

**NEW LOTHROP AREA PUBLIC SCHOOLS HEALTH CARE BENEFITS PLANS  
BUDGET TRANSPARENCY REPORTING  
2024-2025**

TYPE OF BENEFIT	TEACHER CONTRACT ADMINISTRATION-ELEM/HS FT CUSTODIANS	TEACHER CONTRACT ADMINISTRATION-ELEM/HS FT CUSTODIANS	TEACHER CONTRACT ADMINISTRATION-ELEM/HS FT CUSTODIANS	TEACHER CONTRACT ADMINISTRATION-ELEM/HS FT CUSTODIANS
	4 EMPLOYEE OPTIONS AVAILABLE			
HEALTH	MESSA CHOICES II \$2,000/\$4,000 DEDUCTIBLE	MESSA ABC PLAN 2 (HSA) \$2,000/\$4,000 DEDUCTIBLE	MESSA ABC PLAN 2 (HSA) \$2,000/\$4,000 DEDUCTIBLE	N/A
PRESCRIPTION	MESSA 5 TIER RX PLAN	MESSA 5 TIER RX PLAN	MESSA 5 TIER RX PLAN	N/A
DENTAL	MESSA-DELTA DENTAL	MESSA-DELTA DENTAL	MESSA-DELTA DENTAL	MESSA-DELTA DENTAL
VISION	MESSA-VSP 3 GOLD	MESSA-VSP 3 GOLD	MESSA-VSP 3 GOLD	MESSA-VSP 3 GOLD
SHORT TERM DISABILITY	AVAILABLE FOR EMPLOYEE PURCHASE FROM MESSA	AVAILABLE FOR EMPLOYEE PURCHASE FROM MESSA	AVAILABLE FOR EMPLOYEE PURCHASE FROM MESSA	N/A
LONG TERM DISABILITY	MESSA LONG TERM DISABILITY	MESSA LONG TERM DISABILITY	MESSA LONG TERM DISABILITY	MESSA LONG TERM DISABILITY
LIFE INSURANCE	MESSA LIFE INSURANCE	MESSA LIFE INSURANCE	MESSA LIFE INSURANCE	MESSA LIFE INSURANCE

**MESSA In-Network Plan Comparison - Effective 1/1/2025**  
**New Lothrop Public Schools - Teachers, SS, Admin/Supt/Princ**

	<b>MESSA Choices \$2,000/\$4,000 20% 5-Tier Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 5-Tier Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% 5-Tier Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 5-Tier Rx</b>
<b>In-Network Cost Share After Deductible</b>				
Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	20%	0%	10%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	10%	20%
Teladoc Health virtual primary care	\$20	0%	10%	20%
Office visit	\$20	0%	10%	20%
Specialist visit	\$20	0%	10%	20%
Urgent care	\$25	0%	10%	20%
Emergency room	\$50	0%	10%	20%
Total out-of-pocket maximum	\$6,000/\$12,000	\$4,000/\$8,000	\$5,000/\$8,300	\$5,000/\$8,300
<b>Certain Benefit Differences (cost share is applied after deductible is met)</b>				
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 80% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 90% after ded.	38 visits per calendar year, including therapeutic massage; 80% after ded.
Osteopathic manipulations	38 visits per calendar year; 80% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 90% after ded.	38 visits per calendar year; 80% after ded.
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 80% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 90% after ded.	60 visits combined per calendar year; 80% after ded.
Bariatric surgery	80% after ded.	100% after ded.	90% after ded.	80% after ded.
Acupuncture	80% after ded.	100% after ded.	90% after ded.	80% after ded.
Hearing aids	80% up to a max. benefit after ded.	100% up to a max. benefit after ded.	90% up to a max. benefit after ded.	80% up to a max. benefit after ded.



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	<b>MESSA Choices \$2,000/\$4,000 20% 5-Tier Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 5-Tier Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% 5-Tier Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 5-Tier Rx</b>
<b>Prescription Drugs</b>	<b>5-Tier Rx</b>	<b>5-Tier Rx (after deductible)</b>	<b>5-Tier Rx (after deductible)</b>	<b>5-Tier Rx (after deductible)</b>
<b>Up to a 34-day supply</b>				
Generic	Free or \$10	Free or \$10	Free or \$10	Free or \$10
Preferred brand	\$40	\$40	\$40	\$40
Nonpreferred brand	\$80	\$80	\$80	\$80
Preferred specialty (generic specialty and brand specialty)	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty	20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)
<b>90-day supply</b>				
Generic, Preferred brand, Nonpreferred brand	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
<b>Additional Information</b>				
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Not included

ACA = Affordable Care Act

If you have any questions, please contact your MESSA Field Representative, Kirk Ozanich, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.