescription:</b> The most you have to pay for prescription copayments and coinsurance in a calendar year.</p>	<p>Medical: \$1,500 individual/\$3,000 family Prescription: \$1,000 individual/\$2,000 family Total: \$2,500/\$5,000</p>

Covered service	In-network cost share
<p><b>Preventive care</b></p> <p>Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.</p>	<p>No cost to you</p>
<p><b>Prenatal and postnatal care</b></p> <p>Prenatal and postnatal doctor visits.</p>	
<p><b>Blue Cross online visit</b></p>	<p>Subject to deductible and Blue Cross online visit copayment</p>
<p><b>Office visit</b> (e.g. primary care physician, obstetrics and gynecology and pediatric visits)</p>	<p>Subject to deductible and office visit copayment</p>

**PLAN 1**

**MESSA Choices Medical Plan Highlights (Continued)**

Administered by MESSA

Covered service	In-network cost share
<b>Specialist visit</b>	Subject to deductible and specialist visit co-payment
<b>Urgent care</b> Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care co-payment
<b>Hospital emergency room (ER)</b> Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<b>Allergy testing and therapy</b>	Subject to deductible and coinsurance Specialist visit copayment may apply
<b>Osteopathic manipulations</b> Performed by an Osteopathic physician. Up to 38 visits per calendar year.	Subject to deductible and office visit copayment
<b>Chiropractic services including modalities</b> Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Acupuncture</b> Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Mental health and substance abuse - outpatient care</b>	
<b>Mental health and substance abuse - inpatient care</b>	
<b>Inpatient hospital</b>	Subject to deductible and coinsurance
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 60 visits per individual per calendar year.	
<b>Diagnostic lab and X-ray</b>	
<b>Radiation and chemotherapy</b>	
<b>Autism - applied behavior analysis (ABA) services</b>	
<b>Hearing care</b> Hearing related services performed by an M.D. or D.O.	
<b>Hearing aids</b> There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.	
<b>Ambulance</b>	
<b>Bariatric surgery</b>	
<b>Medical supplies</b>	
<b>Durable medical equipment (DME)</b>	
<b>Prosthetics and orthotics</b>	
<b>Home health care</b>	
<b>Skilled nursing facility</b> Up to a maximum of 120 days per calendar year.	
<b>Human organ transplant</b> Must be performed at an approved facility.	

## PLAN 1

### MESSA Choices Medical Plan Highlights (Continued)

Administered by MESSA

#### Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the OptumRX mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from OptumRX. For more information, go to [messa.org](http://messa.org) to log in to your member account and link to the OptumRX 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, learn more at [messa.org/OptumRx](http://messa.org/OptumRx)

#### 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](http://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.

AD&D terminates at age 65 or when employment ends, whichever comes later.

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



# CHOICES

## In-Network health care benefits for you and your covered dependents.

All services must be medically necessary and preformed 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 percent of the cost to the applicable out-of network cost share amounts. For complete coverage details go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

Plan features	In-network
<p><b>Annual deductible</b></p> <p>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.</p>	\$1,000 individual/\$2,000 family
<p><b>Medical copayment</b></p> <p>A fixed amount you pay for a medical visit.</p>	\$20 Blue Cross online visit, \$20 office visit, \$20 specialist visit, \$25 urgent care, \$50 emergency room
<p><b>Medical coinsurance</b></p> <p>A fixed percentage you pay for a medical service after deductible</p>	10%
<p><b>Prescription drug coverage</b></p> <p>Subject to prescription copayments and coinsurance.</p>	\$2-\$10 generic/\$20-\$40 brand
<p><b>Annual out-of-pocket maximums</b></p> <p><b>Medical:</b> The most you have to pay for covered 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.</p> <p><b>Prescription:</b> The most you have to pay for prescription copayments and coinsurance in a calendar year.</p>	<p>Medical: \$3,000 individual/\$6,000 family</p> <p>Prescription: \$1,000 individual/\$2,000 family</p> <p>Total: \$4,000 single/\$8,000 family</p>

