

MESSA In-Network Plan Comparison - Effective 7/1/2020
Bloomington Public School - Part of Van Buren County Consortium - All Employees

	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 10% MESSA ABCRx Mandatory Mail	Essentials by MESSA \$375/\$750 20% Essentials by MESSA	MESSA Choices \$500/\$1,000 0% MESSA SaverRx Mandatory Mail	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABCRx Mandatory Mail
In-Network Cost Share After Deductible				
Deductible	\$1,400/\$2,800	\$375/\$750	\$500/\$1,000	\$1,400/\$2,800
Coinsurance	10%	20%	0%	0%
Blue Cross online visit copay/coinsurance	10%	\$10	\$20	0%
Office visit copay/coinsurance	10%	\$25	\$20	0%
Specialist visit copay/coinsurance	10%	\$50	\$20	0%
Urgent care copay/coinsurance	10%	\$50	\$25	0%
Emergency room copay/coinsurance	10%	\$200	\$50	0%
Total out-of-pocket maximum	\$3,400/\$6,800	\$8,150/\$16,300	\$2,500/\$5,000	\$2,400/\$4,800
Certain Benefit Differences				
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 90% after deductible	Up to a combined 12 visits per calendar year; \$25 office visit copay applies after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 90% after deductible		Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 90% after deductible	Up to a combined 30 visits per calendar year, including therapeutic massage by a chiropractor; Covered 80% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible
Bariatric surgery	Covered 90% after deductible	Not covered	Covered 100% after deductible	Covered 100% after deductible
Acupuncture	Covered 90% after deductible	Not covered	Covered 100% after deductible	Covered 100% after deductible
Hearing aids	Covered 90% up to a maximum benefit after deductible	Not covered	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible

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Prescription Drugs	MESSA ABCRx Mandatory Mail (after deductible)	Essentials by MESSA	MESSA SaverRx Mandatory Mail	MESSA ABCRx Mandatory Mail (after deductible)
34-day supply				
Generic drug	Free, \$2 or \$10	\$10	\$2 or \$10	Free, \$2 or \$10
Preferred brand drug	Free, \$20 or \$40	20% coinsurance (\$40 min - \$80 max)	\$20 or \$40	Free, \$20 or \$40
Non-preferred brand drug		20% coinsurance (\$60 min - \$100 max)		
90-day supply				
Generic drug, Preferred brand drug, Non-preferred brand drug	2x copay of applicable 34-day supply; Only available via mail order	3x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Only available via mail order	2x copay of applicable 34-day supply; Only available via mail order
Additional Rx Information				
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible

~ The Essentials by MESSA Rx plan has several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, lifestyle drugs (drugs for erectile dysfunction or weight loss), drugs used to treat heartburn and acid reflux (except select generic versions), drugs that treat coughs and colds, including most antihistamines and prenatal vitamins.

~ 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.

~ For Saver Rx and ABC Rx, the reduced cost Generic drugs at \$2 and Brand Name drugs at \$20, include medications for Asthma, Diabetes, Coronary Artery Disease, High Blood Pressure and High Cholesterol.

~ The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 to remain HSA-compatible according to IRS rules governing HSAs.

If you have any questions, please contact your MESSA Field Representative, Jacqueline Mast, at 800.292.4910.

Information on this document is a general overview. Refer to MESSA.org and the plan booklets for additional information.