MESSA ABC Plan 2
Medical plan highlights

MESSA
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Effective Date: 1/1/2021

MESSA Account: Montague Area Public Schools

Employee Group: 743C Teachers

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 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to messa.org to log in to your member 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.	Single coverage: $2,000 2-Person & Family coverage: $4,000 **When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.*
Medical coinsurance A fixed percentage you pay for a medical service.	0%
Prescription drug coverage Under federal law governing HSA-qualified 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.*	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.	Single coverage: $3,000 2-Person & Family coverage: $6,000
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.	
Preventive care and prenatal care Certain services such as annual exams, screenings, childhood and adult immunizations, certain preventive medications and prenatal doctor visits.	

In-network services subject to deductible and applicable coinsurance

Blue Cross online visit	**Urgent care**
Office visit	**Hospital emergency room (ER)**
Chiropractic services including modalities Up to 38 visits per calendar year.	**Osteopathic manipulations** Performed by an Osteopathic physician. Up to 38 visits per calendar year.
Inpatient hospital	**Autism - applied behavior analysis (ABA) services**
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	**Hearing aids** There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), 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.	**Acupuncture** Must be performed by an M.D. or D.O.
Diagnostic lab and X-ray	**Radiation and chemotherapy**
Allergy testing and therapy	**Bariatric surgery**
Mental health and substance abuse - inpatient and outpatient care	**Ambulance**
Medical supplies	**Durable medical equipment (DME)**
Prosthetics and orthotics	**Home health care**
Skilled nursing facility Up to a maximum of 120 days per calendar year.	**Human organ transplant** Must be performed at an approved facility.

Home delivery of prescription medications

MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts 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 Express Scripts 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.

AD&D terminates at age 65 or when employment ends, whichever comes later.
Life and AD&D insurance underwritten by Life Insurance Company of North America.