



Benefit Enrollment Guide 2013 Plan Year

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

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

Monroe County Intermediate School District

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HUMAN RESOURCES

734-242-5799 x1210
Kelly Sweeney

2013

This booklet provides a brief, not comprehensive, summary of your benefits under the group health plans of Monroe County Intermediate School District. We have tried to be as accurate as possible in compiling the information in this booklet. However, if there is any discrepancy between the information in this booklet and our official plan documents, the official plan documents will rule. Monroe County Intermediate School District reserves the right to modify, amend or terminate the Plan at any time.

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2013 Open Enrollment At-A-Glance



Flexible Spending Accounts (FSAs) for Medical Reimbursement and/or Dependent Care Expenses for the 2012 plan will expire December 31, 2012 (receipts can be submitted through 3/15/2013).

Do you want to enroll in a FSA for Health Care and/or Dependent Care expenses in 2013?

Please review the FSA materials sent in this packet or see page 15 of the 2013 Benefit Enrollment Guide. **NOTE: You must submit an enrollment form each year if you want to take advantage of this benefit.**

Need to ADD, DROP or MODIFY your Medical insurance election?

Please review your insurance options in this booklet, and then complete and return the enclosed MESSA Open Enrollment Statement form.

Need to ADD, DROP or MODIFY your Dental or Vision insurance election?

Please review your insurance options in this booklet, complete the SETSEG Subscriber Application to enroll for the first time for Dental and/or Vision coverage or complete the SETSEG Group Insurance Change Form Request to add, drop or modify your dental or vision coverage.

Need to enroll in or are already enrolled in Cash in-lieu (CIL) of Medical Insurance and want that to continue?

Please prepare and submit the enclosed yellow CIL Election & Compensation Agreement Form

Making NO CHANGES to your Medical, Vision Dental or Optional insurance?

Do nothing, you are finished and there are no forms to submit.

All changes and documentation must be returned to Human Resources no later than 4:00 p.m. on November 30, 2012.

Insurance Open Enrollment is Here!



Open Enrollment for insurance benefits will take place from November 9, 2012 through November 30, 2012. During this time period, active, benefit-eligible employees may modify their insurance coverage as well as coverage for their benefit-eligible dependents.

Your Insurance Benefits Pre-Enrollment Statement is enclosed in this packet. Please take the time to carefully review the information on your statement to determine if you need to modify any of your elections. (*The information on your statement was your coverage as of 10/1/2012. If you have recently modified your insurance elections, the information on your statement may not be current*).

How/When/Where to Enroll or Make Changes During Open Enrollment

- **For Medical Insurance Enrollment/Changes:** Complete your MESSA Open Enrollment Statement
- **For Dental/Vision Insurance Enrollment/Changes:** For new enrollments complete a SETSEG Subscriber Application. For additions, deletions or modifications complete the SETSEG Group Insurance Change Form Request
- **For Cash In-Lieu Enrollment/Changes:** Complete the CIL Election & Compensation Agreement Change Form
- **For Basic Flexible Spending Account Enrollment:** Use the Basic Flex Enrollment Form found on the back of the Basic Flex Brochure.
- **For Optional Benefits Enrollment/Changes:** Complete your MESSA Open Enrollment Statement
- **For Aflac Insurance Enrollment/Changes:** Contact Cheryl Bauer at (517) 423-4340 or c_bauer@us.aflac.com

***Effective 1/1/13, the maximum election an individual can make for unreimbursed medical expenses is \$2,500. Dependent care expense is still a maximum of \$5,000**

All changes and documentation must be returned to Human Resources no later than 4:00 p.m. on November 30, 2012.

MCISD Deduction Schedules

for 2012-2013



Depending on your insurance elections and contractual/assigned obligations, you will find that not all deductions for premiums and contributions occur on the same deduction schedule. The table below should help you understand when deductions will be taken and for what purpose.

