

MESSA Choices Medical plan highlights



Good health. Good business. Great schools.

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

Van Buren County Consortium Hartford Public Schools

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. Services received out-of-network are subject to applicable out-of-network cost share amounts. For complete coverage details, go to messa.org to log in to your member account or call the MESSA Member Service Center at 800.336.0013.

Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 through Dec. 31.	\$1,000 individual / \$2,000 family
Medical copayment A fixed amount you pay for a medical visit.	\$20 office visit, \$25 urgent care, \$50 emergency room
Coinsurance A fixed percentage you pay for a specific medical service after your deductible is met.	20%
Prescription drug coverage Subject to prescription copayments. One copayment for up to a 34-day supply. Two copayments for 84- to 90-day supply. Mail order available.	Saver Rx
Annual out-of-pocket maximums after deductible The most you have to pay for covered services in a calendar year. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Medical: Includes applicable copayments and coinsurance. Prescription: Includes copayments.	Medical: \$2,000 individual / \$4,000 family Prescription: \$1,000 individual / \$2,000 family
Covered service	In-network cost share
Preventive care and prenatal care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Online doctor visit through Amwell	Subject to deductible and office visit copayment
Office visit	Subject to deductible and office visit copayment
Chiropractic services including modalities Up to 38 visits per individual per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
Urgent care Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment If copayment is waived, then coinsurance may apply

Covered service	In-network cost share
Hospital emergency room (ER) 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
Inpatient hospital	Subject to deductible and coinsurance
Surgical services and anesthesia	Subject to deductible and coinsurance
Human organ transplant Must be performed at an approved facility.	Subject to deductible and coinsurance
Diagnostic lab and X-ray	Subject to deductible and coinsurance
Radiation and chemotherapy	Subject to deductible and coinsurance
Allergy testing and therapy	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - outpatient care	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Subject to deductible and coinsurance
Autism - applied behavior analysis (ABA) Services	Subject to deductible and coinsurance
Additional covered services Ambulance Hearing care Home health care Hospice Medical supplies and equipment Prosthetics and orthotics Skilled nursing facility	Subject to deductible and coinsurance

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 amounts.

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 for you.

Accidental Death & Dismemberment Insurance (AD&D): \$5,000 for you.

Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. 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.

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Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 through Dec. 31.	\$500 individual / \$1,000 family
Medical copayment A fixed amount you pay for a medical visit.	\$10 office visit, \$25 urgent care, \$50 emergency room
Coinsurance A fixed percentage you pay for a specific medical service after your deductible is met.	0%
Prescription drug coverage Subject to prescription copayments. One copayment for up to a 34-day supply. Two copayments for 84- to 90-day supply. Mail order available.	Saver Rx
Annual out-of-pocket maximums after deductible The most you have to pay for covered services in a calendar year. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Medical: Includes applicable copayments and coinsurance. Prescription: Includes copayments.	Medical: \$1,000 individual / \$2,000 family Prescription: \$1,000 individual / \$2,000 family
Covered service	In-network cost share
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Inpatient hospital	Subject to deductible and coinsurance
Surgical services and anesthesia	Subject to deductible and coinsurance
Human organ transplant Must be performed at an approved facility.	Subject to deductible and coinsurance
Diagnostic lab and X-ray	Subject to deductible and coinsurance
Radiation and chemotherapy	Subject to deductible and coinsurance
Allergy testing and therapy	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - outpatient care	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Subject to deductible and coinsurance
Autism - applied behavior analysis (ABA) Services	Subject to deductible and coinsurance
Additional covered services Ambulance Hearing care Home health care Hospice Medical supplies and equipment Prosthetics and orthotics Skilled nursing facility	Subject to deductible and coinsurance

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Life and accidental death & dismemberment insurance

Life Insurance: \$5,000 for you.

Accidental Death & Dismemberment Insurance (AD&D): \$5,000 for you.

Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. 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.

PLAN 1 – Medical plan highlights

All services must be medically necessary, performed by a qualified provider, and covered under the plan.

	In-network		Out-of-network	
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Annual deductible

Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. By federal law, when two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.

MESSA ABC Plan 1*	Single coverage	2-person & family	Single coverage	2-person & family
	2016 - \$1,300	2016 - \$2,600	2016 - \$2,600	2016 - \$5,200
	2017 - \$1,300	2017 - \$2,600	2017 - \$2,600	2017 - \$5,200

* The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 in order to remain HSA-compatible according to IRS rules governing HSAs.

Annual out-of-pocket maximum

The out-of-pocket maximum includes copayments and coinsurance plus the deductible. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.

Single coverage	2-person & family	Single coverage	2-person & family
Deductible plus \$1,000	Deductible plus \$2,000	Deductible plus \$2,000	Deductible plus \$4,000

Lifetime benefit maximum

Unlimited

Unlimited

Type of service	In-network (after deductible)	Out-of-network (after deductible)
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Office visits

100%

80% of approved amount

Free preventive prescriptions

MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.

100% coverage
No deductible, no copayment

Not covered

Other prescription drug coverage (see reverse for details)

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, MESSA ABC Rx coverage and copayments apply.

After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum

75% of approved amount

Inpatient hospital

- Semi-private room and board (includes supplies and services)
- Physician charges

100%

80% of approved amount

Surgical services

Includes: surgeon, assistant surgeon and anesthesiologist

100%

80% of approved amount

Emergency care

- Emergency room facility and physician charges
- Urgent care

100%

80% of approved amount

Preventive care – www.messa.org/FreePreventiveCare

Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a public health department or at a MESSA-sponsored event are considered in-network.

100% coverage
Not subject to deductible

Not covered
(except for mammograms, which are covered at 80% of approved amount after deductible)

Chiropractic services including modalities

Up to 38 visits (combination of in-network and out-of-network visits) per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits.

