



Hanover-Horton Public Schools

Administrators and Central Office Staff

BCBSM Simply Blue HSA Effective 8/1/11

HSA PPO 100% Plan

Deductible	\$1250/\$2500*
Out of Pocket Maximum	Per Person/Per Family N/A
Office Visit	100% after Deductible
Specialist Office Visit	100% after Deductible
Routine Physical Exam	100% not subject to Deductible
Immunizations	100% not subject to Deductible
Well-Child Care	100% not subject to Deductible
Screening Mammography	100% not subject to Deductible
Prenatal Services	100% not subject to Deductible
Postnatal Services	100% not subject to Deductible
Urgent Care	100% after Deductible
Emergency Room	100% after Deductible
Ambulance Services	100% after Deductible
X-Ray, Lab & Diagnostic	100% after Deductible
Advanced Diagnostic Imaging (CT Scans, PET Scans, MRIs and Nuclear Medicine, etc.)	100% after Deductible
Durable Medical Equipment	100% after Deductible
Rehabilitative Medicine Services	100% after Deductible Limit to 30 visits
Inpatient Hospital	100% after Deductible
Outpatient Surgery	100% after Deductible
Drug Card Copay	\$5/\$25/\$50 after Deductible
Hospice	100% after Deductible

*If 2 or more are covered on the contract, the family deductible must be met before any services, excluding preventive services, are covered.

This Summary is meant to be a "Brief" outline of coverages only. Please refer to the Summary of Benefits for a more Detailed Description of coverage.

All Deductibles and Co-payments are accumulated on a calendar year.

The Hanover Horton School Board will put the full deductible amount for 2011 and 2012 into a separate Health Savings Account for each non-union employee with health insurance. All administrators and central office staff will pay 10% of the premium costs for health, dental and vision effective August 1, 2011 and 20% effective Jan. 1, 2012.

Group Definition

All administrators, central office employees, supervisors and mechanics of the Contractor.

Prior Renewal Date	Current Rate	Employee Total
09/01/2010	\$105.10	10

Your current contract with MESSA/Delta Dental Plan expires 8/31/2011. Below is the new rate to continue your current coverage. Payment of the new rate will be regarded as your consent to renew your current contract for another year.

The renewal rate per member per month is:

Renewal Date	Coverage Level	New Rate	Rate Expires
9/1/2011	Single	\$40.51	9/1/2012
9/1/2011	2-Person	\$75.13	9/1/2012
9/1/2011	Full Family	\$128.68	9/1/2012

If you would like to make any changes to your dental coverage, please contact your MESSA Field Representative at 800.292.4910.

Michigan Education Special Services Association

1475 Kendale Blvd., Box 2560 • East Lansing, Michigan 48826-2560 • 517.332.2581 • 800.292.4910



Group Definition

All Full Time Cafeteria Cooks hired after September 1, 2007 of the Contractor and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Prior Renewal Date	Current Rate	Employee Total
09/01/2010	\$88.36	2

Your current contract with MESSA/Delta Dental Plan expires 8/31/2011. Below is the new rate to continue your current coverage. Payment of the new rate will be regarded as your consent to renew your current contract for another year.

The renewal rate per member per month is:

Renewal Date	Coverage Level	New Rate	Rate Expires
9/1/2011	Single	\$37.18	9/1/2012
9/1/2011	2-Person	\$68.89	9/1/2012
9/1/2011	Full Family	\$119.93	9/1/2012

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