Deduction Schedules

Type of Deduction	Frequency of Deduction
Medical	See reverse side
FLEX Spending	Each Pay: The annual amount you elect for the 2013 plan year will be divided into 20 equal deductions that will be taken over 20 pay cycles, beginning January 4, 2013.
Vision, Dental & Optional Insurance Purchases (<i>like short term disability insurance, optional life insurances such as MESSA options, optional dental insurances through SETSEG</i>)	2 nd pay of the month, Full Year Employees* 12 pays School Year Employees** 9 pays
TDP, Annuities, Coffee Fund, Employee Recognition	Each Pay for 26 pays, or anytime an employee receives a paycheck.
AFLAC	1 st and 2 nd pay of the month, from October through May for 16 pays
Union Dues	1 st Pay from September through June for 10 pays, dependent upon receipt of payroll information from the union.
Cash in-Lieu	The plan year for Cash in-lieu of Medical Insurance is July 1 through June 30. As such, compensation earned by employees enrolled in cash In-Lieu of Medical insurance is typically paid the 1 st and 2 nd pays of the month.

*Year-round employees are deducted 12 pays throughout the entire year.

** School Year employees are deducted 9 pays October through June and additional deductions are taken the 1st and 2nd pay of May and the 1st pay of June.

ARE YOU ENROLLED IN A MEDICAL PLAN?

If you are enrolled in medical insurance through the Monroe County Intermediate School District, you are required to pay a contribution toward medical insurance. *This contribution toward medical insurance is not the same as the prorated premiums you might pay if you are less than a full time employee.*

Deductions for contributions toward medical insurances vary depending on your employee group. Board paid contributions toward medical premiums until July 1, 2013 are capped at:

\$5,500 for single coverage (\$5692.50 effective 7/1/2013)
\$11,000 for employee/spouse coverage (\$11,385.00 effective 7/1/2013)
\$15,000 for full family and/or employee/child coverage, (\$15,525.00 effective 7/1/2013)

Medical Premiums for MESSA Choices II

HOURLY STAFF FULL YEAR EMPLOYEES:

26 Deductions beginning July 6, 2012 ending June 21, 2013
Single: \$68.12 for 25 pays and \$68.16 for 1 pay
Employee/Spouse: \$205.28 for 25 pays and \$205.40 for 1 pay
Full Family Coverage: \$121.18 for 25 pays and \$121.22 for 1 pay
Employee/Child Coverage: \$51.43 for 25 pays and \$51.65 for 1 pay

SCHOOL YEAR AND 45 WEEK SECRETARIES:

19 Deductions beginning September 28, 2012 ending June 7, 2013
Single: \$69.91 for 18 pays and \$69.98 for 1 pay
Employee/Spouse: \$210.69 for 18 pays and \$210.64 for 1 pay
Full Family Coverage: \$124.37 for 18 pays and \$124.38 for 1 pay
Employee/Child Coverage: \$52.79 for 18 pays and \$52.83 for 1 pay

48 WEEK SECRETARIES:

25 Deductions beginning July 6, 2012 ending June 7, 2013 with the exception of 8/3/2012 paycheck
Single: \$70.85 for 24 pays and \$70.76 for 1 pay

CERTIFIED STAFF:

19 Deductions beginning October 12, 2012 ending June 21, 2013
Single: \$63.54 for 18 pays and \$61.92 for 1 pay
Employee/Spouse: \$196.16 for 18 pays and \$196.11 for 1 pay
Full Family Coverage: \$108.22 for 18 pays and \$108.18 for 1 pay
Employee/Child Coverage: \$38.27 for 18 pays and \$38.21 for 1 pay

NON-AFFILIATED, SUPERVISORY & CENTRAL OFFICE STAFF:

26 Deductions beginning July 6, 2012 ending June 21, 2013
Single: \$35.82 for 25 pays and \$36.02 for 1 pay
Employee/Spouse: \$132.63 for 25 pays and \$132.73 for 1 pay
Full Family Coverage: \$40.45 for 25 pays and \$40.55 for 1 pay
Employee/Child Coverage: No deduction, this amount is under the capped amount

MESSA ABC Plan 1 Health Savings Account (HSA)

CENTRAL OFFICE, NON-AFFILIATED & SUPERVISORS

13 Deductions beginning January 4, 2013 ending June 21, 2013
Single \$24.92 for 13 pays
Employee/Spouse: \$160.12 for 12 pays and \$159.88 for 1 pay
Full Family Coverage & Employee/Child Coverage: No deduction, this amount is under the capped amount

In Need of Assistance?