100% of approved amount

80% of approved amount

MESSA ABC PLAN 1 – Medical plan highlights (Continued)

Type of service	In-network (after deductible)	Out-of-network (after deductible)
Diagnostic lab and X-ray, radiation and chemotherapy	100%	80% of approved amount
Allergy testing and therapy	100%	80% of approved amount
Additional covered services		
<ul style="list-style-type: none"> • Medical supplies and equipment • Ambulance • Hearing care (<i>plan limits apply</i>) • Skilled nursing facility (<i>120-day annual limit applies</i>) • Hospice (<i>limits apply</i>) • Home health care 	100%	Same as In-network
Human organ transplant	100% when authorized and performed at a BCBSM-approved facility (<i>plan limits apply</i>)	Not covered
Mental health and substance abuse <i>Inpatient and outpatient care</i>		
<ul style="list-style-type: none"> • Mental health care • Substance abuse treatment 	100%	80% of approved amount
Outpatient physical, occupational, and speech therapy		
Up to a combined benefit maximum of 60 visits per individual per calendar year, whether obtained from an In-network or out-of-network provider.	100%	80% of approved amount

Free preventive prescription drugs

Before members pay anything toward their deductible, MESSA provides 100% coverage for an extensive list of prescription drugs, including cholesterol and blood pressure medications, prenatal vitamins, contraceptives, weight loss medications, smoking cessation products and many more. No deductible. Zero copayment. Members pay *nothing* for these preventive prescriptions.

Prescription drug coverage

Group prescription drug coverage is included with this plan. **After applicable deductible is met**, there is a \$2 copayment for generic maintenance medications for specific chronic conditions and diseases. There is a \$10 copayment for all other generics. There is also a \$10 copayment for listed over-the-counter (OTC) medications used to treat heartburn and seasonal allergies. There is a \$20 copayment (reduced from \$40) for specific brand name maintenance drugs used to treat diabetes and asthma. There is a \$40 copayment for brand name drugs when no generic product exists. Please refer to your plan coverage booklet for full details, limits and exclusions.

Medical Case Management (MCM)

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through these difficult times by providing flexibility, support and direct involvement in the management of their health care.

MESSA help lines: NurseLine and Healthy Expectations

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specially trained registered nurse who can answer your medical questions and provide health-related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

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 and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for deductibles, and amounts that are in excess of the approved amount for the service. **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.

Additional benefits for you

Life insurance \$5,000
 Accidental Death and Dismemberment insurance (AD&D) \$5,000

Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment terminates, whichever happens last.

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

This is a brief summary of the MESSA ABC Plan 1. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.

PLAN 3 – Medical plan highlights

All services must be medically necessary, performed by a qualified provider, and covered under the plan.

		In-network		Out-of-network	
Annual deductible Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. By federal law, when two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.	MESSA ABC Plan 3	Single coverage	2-person & family	Single coverage	2-person & family
		\$3,500	\$7,000	\$7,000	\$14,000

Annual out-of-pocket maximum The out-of-pocket maximum includes copayments and coinsurance plus the deductible. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	Single coverage	2-person & family	Single coverage	2-person & family
	Deductible plus \$1,000	Deductible plus \$2,000	Deductible plus \$2,000	Deductible plus \$4,000

Lifetime benefit maximum	Unlimited	Unlimited
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Type of service	In-network (after deductible)	Out-of-network (after deductible)
Office visits	90%	70% of approved amount
Free preventive prescriptions MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	100% coverage No deductible, no copayment	Not covered
Other prescription drug coverage (see reverse for details) 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, MESSA ABC Rx coverage and copayments apply.	After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum	75% of approved amount
Inpatient hospital <ul style="list-style-type: none"> Semi-private room and board (Includes supplies and services) Physician charges 	90%	70% of approved amount
Surgical services Includes: surgeon, assistant surgeon and anesthesiologist	90%	70% of approved amount
Emergency care <ul style="list-style-type: none"> Emergency room facility and physician charges Urgent care 	90%	70% of approved amount
Preventive care – www.messa.org/FreePreventiveCare Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a public health department or at a MESSA-sponsored event are considered in-network.	100% coverage Not subject to deductible	Not covered (except for mammograms, which are covered at 80% of approved amount after deductible)
Chiropractic services including modalities Up to 38 visits (combination of in-network and out-of-network visits) per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits.	90% of approved amount	70% of approved amount

MESSA ABC PLAN 3 – Medical plan highlights (Continued)

Type of service	In-network (after deductible)	Out-of-network (after deductible)
Diagnostic lab and X-ray, radiation and chemotherapy	90%	70% of approved amount
Allergy testing and therapy	90%	70% of approved amount
Additional covered services		
<ul style="list-style-type: none"> • Medical supplies and equipment • Ambulance • Hearing care (<i>plan limits apply</i>) • Skilled nursing facility (<i>120-day annual limit applies</i>) • Hospice (<i>limits apply</i>) • Home health care 	90%	Same as In-network
Human organ transplant	90% when authorized and performed at a BCBSM-approved facility (<i>plan limits apply</i>)	Not covered
Mental health and substance abuse <i>Inpatient and outpatient care</i>		
<ul style="list-style-type: none"> • Mental health care • Substance abuse treatment 	90%	70% of approved amount
Outpatient physical, occupational, and speech therapy		
Up to a combined benefit maximum of 60 visits per individual per calendar year, whether obtained from an in-network or out-of-network provider.	90%	70% of approved amount

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Additional benefits for you

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Accidental Death and Dismemberment insurance (AD&D) \$5,000

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

This is a brief summary of the MESSA ABC Plan 3. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.