MESSA In-Network Plan Comparison - Effective 1/1/2024 Anchor Bay Schools - 004J Central Off & AFSCME Sup Staff

	MESSA ABC Plan 1	MESSA ABC Plan 2	MESSA ABC Plan 1	MESSA ABC Plan 2			
	\$1,600/\$3,200 HSA	\$2,000/\$4,000 HSA	\$1,600/\$3,200 HSA	\$2,000/\$4,000 HSA			
	0%	0%	20%	20%			
	3-Tier Rx	3-Tier Rx	3-Tier Rx	3-Tier Rx			
Employee Monthly Premium Share - 2024 Hard Cap and 0% Medical Discount							
Single	\$86.35	\$38.91	\$18.06	\$0.00			
2person	\$296.14	\$189.42	\$142.50	\$58.69			
Family	\$288.45	\$155.63	\$97.25	\$0.00			
In-Network Cost Share After Deductible							
Deductible	\$1,600/\$3,200	\$2,000/\$4,000	\$1,600/\$3,200	\$2,000/\$4,000			
Coinsurance	0%	0%	20%	20%			
Teladoc Health 24/7			7.7				
and mental health	0%	0%	20%	20%			
Teladoc Health primary	201	00/	200/	200/			
care visit	0%	0%	20%	20%			
Office visit	0%	0%	20%	20%			
Specialist visit	0%	0%	20%	20%			
Urgent care	0%	0%	20%	20%			
Emergency room	0%	0%	20%	20%			
Total out-of-pocket	\$3,600/\$7,200	\$4,000/\$8,000	\$4,600/\$8,050	\$5,000/\$8,050			
maximum		\$4,000/\$8,000	\$4,000/\$6,030	\$5,000/\$6,050			
Certain Benefit Differences							
	38 visits per calendar year,						
Chiropractic	including therapeutic	including therapeutic	including therapeutic	including therapeutic			
manipulations	massage;	massage;	massage;	massage;			
	100% after deductible	100% after deductible	80% after deductible	80% after deductible			
Osteopathic	38 visits per calendar year;						
manipulations	100% after deductible	100% after deductible	80% after deductible	80% after deductible			
Outpatient physical,	60 visits combined per						
occupational	calendar year;	calendar year;	calendar year;	calendar year;			
and speech therapy	100% after deductible	100% after deductible	80% after deductible	80% after deductible			
Bariatric surgery	100% after deductible	100% after deductible	80% after deductible	80% after deductible			
Acupuncture	100% after deductible	100% after deductible	80% after deductible	80% after deductible			
Hearing aids	100% up to a maximum	100% up to a maximum	80% up to a maximum	80% up to a maximum			
Treating aras	benefit after deductible	benefit after deductible	benefit after deductible	benefit after deductible			
Prescription Drugs	3-Tier Rx	3-Tier Rx	3-Tier Rx	3-Tier Rx			
	(after deductible)	(after deductible)	(after deductible)	(after deductible)			
Up to a 34-day supply							
Generic	Free or \$10	Free or \$10	Free or \$10	Free or \$10			
Preferred brand	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance			
	(\$40 min - \$80 max)						
Nonpreferred brand	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance			
	(\$60 min - \$100 max)						

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	MESSA ABC Plan 1 \$1,600/\$3,200 HSA	MESSA ABC Plan 2 \$2,000/\$4,000 HSA	MESSA ABC Plan 1 \$1,600/\$3,200 HSA	MESSA ABC Plan 2 \$2,000/\$4,000 HSA			
	0%	0%	20%	20%			
	3-Tier Rx	3-Tier Rx	3-Tier Rx	3-Tier Rx			
Employee Monthly Premium Share - 2024 Hard Cap and 0% Medical Discount							
Single	\$86.45	\$39.01	\$18.16	\$0.00			
2person	\$296.38	\$189.66	\$142.74	\$58.93			
Family	\$288.73	\$155.91	\$97.53	\$0.00			
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	Specialty drugs included in one of the above pricing categories			
Nonpreferred specialty							
90-day supply							
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order						
Additional Information							
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	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			

[~] 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.