Who to Contact for Help

PROVIDER	BENEFIT	PHONE	WEBSITE
MESSA	Medical (MESSA Choices II or ABC Plan 1: HSA) Optional Life Coverage Optional Disability Income Insurance	(888) 888-4167	www.messa.org
HealthEquity	HSA Administrator for ABC Plan 1	(866) 346-5800	www.healthequity.com
SETSEG	Dental & Vision	(800) 292-5421	www.setseg.org
BASIC	Flexible Spending Accounts for Medical Reimbursement and Dependent Care	(800) 444-1922	www.basiconline.com
Office of Retirement Services (ORS)	Public School Employees Retirement System	(800) 381-5111	www.michigan.gov/ors
AFLAC	Accident Indemnity Advantage 240Hour Level Two Cancer Care Select Plan Critical Care and Recovery 2 Vision Now	Cheryl Bauer (517) 423-4340	c_bauer@us.aflac.com www.aflac.com
MCISD Benefits	Benefit Changes Benefit Questions	(734) 242-5799 x1210	kelly.sweeney@monroeisd.us www.monroeisd.us



This guide is designed to provide you with an overview of your insurance benefit options under the group health plan with Monroe Intermediate School District. Please take the time to familiarize yourself with each benefit option to ensure that you make the best benefit elections for you and your eligible family members.

When You May Enroll for Benefits

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

1) Initial Enrollment

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

2) Open Enrollment

Once per calendar year if eligible for benefits, you may enroll for, or change, insurance coverage. Because this option occurs once per year it is called **ANNUAL OPEN ENROLLMENT**. This opportunity will occur during a designated time period in the fall, usually lasting 30 days in duration. **Any changes you elect during Annual Open Enrollment will become effective January 1, 2013.** Any required documentation must also be submitted to Human Resources by the close of the Annual Open Enrollment period which is 4:00 p.m. on November 30, 2012.

3) Change of Status Event

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

Your Responsibilities at Initial Enrollment

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

Complete the Enrollment Forms provided to you by Human Resources. **Even if you are not enrolling for coverage, you must complete a form to waive the coverage to which you are entitled.**

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

Your Responsibilities at Open Enrollment

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

A Benefits Confirmation Statement is included in this packet. Carefully review this statement to make sure your information is correct.

Follow the directions included in your Annual Open Enrollment materials, being sure to complete and return any required forms. You may also elect any other changes to your coverage (adding/dropping coverage and/or dependents). Elected benefit changes, except where Statements of Health or Evidence of Insurability must be provided, will become effective as of January 1, 2013.

If you have any questions, please contact the Human Resources department at (734) 242-5799 x1210 or email kelly.sweeney@monroeisd.us

Making NO CHANGES to your insurance?

Do nothing, you are finished and there are no forms to submit, unless enrolling in a FSA.

Your 2013 Plan Year Benefit Enrollment

Your Responsibilities at a Change of Status Event

Under IRS regulations, changes you make to your insurance because of a Change of Status Event must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage, but you could not elect to purchase Short Term Disability Insurance for yourself. Likewise, if your spouse lost insurance coverage through his employer, you could enroll him for coverage under your insurance, but you could not elect to purchase Short Term Disability for yourself.

