

MESSA In-Network Plan Comparison - Effective 1/1/2026

Dexter Community Schools - Part of Washtenaw County Consortium - 444E PT Support Staff

	MESSA Balance+ \$1,700/\$3,400 HSA 20% MESSA Balance+ Rx	Essentials by MESSA \$375/\$750 20% Essentials by MESSA Rx
In-Network Cost Share After Deductible		
Deductible	\$1,700/\$3,400	\$375/\$750
Coinsurance	20%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$10	\$10
Teladoc Health virtual primary care	\$25	\$25
Office visit	\$25	\$25
Specialist visit	\$50	\$50
Urgent care	\$50	\$50
Emergency room	\$200	\$200
Total out-of-pocket maximum	\$4,100/\$8,200	\$10,600/\$21,200
Certain Benefit Differences (cost share is applied after deductible is met)		
Chiropractic manipulations	12 visits combined per calendar year; \$25 copay applies	12 visits combined per calendar year; \$25 copay applies
Osteopathic manipulations		
Outpatient physical, occupational and speech therapy	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	Not covered	Not covered
Acupuncture	Not covered	Not covered
Hearing aids	Not covered	Not covered

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Prescription Drugs	MESSA Balance+ Rx (after deductible)	Essentials by MESSA Rx
Up to a 34-day supply		
Generic	Free or \$10	\$10
Preferred brand	\$40	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand	\$80	20% coinsurance (\$60 min - \$100 max)
Preferred specialty (generic specialty and brand specialty)	20% coinsurance (\$0 min - \$150 max)	Pricing included in one of the above categories
Nonpreferred specialty	20% coinsurance (\$0 min - \$300 max)	
90-day supply		
Generic, Preferred brand, Nonpreferred brand	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Additional Information		
Free preventive drug list(s)	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list. These are FREE before deductible.
Supplemental Plans	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans	Not included

ACA = Affordable Care Act

~ Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.

~ The out-of-pocket maximum (OOPM) for Essentials by MESSA, is subject to change each Jan. 1 according to the maximum limit allowed by the Affordable Care Act.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Monica McKay, 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.