Covered service	In-network cost share
<p><b>Preventive care</b></p> <p>Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.</p>	No cost to you
<p><b>Prenatal and postnatal care</b></p> <p>Prenatal and postnatal doctor visits.</p>	
<p><b>Blue Cross online visit</b></p>	Subject to deductible and Blue Cross online visit copayment
<p><b>Office visit</b></p> <p>(e.g. primary care physician, obstetrics and gynecology and pediatric visits)</p>	Subject to deductible and office visit copayment



**PLAN 2**

**MESSA Choices Medical Plan Highlights (Continued)**

Administered by MESSA

Covered service	In-network cost share
<b>Specialist visit</b>	Subject to deductible and specialist visit co-payment
<b>Urgent care</b> Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care co-payment
<b>Hospital emergency room (ER)</b> Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<b>Allergy testing and therapy</b>	Subject to deductible and coinsurance Specialist visit copayment may apply
<b>Osteopathic manipulations</b> Performed by an Osteopathic physician. Up to 38 visits per calendar year.	Subject to deductible and office visit copayment
<b>Chiropractic services including modalities</b> Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Acupuncture</b> Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Mental health and substance abuse - outpatient care</b>	
<b>Mental health and substance abuse - inpatient care</b>	
<b>Inpatient hospital</b>	Subject to deductible and coinsurance
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 60 visits per individual per calendar year.	
<b>Diagnostic lab and X-ray</b>	
<b>Radiation and chemotherapy</b>	
<b>Autism - applied behavior analysis (ABA) services</b>	
<b>Hearing care</b> Hearing related services performed by an M.D. or D.O.	
<b>Hearing aids</b> There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.	
<b>Ambulance</b>	
<b>Bariatric surgery</b>	
<b>Medical supplies</b>	
<b>Durable medical equipment (DME)</b>	
<b>Prosthetics and orthotics</b>	
<b>Home health care</b>	
<b>Skilled nursing facility</b> Up to a maximum of 120 days per calendar year.	
<b>Human organ transplant</b> Must be performed at an approved facility.	

## PLAN 2

### MESSA Choices Medical Plan Highlights (Continued)

Administered by MESSA

#### Home delivery of prescription medications

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#### 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](http://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.

AD&D terminates at age 65 or when employment ends, whichever comes later.  
*Life and AD&D insurance underwritten by Life Insurance Company of North America.*

# ABC PLAN

Administered by MESSA

## 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 percent of the cost or the applicable out-of-network cost share amounts. For complete coverage details, go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
<p><b>Annual deductible</b> 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.</p>	<p>Single coverage: \$1,500  2-Person &amp; Family coverage: \$3,000  <i>*Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.</i>  <i>*When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</i></p>
<p><b>Medical coinsurance</b> A fixed percentage you pay for a medical service after deductible.</p>	<p>0%</p>
<p><b>Prescription drug coverage</b> Under federal law governing HSA-qualified 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. <i>See Free preventive prescriptions below.</i></p>	<p>ABC Rx  \$2-\$10 generic/\$20-\$40 brand  WITH MANDATORY MAIL See Page 13</p>
<p><b>Annual out-of-pocket maximums</b> 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.</p>	<p>Single coverage: \$2,500  2-Person &amp; Family coverage: \$5,000</p>
<p style="text-align: center;"><b>In-network services covered at no cost to you</b></p>	
<p><b>Free preventive prescriptions</b> 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.</p>	
<p><b>Preventive care and prenatal care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, certain preventive medications and prenatal doctor visits.</p>	

