

MESSA In-Network Plan Comparison - Effective 1/1/2021
Lenawee County Consortium - Lenawee County Consortium

	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 20% MESSA SaverRx Mandatory Mail	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABC Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% MESSA ABC Rx
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In-Network Cost Share After Deductible

Deductible	\$500/\$1,000	\$500/\$1,000	\$1,400/\$2,800	\$2,000/\$4,000
Coinsurance	0%	20%	0%	10%
Blue Cross online visit copay/coinsurance	\$20	\$20	0%	10%
Office visit copay/coinsurance	\$20	\$20	0%	10%
Specialist visit copay/coinsurance	\$20	\$20	0%	10%
Urgent care copay/coinsurance	\$25	\$25	0%	10%
Emergency room copay/coinsurance	\$50	\$50	0%	10%
Total out-of-pocket maximum	\$2,500/\$5,000	\$3,500/\$7,000	\$2,400/\$4,800	\$4,000/\$7,000

Certain Benefit Differences

Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible; \$20 office visit copay may apply	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 90% after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 80% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 90% 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 100% after deductible	Up to a combined 60 visits per calendar year; Covered 90% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 90% after deductible
Acupuncture	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 90% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 90% up to a maximum benefit after deductible

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Prescription Drugs	MESSA Saver Rx	MESSA SaverRx Mandatory Mail	MESSA ABC Rx (after deductible)	MESSA ABC Rx (after deductible)
34-day supply				
Generic drug	\$2 or \$10	\$2 or \$10	Free, \$2 or \$10	Free, \$2 or \$10
Preferred brand drug	\$20 or \$40	\$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; Only available via 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	Affordable Care Act (ACA) Free Preventive Drug Coverage	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

~ 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 at 800.292.4910.

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