

# MESSA Choices Medical plan highlights



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## Mt Pleasant School District

### 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. Services received out-of-network are subject to applicable out-of-network cost share amounts. For complete coverage details, go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at 800.336.0013.

Plan features	In-network
<b>Annual deductible</b> The amount you pay for health care services before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 through Dec. 31.	\$0 individual / \$0 family
<b>Medical copayment</b> A fixed amount you pay for a medical visit.	\$10 office visit, \$25 urgent care, \$50 emergency room
<b>Coinsurance</b> A fixed percentage you pay for a specific medical service after your deductible is met.	0%
<b>Prescription drug coverage</b> Subject to prescription copayments. One copayment for up to a 34-day supply. Two copayments for 84- to 90-day supply. Mail order available.	\$10 generic / \$20 brand
<b>Annual out-of-pocket maximums after deductible</b> The most you have to pay for covered services in a calendar year. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. <b>Medical:</b> Includes applicable copayments and coinsurance. <b>Prescription:</b> Includes copayments.	Medical: \$1,000 individual / \$2,000 family Prescription: \$1,000 individual / \$2,000 family
Covered service	In-network cost share
<b>Preventive care and prenatal care</b> Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
<b>Online doctor visit through Amwell</b>	Subject to deductible and office visit copayment
<b>Office visit</b>	Subject to deductible and office visit copayment
<b>Chiropractic services including modalities</b> Up to 38 visits per individual per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Urgent care</b> Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment If copayment is waived, then coinsurance may apply

Covered service	In-network cost share
<b>Hospital emergency room (ER)</b> Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<b>Inpatient hospital</b>	Subject to deductible and coinsurance
<b>Surgical services and anesthesia</b>	Subject to deductible and coinsurance
<b>Human organ transplant</b> Must be performed at an approved facility.	Subject to deductible and coinsurance
<b>Diagnostic lab and X-ray</b>	Subject to deductible and coinsurance
<b>Radiation and chemotherapy</b>	Subject to deductible and coinsurance
<b>Allergy testing and therapy</b>	Subject to deductible and coinsurance Office visit copayment may apply
<b>Mental health and substance abuse - outpatient care</b>	Subject to deductible and coinsurance Office visit copayment may apply
<b>Mental health and substance abuse - inpatient care</b>	Subject to deductible and coinsurance
<b>Outpatient physical, occupational and speech therapy</b> Up to a combined benefit maximum of 60 visits per individual per calendar year.	Subject to deductible and coinsurance
<b>Autism - applied behavior analysis (ABA) Services</b>	Subject to deductible and coinsurance
<b>Additional covered services</b> Ambulance Hearing care Home health care Hospice Medical supplies and equipment Prosthetics and orthotics Skilled nursing facility	Subject to deductible and coinsurance

### 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 amounts.

**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 for you.

**Accidental Death & Dismemberment Insurance (AD&D):** \$5,000 for you.

Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment ends, whichever comes later.

*Life and AD&D insurance underwritten by Life Insurance Company of North America.*