## PLAN 3

### MESSA ABC Medical Plan Highlights (Continued)

Administered by MESSA

<b>In-network services subject to deductible and applicable coinsurance</b>	
<b>Blue Cross online visit</b>	<b>Urgent care</b>
<b>Office visit</b>	<b>Hospital emergency room (ER)</b>
<b>Chiropractic services including modalities</b> Up to 38 visits per calendar year.	<b>Osteopathic manipulations</b> Performed by an Osteopathic physician. Up to 38 visits per calendar year.
<b>Inpatient hospital</b>	<b>Autism - applied behavior analysis (ABA) services</b>
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 60 visits per individual per calendar year.	<b>Hearing aids</b> There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.
<b>Hearing care</b> Hearing related services performed by an M.D. or D.O.	<b>Acupuncture</b> Must be performed by an M.D. or D.O.
<b>Diagnostic lab and X-ray</b>	<b>Radiation and chemotherapy</b>
<b>Allergy testing and therapy</b>	<b>Bariatric surgery</b>
<b>Mental health and substance abuse - inpatient and outpatient care</b>	<b>Ambulance</b>
<b>Medical supplies</b>	<b>Durable medical equipment (DME)</b>
<b>Prosthetics and orthotics</b>	<b>Home health care</b>
<b>Skilled nursing facility</b> Up to a maximum of 120 days per calendar year.	<b>Human organ transplant</b> Must be performed at an approved facility.
<b>Home delivery of prescription medications</b>	
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 <a href="http://messa.org">messa.org</a> to log in to your member 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, learn more at <a href="http://messa.org/OptumRx">messa.org/OptumRx</a>	
<b>Medical care outside the U.S.</b>	
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 ( <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a> ) to find in-network providers prior to your departure.	



## PLAN 3

### MESSA ABC Medical Plan Highlights (Continued)

Administered by MESSA

#### 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.

AD&D terminates at age 65 or when employment ends, whichever comes later.  
*Life and AD&D insurance underwritten by Life Insurance Company of North America.*

#### Mandatory Mail

You must obtain long-term maintenance medications from the Optum RX Pharmacy and your medication will be delivered to your home. A list of drugs subject to mandatory mail is located at [messa.org](http://messa.org).

If your medication is on the list, you must sign up for home delivery of long-term maintenance medications to avoid paying 100% of the cost after deductible.

You cannot obtain a 90 day prescription of any medication from a retail pharmacy. This includes free preventative prescriptions. If you fill the 90 day prescription at a pharmacy, you pay 100% of the cost.

Adults on your plan will create their own Optum Rx Account and authorize you to order prescriptions for them.

Specialty drugs are limited to certain quantities depending on your plan and must be obtained from a retail pharmacy or AllianceRx Walgreens Prime.

If your doctor prescribes a short-term medication such as an antibiotic, you may still obtain it locally from a retail pharmacy.

# ABC PLAN

Administered by MESSA

## 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 percent of the cost or the applicable out-of-network cost share amounts. For complete coverage details, go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at

Plan features	In-network
<p><b>Annual deductible</b> 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.</p>	<p>Single coverage: \$2,000  2-Person &amp; Family coverage: \$4,000  <i>*Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.</i>  <i>*When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</i></p>
<p><b>Medical coinsurance</b> A fixed percentage you pay for a medical service after deductible</p>	<p>10%</p>
<p><b>Prescription drug coverage</b> Under federal law governing HSA-qualified 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. <i>See Free preventive prescriptions below.</i></p>	<p>ABC Rx  \$2-\$10 generic/\$20-\$40 brand</p>
<p><b>Annual out-of-pocket maximums</b> 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.</p>	<p>Single coverage: \$4,000  2-Person &amp; Family coverage: \$7,500</p>
In-network services covered at no cost to you	
<p><b>Free preventive prescriptions</b> 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.</p>	
<p><b>Preventive care and prenatal care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, certain preventive medications and prenatal doctor visits.</p>	

