

# MESSA ABC Plan 2

## Medical plan highlights



1475 Kendale Blvd. PO Box 2560  
 East Lansing, Michigan 48826-2560  
 517-332-2581 • 800-292-4910

**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](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
<p><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.</p>	<p>Single coverage: \$2000                      2-Person &amp; 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.</p>
<p><b>Medical coinsurance</b>                      A fixed percentage you pay for a medical service.</p>	<p>0%</p>
<p><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.</p>	<p>5-Tier Rx with Mandatory Mail</p>
<p><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.</p>	<p>Single coverage: \$4000                      2-Person &amp; Family coverage: \$8000</p>
<p><b>In-network services covered at no cost to you</b></p>	
<p><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.</p>	<p>No cost to you</p>
<p><b>Preventive care</b>                      Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.</p>	
<p><b>Prenatal and postnatal care</b>                      Prenatal and postnatal doctor visits.</p>	

## 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.*

## If you have 5-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](https://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 5-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.
- If the approved amount of a prescription medication 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.

## What you pay for prescriptions from an in-network pharmacy

Types of medications	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
<b>After your deductible is met the following copayments or coinsurance apply:</b>		
<b>Generic drugs</b> Members pay the lowest copay for generics, making them the most cost-effective option for treatment.	\$10 copayment	\$30 copayment
<b>Preferred brand-name drugs</b> Brand-name drugs are more expensive than generics.	\$40 copayment	\$120 copayment
<b>Nonpreferred brand-name drugs</b> Includes brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available.	\$80 copayment	\$240 copayment
<b>Preferred specialty drugs</b> Includes generic and brand-name specialty drugs that are used to treat difficult health conditions.	20% coinsurance with a maximum of \$150 (up to 30-day supply)	Not available
<b>Nonpreferred specialty drugs</b> Includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.	20% coinsurance with a maximum of \$300 (up to 30-day supply)	Not available
<i>Prescription types (generic, brand-name and specialty) are subject to change without notice. The initial quantity of select specialty drugs may be limited and <b>your cost will be reduced accordingly for the reduced initial fill.</b> To fill your specialty medication prescription, call Walgreens Specialty Pharmacy at 866-249-5367.</i>		

**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.**

