

MESSA ABC Plan 1

Medical plan highlights



Effective Date: 1/1/2025

MESSA Account: Yale Public 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
<p>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.</p>	<p>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.</p>
<p>Medical coinsurance A fixed percentage you pay for a medical service.</p>	<p>0%</p>
<p>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.</p>	<p>3-Tier Rx</p>
<p>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.</p>	<p>Single coverage: \$3650 2-Person & Family coverage: \$7300</p>
<p>In-network services covered at no cost to you</p>	
<p>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.</p>	<p>No cost to you</p>
<p>Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.</p>	
<p>Prenatal and postnatal care Prenatal and postnatal doctor visits.</p>	

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 3-Tier 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 with 3-Tier Rx

Overview

- You pay the full cost of your prescriptions until your deductible is fully paid. After deductible, you are responsible for prescription copayments or coinsurance 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.
- If the approved amount is less than the copayment, you pay only the approved amount for the drug.
- Specialty medications are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies. If you obtain them from any other provider, you may be responsible for the total cost.
- The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.
- Your prescription plan includes a number of money-saving features, including prior authorization, step therapy and quantity limits.

	Up to 34-day supply	90-day supply
List of specific preventive medications in addition to those mandated by federal law are covered 100% with no deductible required.	No cost to you	No cost to you

After your deductible is met the following copayments apply:

Generics	\$10 copayment	\$25 copayment
Preferred brand-name drugs	20% coinsurance \$40 minimum – \$80 maximum	20% coinsurance \$100 minimum – \$200 maximum
Nonpreferred brand-name drugs	20% coinsurance \$60 minimum – \$100 maximum	20% coinsurance \$150 minimum – \$250 maximum

The amount you pay for brand-name medications varies because coinsurance is based on the price of the drug when it is filled.

If you obtain a nonpreferred brand-name drug when a generic drug is available, you will pay the nonpreferred brand-name drug coinsurance plus the difference in cost between the generic drug and the nonpreferred brand-name drug.

Prescription types (generic, brand-name and specialty) are subject to change without notice.

Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from any in-network provider.