## PLAN 4

### MESSA ABC Medical Plan Highlights (Continued)

Administered by MESSA

<b>In-network services subject to deductible and applicable coinsurance</b>	
<b>Blue Cross online visit</b>	<b>Urgent care</b>
<b>Office visit</b>	<b>Hospital emergency room (ER)</b>
<b>Chiropractic services including modalities</b> Up to 38 visits per calendar year.	<b>Osteopathic manipulations</b> Performed by an Osteopathic physician. Up to 38 visits per calendar year.
<b>Inpatient hospital</b>	<b>Autism - applied behavior analysis (ABA) services</b>
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 60 visits per individual per calendar year.	<b>Hearing aids</b> There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.
<b>Hearing care</b> Hearing related services performed by an M.D. or D.O.	<b>Acupuncture</b> Must be performed by an M.D. or D.O.
<b>Diagnostic lab and X-ray</b>	<b>Radiation and chemotherapy</b>
<b>Allergy testing and therapy</b>	<b>Bariatric surgery</b>
<b>Mental health and substance abuse - inpatient and outpatient care</b>	<b>Ambulance</b>
<b>Medical supplies</b>	<b>Durable medical equipment (DME)</b>
<b>Prosthetics and orthotics</b>	<b>Home health care</b>
<b>Skilled nursing facility</b> Up to a maximum of 120 days per calendar year.	<b>Human organ transplant</b> Must be performed at an approved facility.
<b>Home delivery of prescription medications</b>	
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 <a href="http://messa.org">messa.org</a> to log in to your member 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, learn more at <a href="http://messa.org/OptumRx">messa.org/OptumRx</a>	
<b>Medical care outside the U.S.</b>	
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 ( <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a> ) to find in-network providers prior to your departure.	

## PLAN 4

### MESSA ABC Medical Plan Highlights (Continued)

Administered by MESSA

#### 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.

AD&D terminates at age 65 or when employment ends, whichever comes later.  
*Life and AD&D insurance underwritten by Life Insurance Company of North America.*





## How the Medical Plans Work with HSAs and FSAs

Both MESSA ABC Plans (3 and 4) are Qualified High Deductible Health Plans (QHDHP). With QHDHP's, except for preventive care, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. **Your paycheck deduction cost for Benefit Plans is shown on Page 20.**

	MESSA ABC Plan 3	MESSA ABC Plan 4
Per-paycheck Cost for Coverage	See Page 20	See Page 20
Annual In-Network Deductible	\$1,500/\$3,000	\$2,000/\$4,000
Annual Out-of-pocket Maximum (Includes deductible, coinsurance and copayment expenses.)	MESSA: \$2,500/\$5,000	\$4,000/\$7,500
Using the Plan	Pay more towards premium with each paycheck and less if you use care	Pay less towards premium with each paycheck and more if you use care
Spending Account Options	Health Savings Account (HSA) Limited Healthcare FSA Dependent Care FSA	Health Savings Account (HSA) Limited Healthcare FSA Dependent Care FSA

### Health Savings Account (HSA) or Flexible Spending Accounts (FSA)

For those employees not yet age 65 who elect the ABC Qualified High Deductible Plans, you may enroll in a Health Savings Accounts through MESSA/Health Equity to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. If you do not elect the Qualified High Deductible ABC Plans offered by MESSA and do not have a Qualified High Deductible Plan with another employer, you can enroll in the Flexible Spending Account (FSA) for medical, prescription drugs, dental and vision

	HSA (use with ABC)	FSA (use with choices)
What medical plan can I choose?	MESSA ABC Plans may use a Health Saving Account (if not Medicare eligible) MESSA Choice Plans may NOT use a health saving account (HSA)	Cannot not use a FSA for Medical Expenses if you have a Health Savings Account. FSA is only available for dental and vision expenses. MESSA Choice Plans may use a flexible spending account (FSA)
What expenses are eligible?	Medical, prescription, dental & vision care (See <a href="#">IRS publication 502</a> for a full list)	Medical, prescription, dental & vision care (See <a href="#">IRS publication 502</a> for a full list)
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available on January 1
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your Health Equity debit card (You can also submit claims for reimbursement online at <a href="http://my.healthequity.com/login.aspx">my.healthequity.com/login.aspx</a> )	Must file a Request for Reimbursement. Go to <a href="http://MESSA.org">MESSA.org</a> for the FSA form.
How much can I contribute each year?	You can contribute \$3,850 for individual coverage or \$7,750 for family coverage (this total includes company funding) in 2023	You can contribute up to \$3,050 to your health care FSA in 2023
Can I change my contributions throughout the year?	Yes, please contact Payroll to enable the change to be made to your payroll deduction.	No, unless you have a qualifying life event.

