

MESSA In-Network Plan Comparison - Effective 1/1/2023

Anchor Bay Schools - 004A Administration

	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% MESSA ABC Rx
Employee Monthly Premium Share - 2023 Hard Cap and 0% Medical Discount			
Single	\$122.72	\$75.31	\$16.26
2person	\$373.98	\$267.31	\$134.46
Family	\$388.46	\$255.71	\$90.38
In-Network Cost Share After Deductible			
Deductible	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	0%	20%
Blue Cross online visit copay/coinsurance	0%	0%	20%
Office visit copay/coinsurance	0%	0%	20%
Specialist visit copay/coinsurance	0%	0%	20%
Urgent care copay/coinsurance	0%	0%	20%
Emergency room copay/coinsurance	0%	0%	20%
Total out-of-pocket maximum	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$7,500
Certain Benefit Differences			
Chiropractic manipulations	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 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible	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 80% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible
Acupuncture	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible
Hearing aids	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

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Prescription Drugs	MESSA ABC Rx (after deductible)	MESSA ABC Rx (after deductible)	MESSA ABC Rx (after deductible)
34-day supply			
Generic drug	Free, \$2 or \$10	Free, \$2 or \$10	Free, \$2 or \$10
Preferred brand drug	Free, \$20 or \$40	Free, \$20 or \$40	Free, \$20 or \$40
Non-preferred brand drug			
90-day supply			
Generic drug, Preferred brand drug, Non-preferred brand drug	2x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Available via retail or mail order
Additional Rx Information			
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible

~ 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 deductible is subject to change each Jan. 1 to remain HSA-compatible according to IRS rules governing HSAs.

~ 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.

If you have any questions, please contact your MESSA Field Representative, Heather Scott, at 800.292.4910.

Information on this document is a general overview. Refer to MESSA.org and the plan booklets for additional information.