You must request to change your insurance elections by contacting the Human Resources department at (734) 242-5799 x1210 or kelly.sweeney@monroeisd.us within 30 calendar days of the event. If you fail to make the request to add or modify coverage within 30 calendar days, you must wait until our next Annual Open Enrollment Period to make the change. **If you fail to inform the District within 30 calendar days of a Change of Status Event that causes a dependent to become ineligible for coverage, you may be held responsible for any premiums and claims paid on behalf of that dependent while ineligible for coverage.**

*Open Enrollment is
November 9, 2012 –
November 30, 2012*

Examples of Change of Status or Qualifying Event:

- Change in your legal marital status (such as marriage, legal separation, annulment, divorce, or death of a spouse)
- Change in the number of your tax Dependents or eligible Dependent children (such as the birth of a child, adoption or placement for adoption of a Dependent, or death of a Dependent)
- Any of the following events that change the employment status of you, your Spouse, or your Dependent that affect benefit eligibility under a cafeteria plan (including this plan) or other employee benefit plan of yours, your spouse, or your dependents. Such events include any of the following changes in employment status: termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in worksite, switching from salaried to hourly-paid, union to non-union, or part-time to full-time; incurring a reduction or increase in hours of employment; or any other similar change which makes the individual become (or cease to be) eligible for a particular employee benefit
- Event that causes your Dependent to satisfy or cease to satisfy an eligibility requirement for a particular benefit (such as attaining a certain age), or
- Change in your, your Spouse's, or your Dependent's place of residence

**All Enrollment changes must be made on or before 4:00 p.m. November 30, 2012.
Submit all enrollment changes to Human Resources
All changes will be effective January 1, 2013**

Eligibility Requirements for our Health Plan

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

Eligible dependents include:

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

Cash In-Lieu of Medical Insurance (CIL)

This option is currently available to all benefit eligible employees, unless otherwise stated.

A benefit eligible employee choosing to opt out of medical insurance will receive an amount (see table below) for each full month of the plan year (January 1 through December 31) in which the employee is not enrolled in medical insurance under the Group Health Plan of Monroe County Intermediate School District. This amount is prorated if the employee is less than a full-time employee. The amount, less applicable deductions, is paid in typically the first and second pay of each month. The employee will not be eligible for this payment in any month in which he/she is enrolled in medical insurance provided through the school district as the subscriber.

The employee must file the CIL Election Compensation Agreement Change form within 30 calendar days of either becoming benefit eligible or following a change of status event in order to enroll in this option.

Employees electing to enroll in this option during Open Enrollment

period will begin their participation on January 1, 2013. Employees who become eligible will have 30 calendar days from the date of eligibility to enroll in the CIL program. If, after electing the CIL option, the employee experiences a change of status event, he/she may re-enroll in the district's healthcare program within 30 calendar days of the event and terminate his/her enrollment in the CIL program.

CIL Election Forms are available on the Employee Benefits page of the Monroe Intermediate School District's Human Resources page. For more information contact the Human Resources department at (734) 242-5799 x1210.

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

Employee Group	Monthly Cash In-Lieu
Hourly Benefit Eligible Employees*	if 32 or less participants: Medical: \$83.33 if more than 33 participants: Medical \$175.00 Dental/Vision \$12.50 regardless of number of participants
Non-Affiliated, Supervisory Benefit Eligible Employees*	if 32 or less participants: Medical: \$83.33 if more than 33 participants: Medical \$150 Dental/Vision \$12.50 regardless of number of participants
Certified Benefit Eligible Employees*	if 24 or less participants: Medical \$200 if more than 25 participants: Medical \$300
Central Office	See individual employment contract

Medical Plans, MESSA Choices II and ABC Plan 1 (HSA)

The Monroe County Intermediate School District offers medical coverage through MESSA. Eligible employees are required to pay a portion of the cost. Depending on your employment status, you are eligible for medical coverage under the MESSA Choices II plan and/or the Health Savings Account. Under either plan, employees are required to pay that portion of the medical premium which exceeds the statutory caps. Those caps are:

\$5,500 for single coverage (\$5,692.50 effective 7/1/2013)
\$11,000 for employee/spouse coverage (\$11,385.00 effective 7/1/2013)
\$15,000 for full family and/or employee/child coverage (\$15,525.00 effective 7/1/2013)