## Dental Benefits - Administered by MESSA/Delta Dental

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](http://www.messa.org) and using the provider directory search provided by Delta Dental. For a complete listing of exclusions and limitations, refer to the Delta Dental of Michigan certificate booklet. In order to obtain the coverage levels listed below, be sure your dentist participates with Delta Dental. Non-participating dentists may charge you the full amount at time of service and when you apply for reimbursement, you may not be reimbursed the full amount.

\$1,500 Annual Maximum Per Person

\$UCR Lifetime Maximum Per Person

Diagnostic & Preventive Services <u>100</u> %	Basic Services <u>90</u> %	Major Services <u>90</u> %	Orthodontics <u>90</u> %
<ul style="list-style-type: none"> <li>• Radiographs {x-rays*}</li> <li>• Oral Examination</li> <li>• Prophylaxes</li> <li>• Topical Fluoride**</li> <li>• Brush Biopsy</li> <li>• Emergency Pallative</li> <li>• 2 Cleanings in 12 Months</li> </ul> <p><i>*Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</i></p> <p><i>**Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</i></p>	<ul style="list-style-type: none"> <li>• Restorative</li> <li>• Crowns**</li> <li>• Oral Surgery</li> <li>• Endodontic Services - treatment for diseased or damaged nerves.</li> <li>• Periodontic Services - treatment for diseases of the gum and teeth-supporting structures.</li> <li>* Sealants</li> </ul> <p><i>**Payable once in any five -year period on the same tooth.</i></p> <p><i>*Sealants: payable on occlusal surface of first permanent molars for patients up to age nine and for second permanent molars for patients up to age 14 that are free from caries and restorations.</i></p>	<ul style="list-style-type: none"> <li>• Procedures for the construction of fixed bridge-work, endosteal implants, partial and complete dentures.</li> <li>• Payable once in any 5 year period for the same appliances.</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>• Orthodontic exam, radiographs and extractions are covered under Diagnostic and preventive services and Basic services.</li> </ul> <p>Adult orthodontics: Not available over age 18</p>

Diagnostic & Preventive services, Basic Services, Youth Orthodontics and Major Services

## Vision Insurance - VSP-3 Plus P Benefits

Administered by MESSA/VSP

**In-network providers:** When you see a MESSA VSP in-network provider for services that are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for covered charges. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP in-network providers is available on the web at [www.messa.org](http://www.messa.org) > Members > Find a Doctor > VSP (Find an Eye Doctor).

**Out-of-network providers (Maximum reimbursement to patient):** Out-of-network providers are providers that do not participate MESSA's VSP plan. Benefits for examination, lenses or frames that are obtained from an out-of-network provider are subject to a maximum reimbursement. Member and dependents who choose to see an out-of-network provider must pay the provider and submit an itemized receipt to VSP from reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Service	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam • Optometrist, • Ophthalmologist	No copayment	\$35 maximum reimbursement \$45 maximum reimbursement
Contact Lens Allowance (includes exam) • Cosmetic (Elective) • Disposable	Covered in full \$250	\$150 maximum reimbursement
Frame Allowance	\$130*	\$66 maximum reimbursement
Single/Tinted/Polarized	Covered	\$38/\$42/\$56 maximum reimbursement
Bifocal/Tinted/Polarized	Covered	\$60/\$70/\$90 maximum reimbursement
Trifocal/Tinted/Polarized	Covered	\$72/\$84/\$110 maximum reimbursement
Lenticular/Tinted/Polarized	Covered	\$108/\$118/\$138 maximum reimbursement
Extra lens features such as Pink #1 or #2 Tints, Rimless, Oversize, Blended, Progressive	Covered	Patient pays for all materials and services above maximum reimbursement amount.
* The frame allowance is the total maximum frame benefit payable for each insured person in each year. The frame allowance for VSP-3 Plan P for materials provided by an in-network provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.		



