

MESSA ABC Plan Options

Medical Plan Highlights

All services must be **medically necessary**, performed by a qualified provider, and covered under the plan.

	In-Network		Out-of-Network	
	Single Coverage	2-Person & Family	Single Coverage	2-Person & Family
■ Annual Deductible Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. By federal law, when two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.				
MESSA ABC Plan 1*	2014 - \$1,250 2015 - \$1,300	2014 - \$2,500 2015 - \$2,600	2014 - \$2,500 2015 - \$2,600	2014 - \$5,000 2015 - \$5,200
MESSA ABC Plan 2	\$2,000	\$4,000	\$4,000	\$8,000
MESSA ABC Plan 3**	\$3,500	\$7,000	\$7,000	\$14,000

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

**After the deductible is met, MESSA ABC Plan 3 includes a member coinsurance responsibility of 10% of the approved amount on in-network services and 30% of the approved amount on out-of-network services.

	Single Coverage	2-Person & Family	Single Coverage	2-Person & Family
	■ Annual Out-of-pocket Maximum The out-of-pocket maximum includes copayments and coinsurance plus the deductible. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	Deductible plus \$1,000	Deductible plus \$2,000	Deductible plus \$2,000

■ Lifetime Benefit Maximum	Unlimited	Unlimited
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Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Office Visits	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Free Preventive Prescriptions MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	100% coverage No deductible, No copayment	Not covered
Other Prescription Drug Coverage (See reverse for details) Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, MESSA ABC Rx coverage and copayments apply.	After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum	75% of approved amount
Inpatient Hospital ■ Semi-private room and board (includes supplies and services) ■ Physician charges	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Surgical Services Includes: surgeon, assistant surgeon and anesthesiologist	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Emergency Care ■ Emergency room facility and physician charges ■ Urgent care	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Preventive Care – www.messa.org/FreePreventiveCare Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a Public Health Department or at a MESSA-sponsored event are considered in-network.	100% coverage Not subject to deductible	Not Covered (except for mammograms which are covered Plans 1 & 2: 80% Plan 3: 70% of approved amount after deductible)
Chiropractic Services including Modalities Up to 38 visits (combination of in-network and out-of-network visits) per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits.	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Diagnostic Lab and X-Ray, Radiation, and Chemotherapy	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Allergy Testing and Therapy	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Additional Covered Services <ul style="list-style-type: none"> ■ Medical supplies and equipment ■ Ambulance ■ Hearing care (<i>plan limits apply</i>) ■ Skilled nursing facility (<i>120 day annual limit applies</i>) ■ Hospice (<i>limits apply</i>) ■ Home health care 	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Same as in-network
Human Organ Transplant	Plans 1 & 2: 100% Plan 3: 90% when authorized and performed at a BCBSM-approved facility (<i>plan limits apply</i>)	Not covered
Mental Health and Substance Abuse <i>Inpatient and Outpatient Care</i> <ul style="list-style-type: none"> ■ Mental health care ■ Substance abuse treatment 	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Outpatient Physical, Occupational, and Speech Therapy Up to a combined benefit maximum of 60 visits per individual per calendar year, whether obtained from an in-network or out-of-network provider.	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount

■ **Free Preventive Prescription Drugs – A MESSA Value Added Benefit**

Before members pay anything toward their deductible, MESSA provides 100% coverage for an extensive list of prescription drugs including cholesterol and blood pressure medications, prenatal vitamins, contraceptives, weight loss medications, smoking cessation products and many more. No deductible. Zero copayment. Members pay *nothing* for these preventive prescriptions.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. **After applicable deductible is met**, there is a \$2 copayment for generic maintenance medications for specific chronic conditions and diseases. There is a \$10 copayment for all other generics. There is also a \$10 copayment for listed Over-the-Counter (OTC) medications used to treat heartburn and seasonal allergies. There is a \$20 copayment (reduced from \$40) for specific brand name maintenance drugs used to treat diabetes and asthma. There is a \$40 copayment for brand name drugs when no generic product exists. Please refer to your Plan Coverage Booklet for full details, limits and exclusions.

■ **Medical Case Management (MCM)**

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through these difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ **MESSA Help Lines – NurseLine and Healthy Expectations**

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specially trained Registered Nurse who can answer your medical questions and provide health-related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

■ **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 and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for deductibles, and **amounts that are in excess of the approved amount** for the service. **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.

Additional Benefits for You

Life Insurance	\$5,000
Accidental Death & Dismemberment Insurance (AD&D)	\$5,000

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 terminates, whichever happens last.

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

This is a brief summary of the MESSA ABC Plans. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.



