MESSA In-Network Plan Comparison - Effective 1/1/2027

Washtenaw County Consortium - WCC PT Support Staff

	MESSA Balance+ $1,750/$3,500 HSA 20% MESSA Balance+ Rx	Essentials by MESSA $375/$750 20% EbM Rx
In-Network Cost Share After Deductible		
Deductible	$1,750/$3,500	$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	$4,750/$8,700	$12,000/$24,000
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

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.

~ 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 at 866-637-0006.

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.