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

Washtenaw County Consortium - WCC FT Support Staff

	MESSA Choices $1,000/$2,000 10% 3-Tier Rx	MESSA ABC Plan 2 $2,000/$4,000 HSA 0% 3-Tier Rx	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	$1,000/$2,000	$2,000/$4,000	$1,750/$3,500	$375/$750
Coinsurance	10%	0%	20%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	$20	0%	$10	$10
Teladoc Health virtual primary care	$20	0%	$25	$25
Office visit	$20	0%	$25	$25
Specialist visit	$20	0%	$50	$50
Urgent care	$25	0%	$50	$50
Emergency room	$50	0%	$200	$200
Total out-of-pocket maximum	$5,000/$10,000	$4,000/$8,000	$4,750/$8,700	$12,000/$24,000
Certain Benefit Differences (cost share is applied after deductible is met)				
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 90% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	12 visits combined per calendar year; $25 copay applies	12 visits combined per calendar year; $25 copay applies
Osteopathic manipulations	38 visits per calendar year; 90% after ded.	38 visits per calendar year; 100% after ded.		
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 90% after ded.	60 visits combined per calendar year; 100% after ded.	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	90% after ded.	100% after ded.	Not covered	Not covered
Acupuncture	90% after ded.	100% after ded.	Not covered	Not covered
Hearing aids	90% up to a max. benefit after ded.	100% up to a max. benefit after ded.	Not covered	Not covered

Prescription Drugs	3-Tier Rx	3-Tier Rx (after deductible)	MESSA Balance+ Rx (after deductible)	Essentials by MESSA Rx
Up to a 34-day supply				
Generic	$10	Free or $10	Free or $10	$10
Preferred brand	20% coinsurance ($40 min - $80 max)	20% coinsurance ($40 min - $80 max)	$40	20% coinsurance ($40 min - $80 max)
Nonpreferred brand	20% coinsurance ($60 min - $100 max)	20% coinsurance ($60 min - $100 max)	$80	20% coinsurance ($60 min - $100 max)
Preferred specialty (generic specialty and brand specialty)	Pricing included in one of the above categories	Pricing included in one of the above categories	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	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	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. 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. These are FREE before deductible.
Supplemental Plans	Not included	Not included	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.

MESSA In-Network Plan Comparison - Effective 1/1/2027
Washtenaw County Consortium - WCC FT Teachers and Admins

	MESSA Choices $1,000/$2,000 10% 3-Tier Rx	MESSA ABC Plan 2 $2,000/$4,000 HSA 0% 3-Tier Rx	MESSA Balance+ $1,750/$3,500 HSA 20% MESSA Balance+ Rx	Essentials by MESSA $375/$750 20% EbM Rx
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