MESSA ABC Rx Coverage

An overview

In-network pharmacies

1. Most Michigan retail pharmacies are in-network with your MESSA ABC plan. When you travel out-of-state, ask if the pharmacy is considered in-network with Blue Cross Blue Shield before purchasing a prescription.
2. As required by federal law, prescriptions are subject to the plan deductible with the exception of certain preventive prescriptions when prescribed for specific diagnoses. Member costs for each prescription are limited to the charge that Blue Cross Blue Shield of Michigan has negotiated with the pharmacy.
3. MESSA ABC covers hundreds of free preventive prescriptions at no charge to the member. There is no copayment or deductible charge. For a complete list, visit the MESSA ABC area at www.messa.org/MESSAABCs.
4. Once the in-network plan deductible is met, member costs are limited to the following schedule of copayments for each covered drug or refill when obtained from a network pharmacy:
 - \$2 for certain generic drugs used to treat specific chronic conditions (asthma, coronary artery disease, diabetes, high blood pressure and high cholesterol).
 - \$10 for all other generic drugs.
 - \$10 for specific, over-the-counter medications for the treatment of seasonal allergies and heartburn (requires written prescription). Covered medications include Allegra[®], Allegra D[®], Claritin[®], Claritin D[®], Zyrtec[®], Zyrtec D[®], Prevacid[®], Prilosec[®], and Zegerid[®].
 - \$20 (instead of \$40) for specific brand name maintenance drugs used to treat diabetes and asthma, including insulin, glucagon emergency kits, fast-acting and long-lasting inhalers, and the drugs Zyflo[®] and Zyflo CR[®].
 - \$40 for all other brand name drugs, including single-source drugs where no generic is available. **Members will face additional cost if they insist on a brand-name drug when a less expensive generic is available and medically appropriate.** The additional costs do not apply to your annual deductible or out-of-pocket maximum.
 - Compounded medications and other drugs that are not FDA-approved are not a covered benefit.
5. After the in-network deductible is met for the calendar year, out-of-pocket costs for the rest of the calendar year are \$1,000 for Single coverage plans and \$2,000 for 2-Person and Family coverage plans.
6. With all three plans, if you reach the in-network out-of-pocket cap, your in-network prescriptions and medical services are fully covered at 100% by your MESSA ABC health plan for the remainder of the calendar year.
7. You can fill prescriptions for maintenance medications and receive a 90-day supply for just two copays instead of three.

Out-of-network pharmacies

1. Prescription drug purchases from an out-of-network pharmacy are subject to the MESSA ABC out-of-network deductible.
2. MESSA's free preventive prescription benefit is not available when using an out-of-network pharmacy.
3. If you purchase a prescription from an out-of-network pharmacy, you must pay the pharmacy and submit a claim form and proof-of-purchase to MESSA. Once your applicable out-of-network deductible has been met, MESSA will reimburse you for 75% of the approved amount for the drug (100% for emergency pharmacy services) minus your copayment (if any).

For additional information about your MESSA ABC prescription drug coverage, review your plan coverage booklet at www.messa.org/MESSAABCs or call MESSA's Member Service Center at 800.336.0013.





MESSA ABC health plans include coverage for Free Preventive Prescriptions

MESSA ABC health plans include coverage for an extensive list of free preventive prescriptions that are covered at no charge to MESSA ABC members (no copayment *and* no deductible charge). This coverage gives members who enroll in MESSA ABC additional ways to stretch their health care dollars and helps them limit their out-of-pocket costs.

Given the rapidly changing prescription drug market, this list is frequently updated. For the most accurate and up-to-date listing, visit the MESSA ABC area at messa.org or call MESSA's Member Service Center at 800.336.0013.

Preventive prescriptions that are covered for free under this MESSA ABC benefit include hundreds of generics and numerous "single-source" brand name drugs (single-source brand name drugs are drugs for which no generic options have been brought to market yet).

Covering these important preventive prescriptions helps keep down the cost of MESSA ABC. Making preventive services and preventive prescriptions more affordable (and in many cases, free) for patients means they are more likely to go see their doctor and follow their doctor's guidance. This helps MESSA members stay healthier and avoid higher cost services, such as emergency room visits and hospitalizations.

In order to be eligible for free preventive prescription coverage under this benefit, a prescription drug must be an FDA-approved drug therapy from one of the following standard preventive drug categories and it must be prescribed for the condition specified by the category:

- Alcohol dependence
- Cholesterol-lowering agents
- Contraceptives for women
- Fluoride preparations
- High blood pressure-lowering agents (Hypertension)
- Prenatal vitamins
- Smoking cessation
- Weight loss

IMPORTANT

Because the prescription drug market changes rapidly, this list is updated frequently. This version is current as of June 17, 2014. For the most accurate and up-to-date listing, visit the MESSA ABC area at messa.org or call MESSA's Member Service Center at 800.336.0013.