

MESSA In-Network Plan Comparison - Effective 1/1/2024
Lapeer Community Schools - All Employees

	MESSA Choices \$500/\$1,000 0% 3-Tier Rx with Mandatory Mail	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 3-Tier Rx with Mandatory Mail
In-Network Cost Share After Deductible					
Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,600/\$3,200	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%	0%	20%
Teladoc Health virtual 24/7 care for minor illnesses, injuries and mental health copay/coinsurance	\$20	\$20	0%	0%	20%
Teladoc Health virtual primary care visit copay/coinsurance	\$20	\$20	0%	0%	20%
Office visit copay/coinsurance	\$20	\$20	0%	0%	20%
Specialist visit copay/coinsurance	\$20	\$20	0%	0%	20%
Urgent care copay/coinsurance	\$25	\$25	0%	0%	20%
Emergency room copay/coinsurance	\$50	\$50	0%	0%	20%
Total out-of-pocket maximum	\$3,500/\$7,000	\$4,000/\$8,000	\$3,600/\$7,200	\$4,000/\$8,000	\$5,000/\$8,050

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Certain Benefit Differences

Chiropractic manipulations	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; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible
Osteopathic manipulations	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; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 80% after deductible
Outpatient physical, occupational and speech therapy	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	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	Up to a combined 60 visits per calendar year; Covered 80% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible
Acupuncture	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 80% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible

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Prescription Drugs	3-Tier Rx with Mandatory Mail	3-Tier Rx with Mandatory Mail	3-Tier Rx with Mandatory Mail (after deductible)	3-Tier Rx with Mandatory Mail (after deductible)	3-Tier Rx with Mandatory Mail (after deductible)
Up to a 34-day supply					
Generic drugs	\$10	\$10	Free or \$10	Free or \$10	Free or \$10
Preferred brand-name drugs	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand- name drugs	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
Preferred specialty drugs (includes generic specialty and preferred brand specialty)	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories	Specialty drugs included in one of the above pricing categories
Nonpreferred specialty drugs					
90-day supply					
Generic drugs, Preferred brand-name drugs, Nonpreferred brand-name drugs	2.5x 1-month supply; Only available via mail order	2.5x 1-month supply; Only available via mail order	2.5x 1-month supply; Only available via mail order	2.5x 1-month supply; Only available via mail order	2.5x 1-month supply; Only available via mail order
Additional Information					
Free preventive drug lists	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 Expanded Free Preventive Drug List; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible
Supplemental Plans	Not included	Not included	Not included	Not included	Not included

~ 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, Kirk Ozanich, 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.