MESSA ABC Plan 2.5
Medical plan highlights

MESSA
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Effective Date: 1/1/2027

MESSA Account: Spring Lake Public Schools

Employee Group: 226JL Teachers FT and PT

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
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.	Single coverage: $2550 2-Person & Family coverage: $5100 Your deductible is subject to change each Jan. 1 to align with IRS adjustments. When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.
Medical coinsurance A fixed percentage you pay for a medical service.	10%
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.	5-Tier Rx
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.	Single coverage: $5550 2-Person & Family coverage: $8700 Your out-of-pocket maximum is subject to change each Jan.1 to align with IRS adjustments.
In-network services covered at no cost to you	
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.	No cost to you
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.	
Prenatal and postnatal care Prenatal and postnatal doctor visits.	

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.