## Employee Biweekly 2023 Payroll Contributions for Benefits

*Medical Benefit Plan EMPLOYEE	EE Biweekly COST
MESSA CHOICES Plan 1 \$500/\$1000/0% HSA not available	
Employee Only	69.92
Two Person	157.31
Family	195.77
MESSA CHOICES Plan 2 \$1000/\$2000/10% HSA not available	
Employee Only	\$30.38
Two Person	\$68.37
Family	\$85.08
MESSA ABC Plan 3 \$1500/\$3000/0% \$0 contribution to HSA by NCMC	
Employee Only	\$30.04
Two Person	\$67.59
Family	\$84.11
MESSA ABC Plan 4 \$2000/\$4000/10%	
Employee Only	None
Two Person	None
Family	None

Benefit Plan EMPLOYEE	EE Biweekly COST
DELTA Dental Rates	
Employee Only	None
Two Person	None
Family	None
VSP Vision Rates	
Employee Only	None
Two Person	None
Family	None

MESSA ABC Plan 4 Contribution added to employee HSA by NCMC	
Employee Only	\$5.02
Two Person	\$11.30
Family	\$14.07

\*For benefits eligible employees who have medical insurance coverage elsewhere for 2023, you may elect to waive medical coverage, provide proof of the other medical insurance coverage and be paid an annual taxable cash amount of \$3,500.



## LIFE ADVISOR EAP Administered by Ulliance

The Ulliance Life Advisor EAP® is a benefit that employers can sponsor and offer total well-being services to their employees, spouse/live-in partner and dependents under



LifeAdvisorEAP.com |  
800.448.8326

No cost and completely confidential



### Counseling

Counseling is available in-person or telephonically with a counselor close to work, home or school. Individual, family and couples counseling are all included. Short-term, solution focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions



### Coaching

Life Advisor Coaches offer telephonic support for individual life enhancement goals, such as education, career advancement, financial or self improvement goals.



### Crisis Support

Mental health professionals are available by phone 24/7/365.



### Referrals

Consultants provide recommendations for resources within the community.



### Work-life Materials

Information on a wide range of work-life balance topics are easily accessed through the EAP portal. A work-life library of related books are available by calling Ulliance and as always, are free of charge.



### Legal & Financial Consultations

Ulliance professionals can connect employees with resources to assist individuals regarding legal and financial issues.

## Life Advisor Employee Assistance Program

Ulliance Life Advisor Consultants are available 24 / 7

### Your Life Advisor Consultant can:

- Explore your unique work-life balance needs and identify the right Life Advisor services to support you and your family
- Schedule an appointment for you to see a local Ulliance EAP Counselor – Close to where you live or work at no charge to you or your covered dependents
- Provide you with immediate telephonic support for pressing issues
- Assist you by researching information you need for Work-Life balance

### Life Advisor EAP Counseling Services

- Confidential, face-to-face or phone sessions with a licensed counselor close to work or home at no cost to you
- Short term, solution-focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions

### Life Advisor Coaching Services

- Telephonic sessions with a counselor
- Support and motivation to achieve a work-life goal such as education, career advancement, financial or savings goals, or self-improvement goals

### The Life Advisor Monthly Newsletter

- An electronic monthly publication with information and resources on a variety of work-life concerns, such as relationships, substance abuse and goal setting

### Work-Life Materials

- Books and other helpful materials on a wide variety of work-life topics mailed directly to your home at no cost to you

### Life Advisor Well-Being Portal

- Anytime access to articles, resources, healthy-living tips, as well as our orientation videos
- Log-in at: [LifeAdvisorEAP.com](http://LifeAdvisorEAP.com)

**Ulliance provides no cost, confidential, short term counseling  
for you & your family.**

**Contact 800.448.8326**

# Life and Accidental Death & Dismemberment Insurance

## Long Term Disability Insurance

### Insured with CIGNA through MESSA

#### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by NCMC. **NCMC provides basic life insurance of 2 X your annual base salary up to \$100,000 at no cost to you or as outlined in your collective bargaining agreement.**

#### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Cigna provides AD&D coverage equal to your life insurance amount at no cost to you. This coverage is in addition to your company-paid life insurance described above.

