

## MESSA Choice and 3 Tier RX

Group Number 71452, 71453-146

Coverage Period: Beginning on or after 07/01/2017

Summary of Benefits and Coverage:

What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual/Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services.

NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.messa.org](http://www.messa.org) or call MESSA at 800-336-0013. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call MESSA at 800-336-0013 to request a copy.

Important Questions: What is the overall deductible?

Answers

In-Network: \$1,000 Individual/\$2,000 Family

Out-of-Network: \$2,000 Individual/ \$4,000 Family

Why This Matters: Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Important Questions: Are there services covered before you meet your deductible?

Answers: Yes. Preventive care services are covered before you meet your deductible.

Why This Matters: This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Important Questions: Are there services covered before you meet your deductible?

Answers: No.

Why This Matters: You don't have to meet deductibles for specific services.

Important Questions: What is the out-of-pocket limit for this plan?  
(May include a coinsurance maximum)

Answers

In-Network: \$2,000 Individual/ \$4,000 Family

Out-of-Network: \$4,000 Individual/ \$8,000 Family

Why This Matters: The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Important Questions: What is not included in the out-of-pocket limit?

Answers: Premiums, balance-billing charges, any pharmacy penalty and health care this plan doesn't cover.

Why This Matters: Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Important Questions: What is not included in the out-of-pocket limit?

Answers: Yes. For a list of network providers see [www.messa.org](http://www.messa.org) or call MESSA at 800-336-0013.

Why This Matters: This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Important Questions: What is not included in the out-of-pocket limit?

Answers: No.

Why This Matters: You can see the specialist you choose without a referral.



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For a complete list of what this plan covers, please contact us at [Michelle.Saunders@oakland.k12.mi.us](mailto:Michelle.Saunders@oakland.k12.mi.us).