

MESSA Choices Medical plan highlights



Good health. Good business. Great schools.

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Trenton Public Schools

Admins 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. Services received out-of-network are subject to applicable out-of-network cost share amounts. For complete coverage details, go to messa.org to log in to your member account or call the MESSA Member Service Center at 800.336.0013.

Plan features	In-network
Annual deductible The amount you pay for health care services before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 through Dec. 31.	\$500 individual / \$1,000 family
Medical copayment A fixed amount you pay for a medical visit.	\$20 office visit, \$25 urgent care, \$50 emergency room
Coinsurance A fixed percentage you pay for a specific medical service after your deductible is met.	0%
Prescription drug coverage Subject to prescription copayments. One copayment for up to a 34-day supply. Two copayments for 84- to 90-day supply. Mail order available.	Saver Rx
Annual out-of-pocket maximums after deductible The most you have to pay for covered services in a calendar year. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Medical: Includes applicable copayments and coinsurance. Prescription: Includes copayments.	Medical: \$1,000 individual / \$2,000 family Prescription: \$1,000 individual / \$2,000 family
Covered service	In-network cost share
Preventive care and prenatal care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
Online doctor visit through Amwell	Subject to deductible and office visit copayment
Office visit	Subject to deductible and office visit copayment
Chiropractic services including modalities Up to 38 visits per individual per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
Urgent care Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment If copayment is waived, then coinsurance may apply

Covered service	In-network cost share
Hospital emergency room (ER) Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
Inpatient hospital	Subject to deductible and coinsurance
Surgical services and anesthesia	Subject to deductible and coinsurance
Human organ transplant Must be performed at an approved facility.	Subject to deductible and coinsurance
Diagnostic lab and X-ray	Subject to deductible and coinsurance
Radiation and chemotherapy	Subject to deductible and coinsurance
Allergy testing and therapy	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - outpatient care	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	Subject to deductible and coinsurance
Autism - applied behavior analysis (ABA) Services	Subject to deductible and coinsurance
Additional covered services Ambulance Hearing care Home health care Hospice Medical supplies and equipment Prosthetics and orthotics Skilled nursing facility	Subject to deductible and coinsurance

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 amounts.

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 for you.

Accidental Death & Dismemberment Insurance (AD&D): \$5,000 for you.

Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. 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.