

MESSA Choices/Choices II Medical Plan Highlights



MESSA
www.messa.org

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Health Care Benefits for You and Your Covered Dependents

All services must be **medically necessary** and performed by a qualified provider.

	In-Network	Out-of-Network
■ Deductible Maximum (<i>per calendar year</i>) Applies to all services except preventive care and prescription drugs	For your specific plan information check the "My Benefits" link in the Member section of the home page at www.messa.org . This information is also available at your Business Office and in your Collective Bargaining Agreement, if applicable.	
■ Out-of-pocket Maximum (<i>per calendar year</i>) Excludes deductibles, flat-dollar co-payments, charges above the approved amount, charges for services not covered under the plan	None - due to minimal co-payments and 100% coverage for most services	\$2,000 individual / \$4,000 Family
■ Lifetime Benefit Maximum	Unlimited	Unlimited

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Office Visits	Various co-payment options are available	80% of the approved amount
Inpatient Hospital <ul style="list-style-type: none"> ■ Semi-private room and board (<i>includes supplies and services</i>) ■ Physician Charges 	100%	80% of the approved amount
Surgical Services <i>Includes: surgeon, assistant surgeon and anesthesiologist charges</i>	100%	80% of the approved amount
Hospital Emergency Room (ER) - Co-payment waived if admitted or due to accidental injury <ul style="list-style-type: none"> ■ Hospital Charges 	Various co-payment options are available	Various co-payment options are available
<ul style="list-style-type: none"> ■ ER Physician Charges 	100%	80% of the approved amount
Urgent Care - Co-payment waived if services are required to treat a medical emergency or accidental injury	Various co-payment options are available	80% of the approved amount
Preventive Care <ul style="list-style-type: none"> ■ Well baby and well child care visits: <ul style="list-style-type: none"> • 6 visits per year through age 1 • 2 visits per year ages 2 through 3 • 1 visit per year for children ages 4 through 15 ■ Childhood and Adult Immunizations - As recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics ■ Cancer Screenings ■ Health Maintenance Exams - age 16 through adult, 1 per calendar year 	100% No deductible (<i>Adult Immunizations are covered via rider only</i>)	Not Covered (<i>except for mammograms</i>)
Chiropractic Services including Modalities Up to 38 visits (<i>combination of in-network and out-of-network visits</i>) per calendar year	100%	80% of the approved amount

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Diagnostic Lab & X-Ray	100%	80% of the approved amount
Radiation & Chemotherapy	100%	80% of the approved amount
Allergy Testing & Therapy	100%	80% of the 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 ■ Hospice ■ Home Health Care ■ Human Organ Transplant - when authorized and performed at an approved facility (<i>plan limits apply</i>) 	100%	100% of the approved amount In-network deductible applies when there is no network for services
Mental Health and Substance Abuse		
Outpatient Care		
<ul style="list-style-type: none"> ■ Mental health care ■ Substance abuse treatment 	Various co-payment options are available	80% of the approved amount
Inpatient Care		
<ul style="list-style-type: none"> ■ Pre-authorization required 	100%	80% of the approved amount
Outpatient Physical, Occupational, and Speech Therapy		
Up to a combined benefit maximum of 60 visits per member per calendar year, whether obtained from an in-network or out-of-network provider	100%	80% of the approved amount

■ **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.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. For your specific plan information check the "My Benefits" link in the Member section of the home page at www.messa.org. This information is also available at your Business Office and in your Collective Bargaining Agreement, if applicable.

■ **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 and MESSA directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan co-payment requirements.

Out-of-Network providers may or may not bill BCBSM or MESSA directly. The member is responsible to the provider for any deductibles, co-payments and amounts that are in excess of the approved amount for the service as predetermined by MESSA and BCBSM. **These amounts may be substantial.**

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & BCS 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 Choices/Choices II Plans. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.

AT-A-GLANCE

What you need to know to make it work for you

1. Choosing generic drugs minimizes your out-of-pocket costs and helps stabilize rates for your group.

Generic drugs are the chemical equivalent to brand name drugs and undergo the same FDA approval process.

For an informative video clip with MESSA's medical director, visit www.messa.org. Choose Plans & Services/Plan Information/Prescription Drug/\$10/\$20 Prescription Drug Program/**Interview with Dr. Stephen TePaste** to begin the video.

Generic drug co-payment is \$10 for up to a 34-day supply.

If a generic is not available, you will be given a brand name drug with a \$20 co-payment for up to a 34-day supply.

If a generic is available but you choose a brand name drug, you will pay the \$20 co-payment **plus the difference between the BCBSM-approved amount and the retail cost of the drug.**

This cost difference may be substantial.

For example:

BRAND	Protonix.....	\$145.80 for 30 days
GENERIC	Pantoprazole.....	\$ 92.10 for 30 days
	Cost difference.....	\$ 53.70
YOUR cost for choosing brand instead of generic is \$20 + \$53.70 = \$73.70!		
In no circumstance will you pay more than the cost of the drug itself.		

2. Dispense as Written (DAW) will also cost you substantially more.

If you have a current DAW prescription with remaining refills, or you're not sure,

STOP LOSS: For your protection this program includes a \$1,000 per member/\$2,000 per family annual co-payment maximum. Some restrictions apply. For full details refer to the \$10/\$20 Drug Rider Booklet available at www.messa.org.

The above is a brief summary of some of the plan highlights. For more information contact your local MESSA Field Representative at 800.292.4910.

please contact your physician immediately.

If your physician writes DAW for a brand name when a generic is available, you could incur substantial costs. The physician may request an exception for the patient to take the brand name by calling DRAMS. Consideration of an exception is based on documentation that the patient has tried the generic and it is not appropriate due to side effects or lack of efficacy.

3. Use Preferred Rx™ Network Pharmacies.

If you use a non-network pharmacy, prescriptions are reimbursed at 75% of the approved amount, minus your co-payment.

4. Save more by using a pharmacy in the 90-Day Retail Network.

You can search for participating 90-Day Retail Network pharmacies in the \$10/\$20 Drug Program section at www.messa.org. Some restrictions may apply.

You may also use Medco By Mail for convenient home delivery of your maintenance prescriptions up to a 90-day supply. Learn more at www.messa.org.

Both 90-day prescription services save you money by allowing you to pay only two co-payments instead of three for each 90-day prescription.

Choose generic drugs when available
Do not request Dispense as Written (DAW)
Use Preferred Rx™ Network Pharmacies
Use a participating 90-Day Retail Network pharmacy OR Medco By Mail for maintenance prescriptions. You'll save a co-payment on each prescription every 90 days

