MESSA In-Network Plan Comparison - Effective 1/1/2024 Anchor Bay Schools - 004H Paraprofessionals

	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 3-Tier Rx			
Employee Monthly Pro	Employee Monthly Premium Share - 2024 Hard Cap and 0% Medical Discount					
Single	\$86.35	\$38.91	\$0.00			
2person	\$296.14	\$189.42	\$58.69			
Family	\$288.45	\$155.63	\$0.00			
In-Network Cost Share	In-Network Cost Share After Deductible					
Deductible	\$1,600/\$3,200	\$2,000/\$4,000	\$2,000/\$4,000			
Coinsurance	0%	0%	20%			
Teladoc Health 24/7						
and mental health	0%	0%	20%			
Teladoc Health primary care visit	0%	0%	20%			
Office visit	0%	0%	20%			
Specialist visit	0%	0%	20%			
Urgent care	0%	0%	20%			
Emergency room	0%	0%	20%			
Total out-of-pocket	42.500/47.200	\$4.000/\$0.000	AF 000/40 0F0			
maximum	\$3,600/\$7,200	\$4,000/\$8,000	\$5,000/\$8,050			
Certain Benefit Differences						
Chiropractic	38 visits per calendar year, including	38 visits per calendar year, including	38 visits per calendar year, including			
manipulations	therapeutic massage;	therapeutic massage;	therapeutic massage;			
·	100% after deductible	100% after deductible	80% after deductible			
Osteopathic	38 visits per calendar year;	38 visits per calendar year;	38 visits per calendar year;			
manipulations Outpatient physical,	100% after deductible	100% after deductible	80% after deductible			
occupational		60 visits combined per calendar year;				
and speech therapy	100% after deductible	100% after deductible	80% after deductible			
Bariatric surgery	100% after deductible	100% after deductible	80% after deductible			
Acupuncture	100% after deductible	100% after deductible	80% after deductible			
	100% up to a maximum benefit after	100% up to a maximum benefit after	80% up to a maximum benefit after			
Hearing aids	deductible	deductible	deductible			
	3-Tier Rx	3-Tier Rx	3-Tier Rx			
Prescription Drugs	(after deductible)	(after deductible)	(after deductible)			
Up to a 34-day supply						
Generic	Free or \$10	Free or \$10	Free or \$10			
Preferred brand	20% coinsurance	20% coinsurance	20% coinsurance			
Treferred brand	(\$40 min - \$80 max)	(\$40 min - \$80 max)	(\$40 min - \$80 max)			
Nonpreferred brand	20% coinsurance	20% coinsurance	20% coinsurance			
·	(\$60 min - \$100 max)	(\$60 min - \$100 max)	(\$60 min - \$100 max)			
Preferred specialty	Consider dangs included in an eff	Consider denote included in an ex-	Consider denote in all ded in an are-			
(includes generic and	Specialty drugs included in one of	Specialty drugs included in one of	Specialty drugs included in one of			
Nonpreferred specialty	the above pricing categories	the above pricing categories	the above pricing categories			
90-day supply						
Generic,	2.5x 1-month supply;	2.5x 1-month supply;	2.5x 1-month supply;			
Preferred brand,	Retail or mail order	Retail or mail order	Retail or mail order			
Nonpreferred brand						
Additional Information	n					

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Employee Monthly Premium Share - 2024 Hard Cap and 0% Medical Discount					
Single	\$86.45	\$39.01	\$0.00		
2person	\$296.38	\$189.66	\$58.93		
Family	\$288.73	\$155.91	\$0.00		
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.

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.

[~] 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.