

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

Anchor Bay Schools - 004B Teachers

	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx	MESSA ABC Plan 1 \$1,500/\$3,000 HSA 20% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 3-Tier Rx
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Employee Monthly Premium Share - 2023 Hard Cap and 2% Medical Discount

Single	\$31.25	\$11.42	\$0.00
2person	\$168.17	\$123.54	\$43.79
Family	\$132.34	\$76.80	\$0.00

In-Network Cost Share After Deductible

Deductible	\$2,000/\$4,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	20%	20%
Blue Cross online visit copay/coinsurance	0%	20%	20%
Office visit copay/coinsurance	0%	20%	20%
Specialist visit copay/coinsurance	0%	20%	20%
Urgent care copay/coinsurance	0%	20%	20%
Emergency room copay/coinsurance	0%	20%	20%
Total out-of-pocket maximum	\$4,000/\$7,500	\$4,500/\$7,500	\$5,000/\$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 80% 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 80% 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 80% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 80% after deductible	Covered 80% after deductible
Acupuncture	Covered 100% after deductible	Covered 80% after deductible	Covered 80% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible

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Single	\$31.25	\$11.42	\$0.00
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Prescription Drugs	3-Tier Rx (after deductible)	3-Tier Rx (after deductible)	3-Tier Rx (after deductible)
34-day supply			
Generic drug	Free or \$10	Free or \$10	Free or \$10
Preferred brand drug	Free or 20% coinsurance (\$40 min - \$80 max)	Free or 20% coinsurance (\$40 min - \$80 max)	Free or 20% coinsurance (\$40 min - \$80 max)
Non-preferred brand drug	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
90-day supply			
Generic drug, Preferred brand drug, Non-preferred brand drug	2.5x copay of applicable 34-day supply; Available via retail or mail order	2.5x copay of applicable 34-day supply; Available via retail or mail order	2.5x 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.

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.