#### Long Term Disability Insurance

Maximum Monthly Benefit: 70% of monthly earnings subject to a maximum benefit of \$6,000.

Qualifying Period—Benefit begin:

1. Upon the exhaustion of accumulated sick days, or upon expiration of 90 calendar days of disability accumulated in any twelve (12) consecutive months, whichever is later.

OR

2. Upon expiration of three (3) consecutive days of disability occurring during a school year in which the Qualifying Period was previously satisfied.

NOTE: The last three (3) sick days or days of disability under 1. above must be consecutive and due to the same or related cause.

Regular Occupation Total Disability Period: 2 years

Maximum Period of Payment:

1. For disability commencing prior to age 60 - up to age 65
2. For disability commencing at or after age 60 and prior to age 65 - up to 5 years
3. For disability commencing at or after age 66—up to the following periods:

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

#

## Annually Required Notices

**HIPAA Special Enrollment Rights** – If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health 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 toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the health coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

**Michelle's Law** – The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010. If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions). Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

**Section 111** – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

**Women's Health and Cancer Rights Act of 1998** – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

**The Newborn's and Mother's Health Protection Act** - Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child 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 provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).



## ANNUALLY REQUIRED NOTICES

**Summary of Benefits and Coverage (SBC):** Distributed at time of hire or at Open Enrollment.

**Patient Protection:** If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the 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, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. Contact your State for up to date information on eligibility .**

## CHIP (continued)

### ALABAMA - Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA - Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### ARKANSAS - Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHP+: [Colorado.gov/HCPF/Child-Health-Plan-Plus](http://Colorado.gov/HCPF/Child-Health-Plan-Plus)  
CHP+ Customer Service: 1-800-359-1991/State Relay 711

### FLORIDA - Medicaid

Website: <http://www.flmedicaidprecovery.com/hipp>  
Phone: 1-877-357-3268

### GEORGIA - Medicaid

Website: <http://dch.georgia.gov/medicaid>  
Click on Health Insurance Premium Payment (HIPP)  
Phone: 1-404-656-4507

### INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com> Phone

### IOWA - Medicaid

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
Phone: 1-888-346-9562

### KANSAS - Medicaid

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

### KENTUCKY - Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

### LOUISIANA - Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

### MAINE - Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003  
TTY: Maine relay 711

### MASSACHUSETTS - Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-862-4840

### MINNESOTA - Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>  
Phone: 1-800-657-3739

### MISSOURI - Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

### MONTANA - Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

### NEBRASKA - Medicaid

Website: <http://www.AccessNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

### NEVADA - Medicaid

Medicaid Website: <http://dwss.nv.gov> Medicaid Phone: 1-800-992-0900

### NEW HAMPSHIRE - Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 603-271-5218

### NEW JERSEY - Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

### NEW YORK - Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### NORTH CAROLINA - Medicaid

Website: <https://dma.ncdhhs.gov/>  
Phone: 919-855-4100

<b>NORTH DAKOTA - Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA - Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON - Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA - Medicaid</b>
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>RHODE ISLAND- Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>SOUTH CAROLINA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS - Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493

<b>UTAH - Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT - Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>VIRGINIA - Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>WASHINGTON - Medicaid</b>
Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>WEST VIRGINIA - Medicaid</b>
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN - Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>WYOMING - Medicaid</b>
Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

:To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either

U.S. Department of Labor  
Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## **Important Notice from North Central Michigan College About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the North Central Michigan College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.

BCBSM has determined that the prescription drug offered by North Central Michigan College is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join Medicare drug plan.