MESSA Choices II

Non-Affiliated, Supervisory, Central Office & Hourly Non- Union	
In Network Deductible	\$500 Single \$1000 Family
In Network Copay	\$20 OV/\$25 Urgent Care/ \$50 ER
Out of Network Deductible	\$1000 Single \$2000 Family
Out of Network Coinsurance	20% of approved amount after deductible is met
Out of Network Out-of-Pocket Cap	\$2000 Single \$4000 Family
Prescription Coverage	MESSA Saver Rx \$2 to \$40
Basic Term Life with Medical	\$5000
Optional Dependent Life	
Excludes Voluntary Abortion	

Certified & Hourly	
In Network Deductible	\$200 Single \$400 Family
In Network Copay	\$10 OV (Hourly), \$20 OV (Certified)/\$25 Urgent Care/ \$50 ER
Out of Network Deductible	\$400 Single \$800 Family
Out of Network Coinsurance	20% of approved amount after deductible is met
Out of Network Out-of-Pocket Cap	\$2000 Single \$4000 Family
Prescription Coverage	\$10 Generic \$20 Brand Name
Basic Term Life with Medical	\$5000
Optional Dependent Life	
Excludes Voluntary Abortion	

ABC Plan 1 Health Savings Account (HSA)

Eligible Employees	
In Network Deductible	\$1,250 Single \$2,500 2-Person & Family
Out-of-Network Deductible	\$2,500 Single \$5,000 2-Person & Family
Out-of-pocket Maximum In-network	\$1,000 Single \$2,000 2-Person & Family
Out-of-pocket Maximum Out-of-Network	\$2,000 Single \$4,000 2-Person & Family
Office Visits In-Network	100% of approved amount
Free Preventative Prescriptions In-Network	MESSA ABC covers an extensive list of FREE preventative prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. For a full list see the Human Resources Webpage under Employee Benefits.
Inpatient Hospital In-Network <ul style="list-style-type: none"> Semi-private room and board Physician Charges 	100% of approved amount
Emergency Care In-Network <ul style="list-style-type: none"> Emergency Room Facility and Physician Charges Urgent Care 	100% of approved amount
Preventative Care – In-Network www.uspreventiveservicetaskforce.org	100% coverage, not subject to deductible

Please see the Employee Benefits page of the MCISD Human Resources website for full description of each plan.

Health Savings Account (HSA) FAQs

Q: Do I have to have health insurance to have a health savings account (HSA)?

A: Yes. To be eligible to open and contribute to an HSA, you need to be enrolled in a qualified high-deductible health plan (HDHP)—one with a minimum annual deductible of \$1,250 for self-only coverage or \$2,500 for family coverage.

Q: Who owns the HSA?

A: You do.

Q: Does the money in my HSA earn interest?

A: Yes, and tax-free. HealthEquity calculates, compounds, and credits interest monthly based on the applicable rate for different tiers of the account balance. For current rates see the interest rate page in the HealthEquity online resource center.

Q: Can I invest the money in my HSA?

A: Yes. Similar to an IRA, many HSAs let you choose to invest your account balance in stocks/bonds, mutual funds, CDs, and/or annuities. With your HealthEquity® HSA, you can typically invest in pre-selected mutual funds after you reach a \$2,000 balance in your account. (Note: Your account may have a different minimum balance. Check your plan details or call your dedicated HealthEquity Member Services line or 866.346.5800 for more information.)

Q: Is my HSA FDIC-insured?

A: Yes. However, eligible monies in investments are not FDIC-insured.

Q: Can I roll the money from my IRA into my HSA?

A: Yes. You can make a one-time rollover from your IRA into your HSA. You can't, however roll money into your IRA from your HSA. Note that a rollover will count against annual contribution amounts. For more information, call your dedicated HealthEquity Member Services line or 866.346.5800.

Q: Who can put money in my HSA?

A: Anyone can contribute to your HSA. However, only the account holder and the employer receive tax deductions on monies contributed. Only your contribution is tax-free.

Q: Do I have to claim contributions from others on my income taxes?

A: You don't have to claim contributions you receive from others, whether your employer or your family, as gross income on your annual tax return.

Q: How much money can I contribute to my HSA?

