

**MESSA In-Network Plan Comparison Exclusively for
Traverse City Area Schools
Effective: 1/1/2020**

All Employees	MESSA ABC Plan 1 \$1400/\$2800 HSA 0% MESSA ABC Rx	MESSA ABC Plan 1 \$1400/\$2800 HSA 20% MESSA ABCRx Mandatory Mail	MESSA Choices \$1000/\$2000 20% MESSA Saver Rx	MESSA Choices \$500/\$1000 0% MESSA Saver Rx	MESSA Choices \$300/\$600 0% MESSA Saver Rx
In-Network Cost Share After Deductible					
Deductible	\$1400/\$2800	\$1400/\$2800	\$1000/\$2000	\$500/\$1000	\$300/\$600
Coinsurance	0%	20%	20%	0%	0%
Blue Cross online visit copay/coinsurance	0%	20%	\$20	\$20	\$20
Office visit copay/coinsurance	0%	20%	\$20	\$20	\$20
Specialist visit copay/coinsurance	0%	20%	\$20	\$20	\$20
Urgent care copay/coinsurance	0%	20%	\$25	\$25	\$25
Emergency room copay/coinsurance	0%	20%	\$50	\$50	\$50
Total out-of-pocket maximum	\$2400/\$4800	\$3400/\$6800	\$4000/\$8000	\$2500/\$5000	\$2300/\$4600
Certain Benefit Differences					
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage.	Up to 38 visits per calendar year, including therapeutic massage. Coinsurance applies	Up to 38 visits per calendar year, including therapeutic massage. Coinsurance applies Office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage. Office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage. Office visit copay may apply
Osteopathic manipulations	Up to 38 visits per calendar year.	Up to 38 visits per calendar year. Coinsurance applies	Up to 38 visits per calendar year. Office visit copay applies	Up to 38 visits per calendar year. Office visit copay applies	Up to 38 visits per calendar year. Office visit copay applies
Physical, occupational, and speech therapy	Up to a combined 60 visit maximum per calendar year.	Up to a combined 60 visit maximum per calendar year. Coinsurance applies	Up to a combined 60 visit maximum per calendar year. Coinsurance applies	Up to a combined 60 visit maximum per calendar year.	Up to a combined 60 visit maximum per calendar year.
Bariatric surgery	Covered	Covered Coinsurance applies	Covered Coinsurance applies	Covered	Covered
Acupuncture	Covered	Covered Coinsurance applies	Covered Coinsurance applies	Covered	Covered
Hearing aids	Covered up to the maximum benefit.	Covered up to the maximum benefit. Coinsurance applies	Covered up to the maximum benefit. Coinsurance applies	Covered up to the maximum benefit.	Covered up to the maximum benefit.

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Prescription Drugs	MESSA ABC Rx (after deductible)	MESSA ABCRx Mandatory Mail (after deductible)	MESSA Saver Rx	MESSA Saver Rx	MESSA Saver Rx
Retail	34-day supply	34-day supply	34-day supply	34-day supply	34-day supply
Optional mail order 90-day supply	2x copay of 34-day supply	N/A	2x copay of 34-day supply	2x copay of 34-day supply	2x copay of 34-day supply
Mandatory mail rider 90-day supply	N/A	2x copay of 34-day supply	N/A	N/A	N/A
Generic drug 34-day supply	Free, \$2 or \$10	Free, \$2 or \$10	\$2 or \$10	\$2 or \$10	\$2 or \$10
Brand drug - preferred 34-day supply	Free, \$20 or \$40	Free, \$20 or \$40	\$20 or \$40	\$20 or \$40	\$20 or \$40
Brand drug - non-preferred 34-day supply					
Rx information	An extensive list of FREE preventive drugs. These are FREE before you pay your deductible.	An extensive list of FREE preventive drugs. These are FREE before you pay your deductible.	N/A	N/A	N/A

~ Information on this document is a general overview. Please refer to the plan booklet for more detailed information.

~ 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.

~ 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, Viola Collin, at 800.292.4910.