## Important Notice from North Central Michigan College About Your Prescription Drug Coverage and Medicare (Continued)

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your BCBSM Plans effective 1-01-2023 will not be affected. Prescription drug coverage plan provisions/options under the North Central Michigan College is:

#### Retail Pharmacy (up to 31 days):

Generic Drugs: \$10/Rx copayment after deductible

Preferred Brand Name Drugs: \$20/Rx copayment after deductible

Non-Preferred Brand Name Drugs: \$40/Rx copayment after deductible

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current North Central Michigan College's MESSA BCBSM plan coverage, be aware that you and your dependents will not be able to get this coverage back except for re-enrollment during a designated open enrollment period.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with BCBSM and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.



## Important Notice from North Central Michigan College About Your Prescription Drug Coverage and Medicare (Continued)

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the North Central Michigan College changes. You also may request a copy of this notice at any time.**

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

**Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	1-01-2023
Name of Entity/Sender: Contact--Position/Office:	North Central Michigan College Human Resources Office
Address:	1515 Howard St Petoskey MI 49770
Phone Number:	231-348-6837



## ONLINE ENROLLMENT AT A GLANCE

FOLLOW THE STEPS BELOW TO ENROLL FOR BENEFITS FOR 2023.

### 1 CREATING/LOGGING IN YOUR MYMESSA ACCOUNT

- Go to [www.messa.org](http://www.messa.org)
- Click MyMESSA Login
- Log in to your account
- If you do not have an account, Create one now

### 2 ACCESSING MESSA'S ONLINE BENEFITS WEBSITE

- Once logged in to your account, click on the "Online benefits website" link in the box on the left side of the screen.

(If you do not see this link, please call Member Services at 800.336.0013).

### 3 ELECTING YOUR MESSA BENEFITS

- Click "Make Benefit Elections"

#### Demographics

Review your Demographic Information and make any necessary updates. When finished, click the "I agree" box and click "Continue".

#### Dependents

Review/add/edit your Family Information. When finished, click the "I agree" box and click "Continue".

#### Benefit Election

- To elect benefits, click on "View Plan Options"
- To cover a dependent, check the box next to their name and click continue.
- To remove a dependent, uncheck the box next to their name.
- Click "Continue".
- Select a benefit plan by clicking "Select".
- When finished electing all benefits, click "Continue" on the right-hand side.

#### **4 Beneficiaries**

- It's recommended that you designate at least one primary beneficiary.
  - o Dependents will automatically appear, however, you may "Add New Beneficiary" if you'd like to designate someone other than a dependent.
  - o Percentage total must equal 100%.
- When finished click "Continue".

#### **5 Other Medical Insurance**

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click "Yes" next to "Current or Prior Coverages" and enter the following information.
- Once you have entered the information, click "Save".
- If you do not have other medical coverage, keep "Current or Prior Coverages" as "No" and click "Continue".

#### **6 Review and Confirm**

Now that you have elected all of your benefits, review your selections and scroll to the bottom of the page to view the "Participation" statement. Check the "I agree, and I'm finished with my enrollment" box

#### **7 Confirmation Statement**

You may view, email, or print your confirmation statement.

## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	MESSA/BCBSM	800-336-0013	<a href="http://www.messa.org">www.messa.org</a>
Dental	MESSA/Delta Dental	800-336-0013	<a href="http://www.messa.org">www.messa.org</a>
Vision	MESSA/VSP	800-336-0013	<a href="http://www.vsp.com">www.vsp.com</a>
EAP	Ulliance	800-448-8326	<a href="http://LifeAdvisorEAP.com">LifeAdvisorEAP.com</a>
Human Resources	Lynn Eckerle	231-348-6837	<a href="mailto:leckerle@ncmich.edu">leckerle@ncmich.edu</a>
	Jordan Olivo	231-348-6685	<a href="mailto:jolivo@ncmich.edu">jolivo@ncmich.edu</a>





This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.