A: In 2012, the maximum contribution as set by the IRS for an individual account is \$3,100 and the maximum contribution for family coverage is \$6,250. In 2013, those limits increase to \$3,250 and \$6,450, respectively. People over the age of 55 can make an additional "catch-up" contribution of \$1,000. These limits are the same regardless of the source of the contribution.

Q: What happens to the money in my HSA if I leave my job or retire?

A: You take that money with you wherever you go. The HSA is in your name. It's your account. If you're on Medicare or go to another employer that doesn't have a qualified HDHP, you can still use your HSA money to pay for co-pays and qualified medical expenses, but won't be able to continue to make contributions to your HSA.

Q: Does the money I have in my HSA roll over from year to year or do I lose the money at the end of the year?

A: The money rolls over from year to year. You don't lose the money left in your HAS or the interest it's earned. It's your money.

Q: Can I take the money out of my HSA any time I want?

A: Yes. You can take money out anytime tax-free and without penalty as long as it's to pay for qualified medical expenses. If you take money out for other purposes, however, you'll have to pay income taxes on the withdrawal plus a 20% penalty.

Q: What is a qualified medical expense?

A: Qualified medical expenses are those that would generally qualify for the medical and dental expenses income tax deduction as outlined in IRS Publication 502—Medical and Dental Expenses. See www.irs.gov/publications/p502/index.html for a current complete list.

Health Savings Account (HSA) FAQs (continued)

Q: Do I pay co-payments if I have an HSA?

A: If your health insurance plan requires a co-payment, you will pay the copayment as part of the full amount your insurance has contracted to pay for the visit, which you'll pay in full until meeting your deductible. Whether you continue to pay co-payments after meeting your deductible depends on the specifics of your health plan. You can always use your HSA to pay your co-payments.

Q: I am a parent on an HSA-based plan, but didn't cover my children under this plan. Can I use the money in my HSA to pay for my children's medical expenses, co-pays, and deductibles?

A: Yes. The money in your HSA can be used to pay for qualified medical expenses of any family member who qualifies as a dependent on your tax return. However, if the dependent isn't covered under your plan, his/her expenses won't be applied toward your deductible.

Q: My domestic partner is covered on my insurance plan. Can I use my HSA for my domestic partner's medical expenses?

A: If your domestic partner meets the IRS qualifications of a tax dependent, you can legally use your HSA funds for his/her medical expenses.

Q: Do I pay for the full doctor's office visit when I go to the doctor?

A: You're responsible to pay the amount your insurance has contracted to pay your doctor, typically a discounted rate, until your deductible is met. You can use your HSA for this expense. It's best to have your doctor's office put the charge through to your insurance, so that you receive credit toward your deductible and know exactly what to pay. Some doctors may require that you pay up front, but most bill your insurance, and then bill you only once the claim has been processed. Make sure you don't pay more than your portion shown on the explanation of benefits you receive from your insurance carrier.

Q: I'm retired. Can I still contribute to my HSA?

A: Yes, provided you're covered by a qualified HDHP and aren't on Medicare.

Q: If my spouse is on Medicare, can I contribute to an HSA?

A: Yes. As long as you're not enrolled in Medicare yourself and are still enrolled in a qualified HDHP, you can contribute to your HSA.

Q: Can I use the money in my HSA for non-medical expenses?

A: Yes. If you do though, and are under 65, you'll be taxed on the money you use and assessed a 20% penalty. Once you're 65, you'll be taxed for moneys used for nonmedical expenses, but won't pay a penalty.

Q: Can I use my HSA for eye glasses, contacts, or LASIK surgery?

A: Yes. These expenses may not apply to your insurance deductible though.

Q: Can I use my HSA to pay for dental expenses and orthodontics?

A: Yes. These expenses may not apply to your insurance deductible though.

Q: Can I use my HSA to pay for voluntary cosmetic surgery?

A: The HSA can be used for cosmetic surgery if prescribed by a physician and deemed being medically necessary.

Q: Can I access my HSA online?

