

MESSA ABC Plan 3

Medical plan highlights



Effective Date: 8/1/2024

MESSA Account: Beaverton Rural Schools

Employee Group:

In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100% of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your MyMESSA account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

Plan features	In-network
Annual deductible The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$3500 individual/\$7000 family If one member of a family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family will be paid when the family deductible has been met.
Medical coinsurance A fixed percentage you pay for a medical service.	10%
Prescription drug coverage Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments and/or coinsurance apply. See free preventive prescriptions below.	MESSA ABC Rx
Annual out-of-pocket maximums The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	\$4500 individual/\$9000 family
In-network services covered at no cost to you	
Free preventive prescriptions MESSA ABC covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	No cost to you
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	
Prenatal and postnatal care Prenatal and postnatal doctor visits.	

In-network services subject to deductible and applicable coinsurance

Acupuncture Must be performed by an M.D. or D.O or a registered acupuncturist.	Allergy testing and therapy
Ambulance	Autism - applied behavior analysis (ABA) services
Bariatric Surgery	Chiropractic services including modalities Up to 38 visits per calendar year.
Diagnostic lab and X-ray	Durable medical equipment (DME)
Hearing aids There is a maximum benefit for a hearing aid for each ear during a 36-month period.	Hearing care Hearing related services performed by an M.D. or D.O.
Home health care	Hospital emergency room (ER)
Human organ transplant Must be performed at an approved facility.	Inpatient hospital
Medical supplies	Mental health and substance abuse - inpatient and outpatient care
Office visit	Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Prosthetics and orthotics
Radiation and chemotherapy	Skilled nursing facility Up to a maximum of 120 days per calendar year.
Teladoc Health visits 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	Urgent Care

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Optum Rx. For more information, go to messa.org to log in to your MyMESSA account and link to the Optum Rx website. For general questions about your prescription coverage, call MESSA at 800-336-0013 or TTY 888-445-5614. For questions about a prescription order, call Optum Rx at 800-903-8346.

Medical care outside the U.S.

MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website (www.bcbsglobalcore.com) to find in-network providers prior to your departure.

Covered services and approved amounts

In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Life and accidental death & dismemberment insurance

Life insurance: \$5,000 policy for you.

Accidental death & dismemberment insurance (AD&D): \$5,000 policy for you.

Life and AD&D insurance underwritten by Life Insurance Company of North America.

If you have
**MESSA ABC Rx with
Mandatory Mail:**

You must order all
90-day prescriptions
and certain long-term
maintenance medications
through Optum Rx for
home delivery.

To order medications
through Optum Rx, log
in to your MyMESSA
account at **messa.org**
and select "Optum Rx
home delivery." You
may also call MESSA
at 800-336-0013 or
TTY: 888-445-5614 for
assistance or contact
us via live chat from your
MyMESSA account or
through the MESSA app.



messa ABC
ACCOUNT-BASED CHOICES

MESSA ABC with ABC Rx

Overview

- A prescription is required for each covered drug, including covered over-the-counter medications.
- You pay the full cost of your prescriptions until your deductible is fully paid. After deductible, you are responsible for prescription copayments until your out-of-pocket maximum is reached.
- Save money by using Optum Rx for home delivery of your medications.
- In most cases, if your doctor writes "Dispense as written" or "DAW," your cost will be higher.
- After your deductible is fully paid, if you take a brand name medication and a generic is available, you pay \$40 plus the difference between the approved amount and the retail cost. Your doctor may request an exception due to medical necessity.
- If the approved amount is less than the copayment, you pay only the approved amount for the drug.
- Specialty medications may be handled separately. We reserve the right to limit the initial quantity of select specialty drugs. Your copay will be reduced by one-half for this reduced initial fill. Additional fills for specialty drugs are limited to a 30-day supply and must be obtained from a retail pharmacy or by mail through AllianceRx Walgreens Pharmacy.
- Your prescription plan includes a number of money-saving features, including prior authorization, step therapy and quantity limits.

Copayment one-month supply	Prescription drug
No cost to you	— List of specific preventive medications in addition to those mandated by federal law are covered 100% with no deductible required.
After your deductible is met the following copayments apply:	
\$2	— Specific generic drugs used to treat asthma, diabetes and coronary artery disease.
\$10	— All other generic drugs. — Specific over-the-counter medications with a written prescription for the treatment of seasonal allergies and heartburn. Cannot combine with a coupon or other manufacturer offer.
\$20	— Specific brand-name maintenance drugs used to treat asthma and diabetes for which there is no generic equivalent.
\$40	— All other brand-name drugs, including single-source drugs where no generic is available. — You will be responsible for the cost difference between the approved amount and the actual retail cost of the drug when you insist on a brand name but a generic is available and medically appropriate.
For specific drugs under each category, go to messa.org or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614 or contact us via live chat from your MyMESSA account or through the MESSA app.	

