

**MESSA In-Network Plan Comparison Exclusively for
Haslett Public Schools
Effective: 1/1/2020**

581B Teachers

	MESSA ABC Plan 1 \$1400/\$2800 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2000/\$4000 HSA 0% MESSA ABC Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA
In-Network Cost Share After Deductible			
Deductible	\$1400/\$2800	\$2000/\$4000	\$375/\$750
Coinsurance	0%	0%	20%
Blue Cross online visit copay/coinsurance	0%	0%	\$10
Office visit copay/coinsurance	0%	0%	\$25
Specialist visit copay/coinsurance	0%	0%	\$50
Urgent care copay/coinsurance	0%	0%	\$50
Emergency room copay/coinsurance	0%	0%	\$200
Total out-of-pocket maximum	\$2400/\$4800	\$3000/\$6000	\$8150/\$16300
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.	Up to a combined 12 visits per calendar year. \$25 office visit copay applies
Osteopathic manipulations	Up to 38 visits per calendar year.	Up to 38 visits per calendar year.	
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.	Up to a combined 30 visit maximum per calendar year, including therapeutic massage by a chiropractor. Coinsurance applies
Bariatric surgery	Covered	Covered	Not covered
Acupuncture	Covered	Covered	Not covered
Hearing aids	Covered up to the maximum benefit.	Covered up to the maximum benefit.	Not covered

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Prescription Drugs	MESSA ABC Rx (after deductible)	MESSA ABC Rx (after deductible)	Essentials by MESSA
Retail	34-day supply	34-day supply	34-day supply
Optional mail order 90-day supply	2x copay of 34-day supply	2x copay of 34-day supply	3x copay of 34-day supply
Mandatory mail rider 90-day supply	N/A	N/A	N/A
Generic drug 34-day supply	Free, \$2 or \$10	Free, \$2 or \$10	\$10
Brand drug - preferred 34-day supply	Free, \$20 or \$40	Free, \$20 or \$40	20% coinsurance (\$40 min - \$80 max)
Brand drug - non-preferred 34-day supply			20% coinsurance (\$60 min - \$100 max)
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.	Prior authorization Quantity limits Step therapy Excluded drugs

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

~ The Essentials by MESSA Rx plan has several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, lifestyle drugs (drugs for erectile dysfunction or weight loss), drugs used to treat heartburn and acid reflux (except select generic versions), drugs that treat coughs and colds, including most antihistamines and prenatal vitamins.

~ The out-of-pocket maximum (OOPM) for Essentials by MESSA, is subject to change each Jan. 1 according to the maximum limit allowed by the Affordable Care Act.

~ 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, Julie Berryman Adams, at 800.292.4910.