

**MESSA In-Network Plan Comparison - Effective 1/1/2025**  
**Central Montcalm Public Schools**

231G Teacher	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx with Mandatory Mail	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx
In-Network Cost Share After Deductible				
Deductible	\$1,000/\$2,000	\$1,650/\$3,300	\$2,000/\$4,000	\$1,650/\$3,300
Coinsurance	0%	0%	0%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	0%	\$10
Teladoc Health virtual primary care	\$20	0%	0%	\$25
Office visit	\$20	0%	0%	\$25
Specialist visit	\$20	0%	0%	\$50
Urgent care	\$25	0%	0%	\$50
Emergency room	\$50	0%	0%	\$200
Total out-of-pocket maximum	\$4,000/\$8,000	\$3,650/\$7,300	\$4,000/\$8,000	\$4,050/\$8,100
Certain Benefit Differences (cost share is applied after deductible is met)				
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	12 visits combined per calendar year; \$25 copay applies
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.	Not covered
Acupuncture	100% after ded.	100% after ded.	100% after ded.	Not covered
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	Not covered
Prescription Drugs	3-Tier Rx with Mandatory Mail	3-Tier Rx with Mandatory Mail (after deductible)	3-Tier Rx with Mandatory Mail (after deductible)	MESSA Balance+ Rx (after deductible)
Up to a 34-day supply				
Generic	\$10	Free or \$10	Free or \$10	Free or \$10
Preferred brand	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	\$40
Nonpreferred brand	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	\$80
Preferred specialty (generic specialty and brand specialty)	Pricing included in one of the above categories	Pricing included in one of the above categories	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty				20% coinsurance (\$0 min - \$300 max)
90-day supply				
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Mail order only	2.5x 1-month supply; Mail order only	2.5x 1-month supply; Mail order only	3x 1-month supply; Retail or mail order
Additional Information				
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans

ACA = Affordable Care Act

~ Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Abby Zarimba, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.

# MESSA Choices

## Medical plan highlights



**Effective Date: 1/1/2025**

**MESSA Account: Central Montcalm Public School**

**Employee Group: 231G Teacher**

### 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](http://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
<b>Annual deductible</b> The amount you pay for health care services before your health insurance begins to pay. If one member of the 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 members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$1,000 individual/\$2,000 family
<b>Medical copayment</b> A fixed amount you pay for a medical visit.	\$20 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, \$20 Teladoc virtual primary care visit, \$20 office visit for medical, mental health and/or substance use disorder treatment, \$20 specialist visit, \$25 urgent care, \$50 emergency room, if not admitted
<b>Medical coinsurance</b> A fixed percentage you pay for a medical service.	0%
<b>Prescription drug coverage</b> Subject to prescription copayments and coinsurance.	3-Tier Rx with Mandatory Mail
<b>Annual out-of-pocket maximums</b> The most you have to pay for covered medical services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. <b>Prescription:</b> The most you have to pay for prescription copayments and coinsurance in a calendar year.	Medical: \$2,000 individual/\$4,000 family  Prescription: \$2,000 individual/\$4,000 family
<b>In-network preventive care – no cost to you</b>	
<b>Preventive care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	<b>Prenatal and postnatal care</b> Prenatal and postnatal doctor visits.
<b>In-network services subject to deductible and applicable copayment</b>	
<b>Emergency room (ER)</b> Copayment waived if admitted or due to an accidental injury.	<b>Mental health and substance use disorder - outpatient care</b>
<b>Office visit</b> e.g. primary care physician, obstetrics and gynecology and pediatric visits.	<b>Specialist visit</b>

<b>Teladoc Health visits</b> 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	<b>Urgent care</b> Copayment waived if services are required to treat a medical emergency or accidental injury.
<b>In-network services subject to deductible and applicable coinsurance</b>	
<b>Acupuncture</b> Must be performed by an M.D. or D.O or a registered acupuncturist.	<b>Allergy testing and therapy</b> Subject to deductible and coinsurance. Office visit copayment may apply
<b>Ambulance</b>	<b>Autism - applied behavior analysis (ABA) services</b>
<b>Bariatric surgery</b>	<b>Chiropractic services including modalities</b> Up to 38 visits per calendar year.
<b>Diagnostic lab and X-ray</b>	<b>Durable medical equipment (DME)</b>
<b>Hearing aids</b> There is a maximum benefit for a hearing aid for each ear during a 36-month period.	<b>Hearing care</b> Hearing related services performed by an M.D. or D.O.
<b>Home health care</b>	<b>Human organ transplant</b> Must be performed at an approved facility.
<b>Inpatient hospital</b>	<b>Medical supplies</b>
<b>Mental health and substance use disorder - inpatient care</b>	<b>Osteopathic manipulations</b> Performed by an Osteopathic physician. Up to 38 visits per
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit max of 60 visits per individual per calendar year.	<b>Prosthetics and orthotics</b>
<b>Radiation and chemotherapy</b>	<b>Skilled nursing facility</b> Up to a max of 120 days per calendar year.
<b>Home delivery of prescription medications</b>	
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 <a href="http://messa.org">messa.org</a> 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.	
<b>Medical care outside the U.S.</b>	
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 ( <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a> ) to find in-network providers prior to your departure.	
<b>Covered services and approved amounts</b>	
<b>In-network providers</b> 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.	
<b>Out-of-network providers</b> 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.	
<i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) &amp; 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i>	
<b>Life and accidental death &amp; dismemberment insurance</b>	
<b>Life insurance:</b> \$5,000 policy for you.	
<b>Accidental death &amp; dismemberment insurance (AD&amp;D):</b> \$5,000 policy for you.	
<i>Life and AD&amp;D insurance underwritten by Life Insurance Company of North America.</i>	