A: Yes. You can see your account balances, HSA debit card balance, claim transactions, and more online. You can also pay providers, request reimbursements, and manage your personal information. Simply visit www.myhealthequity.com or your specific member portal.

Q: How do I contact HealthEquity?

A: You can call HealthEquity Member Services 24/7/365 at your dedicated service line. service, personalized savings strategies and consumer education.

www.healthequity.com
866.346.5800

Dental Plan Information (Self-Funded Plan)

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

Eligible dependents include (1) an employee's spouse while not divorced or legally separated from the employee; (2) each of the employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States, to age 25. Coverage is provided through December 31 of the year in which the dependent becomes age 25.

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

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

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

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

Major Services 80% of R&C* The Plan Year is January 1 through December 31	
Major Services Include Services Such As:	
Inlays	Dentures (Full and Partial)
Crowns and/or Bridges	Crown and/or Bridge Repair
Annual Deductible	\$25
Combined Annual Maximum	\$1,000 per year/per person total benefit

A Summary of Benefit and Coverage is available on the Employee Benefits page of the MCISD Website.

Orthodontic Services (to age 19) 80% of R&C* The Plan Year is January 1 through December 31	
Major Services Include Services Such As:	
Deductible	\$50
Lifetime Maximum	\$1,500 per person

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

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

Guide to Enjoying Your Benefits:

- 1) Select the dentist of your choice and make an appointment for an examination. If the examination indicates that charges for necessary follow-up treatment will exceed \$200, the dentist should submit a pre-treatment estimate.
- 2) When dental services are complete, sign the dental claim form to assign payment of benefits directly to the dentist.
- 3) Questions regarding eligibility and/or claims should be directed to Customer Service at: (800) 292-5421, prompt 2.

Vision Plan Information

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

Eligible dependents include (1) an employee's spouse while not divorced or legally separated from the employee; (2) each of the employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States, to age 25. Coverage is provided through December 31 of the year in which the dependent becomes age 25.

Eligible charges are reimbursed on a year defined as the 12-month period of July 1 through June 30.

Ultra-Vision Benefit Program Schedule	
Complete Vision Examination	\$55
Single Vision Lenses (each pair)	\$73
Bifocal Lenses (each pair)	\$84
Trifocal Lenses (each pair)	\$100
Progressive Lenses (each pair)	\$124
Contact Lenses (each pair)	\$110
Frames-Standard-type	\$50

The above service/items are available as follows:

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

The benefit year is defined as July 1 – June 30

Guide to Enjoying Your Benefits:

- 1) Select the doctor of your choice and make an appointment for an examination.
- 2) When vision services, including examination and/or purchase of lenses/frames are complete, you may pay the entire fee or have the doctor invoice SET directly. An itemized statement of services must be submitted.
- 3) Questions regarding eligibility and/or claims should be directed to Vision Claims at: (800) 292-5421, prompt 4.
- 4) For reimbursement, send the above information to:

SETSEG
415 W. Kalamazoo Street
Lansing, MI 48993-2079

Flexible Spending Accounts

Monroe County Intermediate School District offers two types of Flexible Spending Accounts (FSA) – the Medical Reimbursement Account and Dependent Care Account. These accounts reimburse you for certain medical and dependent care expenses on a pretax basis. **NOTE: You must enroll each year in the FSA if you want to take advantage of this benefit.**

Medical Reimbursement Account

You may contribute up to \$2,500 per year in a Health Care Spending Account. You may use this money to reimburse yourself for any health care expenses that the IRS allows and that are not reimbursed from another plan.

Examples of Eligible Expenses:

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

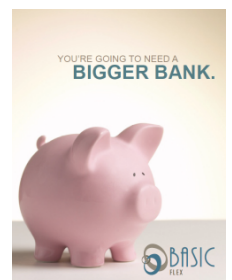
Dependent Care Account

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

- A change in election that is because of, or corresponds with, a change made under another employer's group health plan
- A dependent satisfying, or ceasing to satisfy, the eligibility requirements of our plan

You must complete and submit the Basic Flex Enrollment Form each year to participate in the Flexible Spending Accounts. Please turn in the enrollment to HR by 4:00 p.m. November 30, 2012

A Basic Flex information brochure and enrollment form is enclosed under a separate cover in this packet.



