

**MESSA In-Network Plan Comparison - Effective 1/1/2024**

**Anchor Bay Schools - 004B Teachers**

	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx</b>	<b>MESSA ABC Plan 1 \$1,600/\$3,200 HSA 20% 3-Tier Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 3-Tier Rx</b>
<b>Employee Monthly Premium Share - 2024 Hard Cap and 2% Medical Discount</b>			
Single	\$25.40	\$4.96	\$0.00
2person	\$159.02	\$113.04	\$30.90
Family	\$117.79	\$60.58	\$0.00
<b>In-Network Cost Share After Deductible</b>			
Deductible	\$2,000/\$4,000	\$1,600/\$3,200	\$2,000/\$4,000
Coinsurance	0%	20%	20%
Teladoc Health 24/7 and mental health	0%	20%	20%
Teladoc Health primary care visit	0%	20%	20%
Office visit	0%	20%	20%
Specialist visit	0%	20%	20%
Urgent care	0%	20%	20%
Emergency room	0%	20%	20%
Total out-of-pocket maximum	\$4,000/\$8,000	\$4,600/\$8,050	\$5,000/\$8,050
<b>Certain Benefit Differences</b>			
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after deductible	38 visits per calendar year, including therapeutic massage; 80% after deductible	38 visits per calendar year, including therapeutic massage; 80% after deductible
Osteopathic manipulations	38 visits per calendar year; 100% after deductible	38 visits per calendar year; 80% after deductible	38 visits per calendar year; 80% after deductible
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after deductible	60 visits combined per calendar year; 80% after deductible	60 visits combined per calendar year; 80% after deductible
Bariatric surgery	100% after deductible	80% after deductible	80% after deductible
Acupuncture	100% after deductible	80% after deductible	80% after deductible
Hearing aids	100% up to a maximum benefit after deductible	80% up to a maximum benefit after deductible	80% up to a maximum benefit after deductible
<b>Prescription Drugs</b>	<b>3-Tier Rx (after deductible)</b>	<b>3-Tier Rx (after deductible)</b>	<b>3-Tier Rx (after deductible)</b>
<b>Up to a 34-day supply</b>			
Generic	Free or \$10	Free or \$10	Free or \$10
Preferred brand	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
Preferred specialty (includes generic 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
Nonpreferred specialty			
<b>90-day supply</b>			
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order

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<b>Additional Information</b>			
Free preventive drug lists	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

~ The MESSA rate includes the \$1.50 PMPM cost for Basic Term Life.

~ Premium shares are estimates only, please refer to your business office for exact amounts.

~ 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, Heather Scott, 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.