# MESSA ABC Plan 1

## Medical plan highlights



**Effective Date: 1/1/2025**

**MESSA Account: Central Montcalm Public School**

**Employee Group: 231G Teacher**

### 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](http://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
<b>Annual deductible</b> 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.	Single coverage: \$1650  2-Person & Family coverage: \$3300  Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans.  When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.
<b>Medical coinsurance</b> A fixed percentage you pay for a medical service.	0%
<b>Prescription drug coverage</b> 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.	3-Tier Rx with Mandatory Mail
<b>Annual out-of-pocket maximums</b> 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.	Single coverage: \$3650  2-Person & Family coverage: \$7300
<b>In-network services covered at no cost to you</b>	
<b>Free preventive prescriptions</b> 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
<b>Preventive care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	
<b>Prenatal and postnatal care</b> Prenatal and postnatal doctor visits.	

## In-network services subject to deductible and applicable coinsurance

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

## 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](http://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](http://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.*

# MESSA ABC Plan 2

## Medical plan highlights



**Effective Date: 1/1/2025**

**MESSA Account: Central Montcalm Public School**

**Employee Group: 231G Teacher**

### 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](http://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
<b>Annual deductible</b> 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.	Single coverage: \$2000  2-Person & Family coverage: \$4000  When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.
<b>Medical coinsurance</b> A fixed percentage you pay for a medical service.	0%
<b>Prescription drug coverage</b> 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.	3-Tier Rx with Mandatory Mail
<b>Annual out-of-pocket maximums</b> 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.	Single coverage: \$4000  2-Person & Family coverage: \$8000
<b>In-network services covered at no cost to you</b>	
<b>Free preventive prescriptions</b> 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
<b>Preventive care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	
<b>Prenatal and postnatal care</b> Prenatal and postnatal doctor visits.	



## In-network services subject to deductible and applicable coinsurance

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

## 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](http://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](http://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.*

# MESSA Balance+ Medical plan highlights

**Effective Date: 1/1/2025**

**MESSA Account: Central Montcalm Public School**

**Employee Group: 231G Teacher**

## 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](http://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
<b>Annual deductible</b> 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.	Single coverage: \$1,650  2-person & family coverage: \$3,300  Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-eligible plans. When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.
<b>Medical copayment</b> A fixed amount you pay for a medical visit.	\$10 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, \$25 Teladoc Health virtual primary care visit, \$25 office visit for medical, mental health, and/or substance use disorder treatment, \$25 chiropractic and osteopathic manipulations, \$50 specialist visit, \$50 urgent care, \$200 emergency room, if not admitted
<b>Medical coinsurance</b> A percentage you pay for a medical service.	20%
<b>Prescription drug coverage</b> 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 or coinsurance apply. See "Free preventive prescriptions" below.	MESSA Balance+ Rx
<b>Annual out-of-pocket maximums</b> 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.	Single coverage: \$4,050  2-person & family coverage: \$8,100  Your out-of-pocket maximum is subject to change each Jan. 1 based on deductible amounts.
<b>In-network preventive care - no cost to you</b>	
<b>Free preventive prescriptions</b> MESSA Balance+ 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. View the list at <a href="http://messa.org/FreeRx">messa.org/FreeRx</a> .	<b>Prenatal and postnatal care</b> Prenatal and postnatal doctor visits.  <b>Preventive care</b> Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.



In-network services subject to deductible and applicable copayment	
<b>Teladoc Health visits</b> 24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.	<b>Office visit</b> e.g, primary care physician, obstetrics and gynecology and pediatric visits
<b>Emergency room</b> Copayment waived if admitted or due to an accidental injury.	<b>Chiropractic and osteopathic manipulations</b> Up to a combined 12 visits per calendar year.
<b>Specialist visit</b>	<b>Mental health and substance use disorder - outpatient care</b>
<b>Urgent care</b>	
In-network services subject to deductible and applicable coinsurance	
<b>Allergy testing and therapy</b> Subject to deductible and coinsurance. Specialist visit copayment may apply	<b>Ambulance</b>
<b>Autism - applied behavior analysis (ABA) services</b>	<b>Diagnostic lab and X-ray</b>
<b>Durable medical equipment (DME)</b> Must be obtained from a payable DME provider.	<b>Hearing Care</b> Hearing related services performed by an M.D., D.O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing.
<b>Home health care</b>	<b>Human organ transplant</b> Must be performed at an approved facility.
<b>Inpatient hospital</b>	<b>Medical supplies</b>
<b>Mental health and substance use disorder - inpatient care</b>	<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 30 visits per individual per calendar year, including therapeutic massage performed by an approved provider (e.g., chiropractor, M.D., D.O.)
<b>Prosthetics and orthotics</b>	<b>Radiation and chemotherapy</b>
<b>Skilled nursing facility</b> Up to a maximum of 120 days per calendar year.	
Home delivery of prescription medications	
MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. For more information, go to <a href="https://messa.org">messa.org</a> to log in to your MyMESSA account and select "Optum Rx home delivery." 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 ( <a href="https://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a> ) to find in-network providers prior to your departure.	
Covered services and approved amounts	
<b>In-network providers</b> 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.	
<b>Out-of-network providers</b> 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.	
<i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) &amp; 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i>	
Life and accidental death & dismemberment insurance	
<b>Life insurance:</b> \$5,000 policy for you.	
<b>Accidental death &amp; dismemberment insurance (AD&amp;D):</b> \$5,000 policy for you.	
<i>Life and AD&amp;D insurance underwritten by Life Insurance Company of North America.</i>	