Use it or Lose it

Carefully estimate your Flexible Spending Account contributions because, according to IRS rules, any funds left in your account at the end of the year are forfeited. In addition, you cannot change the amount you contribute during the year or stop contributing.

Life, Disability, and Individual Products (MESSA Options)

The following MESSA OPTION products are available for purchase on a voluntary basis to assist you in securing additional protection at affordable rates:

Life Coverages:

Benefit Offerings	Benefit	Monthly Rate
Basic Term Life Insurance and AD&D	\$5,000	\$2.36/mo.
Dependent Life Insurance on Spouse and each eligible Child	\$2,000	\$1.48/mo.

Group Supplemental Life Insurance:

Benefit Offerings	Benefits	Monthly Rate
Supplemental Term Life Insurance	\$10,000 & AD&D \$20,000 & AD&D \$30,000 & AD&D \$40,000 & AD&D	See Rates Below

\$10,000 Life and AD&D Monthly Rate

Under age 40	\$1.50
Age 40 – 49	\$3.00
Age 50 – 59	\$6.50
Age 60 – 64	\$11.50
Age 65 – 69	\$17.50
Age 70 – 74	\$30.00
Age 75 & older	\$44.00

\$20,000 Life and AD&D Monthly Rate

Under age 40	\$3.00
Age 40 – 49	\$6.00
Age 50 – 59	\$13.00
Age 60 – 64	\$23.00
Age 65 – 69	\$35.00
Age 70 – 74	\$60.00
Age 75 & older	\$84.00

\$30,000 Life and AD&D Monthly Rate

Under age 40	\$4.50
Age 40 – 49	\$9.00
Age 50 – 59	\$19.50
Age 60 – 64	\$34.50
Age 65 – 69	\$52.50
Age 70 – 74	\$90.00
Age 75 & older	\$132.00

\$40,000 Life and AD&D Monthly Rate

Under age 40	\$6.00
Age 40 – 49	\$12.00
Age 50 – 59	\$26.00
Age 60 – 64	\$46.00
Age 65 – 69	\$70.00
Age 70 – 74	\$120.00
Age 75 & older	\$176.00

Life, Disability, and Individual Products (MESSA Options) (continued)

Group Short Term Disability Income Insurance:

Annual Salary	Weekly Benefit	8 th Day	29 th 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
\$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	\$12.30
\$14,000	\$200	\$20.00	\$14.00
\$15,000	\$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
\$23,000	\$320	\$32.00	\$22.40
\$24,500	\$340	\$34.00	\$23.80
\$26,000	\$360	\$36.00	\$25.20

Annual Salary	Weekly Benefit	8 th Day	29 th Day
\$27,500	\$380	\$38.00	\$26.20
\$29,000	\$400	\$40.00	\$28.00
\$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
\$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
\$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

Group Short 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 elect Maximum Benefit Period. This plan has a 54 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.



For explanation of Aflac's benefits, obtain an Aflac Benefits folder from Human Resources.

Notes:

NOTICE OF NON DISCRIMINATION

The Monroe County Intermediate School District is an EOE employer/institution and does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, height, weight, marital status, veteran status or familial status in its programs, services, activities or in employment. The following person has been designated to handle inquiries regarding the non-discrimination policies: **Elizabeth J. Taylor, Assistant Superintendent for Human Resources and Legal Counsel, 1101 S. Raisinville Road, Monroe Michigan 48161 734-242-5799 x 1200**



This booklet provides a brief, not comprehensive, summary of your benefits under the group health plans of Monroe County Intermediate School District. We have tried to be as accurate as possible in compiling this information in the booklet. However, if there is any discrepancy between the information in this booklet and our official plan documents, the official plan documents will rule. Monroe County Intermediate School District reserves the right to modify, amend or terminate the Plan at any time.