

MESSA In-Network Plan Comparison - Effective 1/1/2024
N.I.C.E. Comm. School Dist. Upper Peninsula APA - Hard Cap and 2.0% Medical Discount

	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA Choices \$1,000/\$2,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% MESSA ABC Rx	MESSA Balance+ \$1,600/\$3,200 20% MESSA Balance+ Rx
Employee Premium Share per Pay - 2024 Hard Cap and 24 Pays					
Single	\$99.97	\$75.98	\$51.09	-\$2.53	-\$4.78
2person	\$275.86	\$221.88	\$165.89	\$45.36	\$40.33
Family	\$303.24	\$236.07	\$166.39	\$16.40	\$10.14
In-Network Cost Share After Deductible					
Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,600/\$3,200	\$2,000/\$4,000	\$1,600/\$3,200
Coinsurance	0%	0%	0%	20%	20%
Teladoc Health virtual 24/7 care for minor illnesses, injuries and mental health copay/coinsurance	\$20	\$20	0%	20%	\$10
Teladoc Health virtual primary care visit copay/coinsurance	\$20	\$20	0%	20%	\$25
Office visit copay/coinsurance	\$20	\$20	0%	20%	\$25
Specialist visit copay/coinsurance	\$20	\$20	0%	20%	\$50
Urgent care copay/coinsurance	\$25	\$25	0%	20%	\$50
Emergency room copay/coinsurance	\$50	\$50	0%	20%	\$200
Total out-of-pocket maximum	\$2,500/\$5,000	\$3,000/\$6,000	\$2,600/\$5,200	\$4,000/\$8,000	\$4,000/\$8,000

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Certain Benefit Differences					
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible	Up to a combined 12 visits per calendar year; \$25 office visit copay applies after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 80% after deductible	
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible	Up to a combined 30 visits per calendar year, including therapeutic massage by an approved provider (e.g., chiropractor, MD, DO); Covered 80% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible	Not covered
Acupuncture	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible	Not covered
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Not covered

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Prescription Drugs	MESSA Saver Rx	MESSA Saver Rx	MESSA ABC Rx (after deductible)	MESSA ABC Rx (after deductible)	MESSA Balance+ Rx (after deductible)
Up to a 34-day supply					
Generic drugs	\$2 or \$10	\$2 or \$10	Free, \$2 or \$10	Free, \$2 or \$10	Free or \$10
Preferred brand-name drugs	\$20 or \$40	\$20 or \$40	\$20 or \$40	\$20 or \$40	\$40
Nonpreferred brand-name drugs					\$80
Preferred specialty drugs (includes generic specialty and preferred brand specialty)	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty drugs					20% coinsurance (\$0 min - \$300 max)
90-day supply					
Generic drugs, Preferred brand-name drugs, Nonpreferred brand-name drugs	2x 1-month supply; Available via retail or mail order	2x 1-month supply; Available via retail or mail order	2x 1-month supply; Available via retail or mail order	2x 1-month supply; Available via retail or mail order	3x 1-month supply; Available via retail or mail order
Additional Information					
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible
Supplemental Plans	Not included	Not included	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans

~ The MESSA premiums do not include the \$1.50 PMPM cost of the Basic Term Life insurance. They do not include the cost of the EA1 rider at \$0.10 / \$0.24 / \$0.28 monthly for Single / 2person / Family coverages.

~ Essentials by MESSA Rx and Balance+ Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.

~ For Saver Rx and ABC Rx, the reduced cost generic drugs at \$2 and brand name drugs at \$20, include medications for asthma, diabetes, coronary artery disease, high blood pressure and high cholesterol.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, RaeAnn Loy, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.