Comparing Plans





Monica McKay | Field Representative









Great coverage, personal service









Quality, value, service



- Local field representative for every group
- Award-winning personal service for every member
- East Lansing-based member call center
- Created by school employees in 1960; still governed by a board made up of school employees who are MESSA members
- Nonprofit health plan
- Premium dollars used only to pay claims and administer benefits
 - ▶ No agent commissions
 - Lower-than-average administrative costs

Deductible

The amount you pay for covered health care services before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.

Copayment

A fixed amount you pay for a medical visit or prescription.

Premium

The cost of your health plan. Your share of the premium is deducted from your paycheck.

Learn these terms so you can understand what you pay for health insurance.

Health Insurance Terms

Coinsurance

A fixed percentage you pay for a medical service or prescription.

Total out-of-pocket maximum

The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance.

Out-of-pocket maximum



 The most a member has to pay for covered services and prescriptions in a plan year, including deductibles, copayments and coinsurance.

Deductible + medical/Rx out-of-pocket maximum



Total out-of-pocket maximum

Dexter Teachers

2022 Medical Plans

	ABC Plan 2	Choices	ABC Plan 1
In-network deductible	\$2,000/\$4,000	\$500/\$1,000	\$1,400/\$2,800
Copayments	n/a	\$20/\$25/\$50	n/a
Coinsurance	0%	0%	0%
Rx coverage	ABC RX	Saver RX	ABC RX
Compatible with an HSA	Yes	No	Yes





Provider network	Blue Cross Blue Shield PPO ——————————————————————————————————		
Deductible	 1-person plan has a single deductible 2-person and family plans have a single deductible for the combined costs of everyone covered by the plan The cost of prescriptions and non-preventive medical services are subject to the deductible 	 Individual deductible amount applies to each person's claims; family deductible level applies to the combined costs of all persons covered by the plan The cost of all medical services, except for preventive services, counts toward the deductible 	
4 th quarter carryover	No	Yes	





Preventive services			
Preventive medications	Those mandated by ACA, plus additional list of free medications	Free preventive medications that are mandated by ACA	
HSA compatible	Yes; includes free HealthEquity HSA	No	
FSA compatible	In most cases, you cannot have an HSA and FSA at the same time	Yes	



(M)

How it works



- Medical and prescription costs count toward deductible
- Deductibles reset each Jan. 1; no fourth-quarter carryover of claims
- Applicable coinsurance after deductible for medical services
- Annual limit on member's out-of-pocket costs for medical and Rx
- Payments for services, medications or supplies that are not a covered benefit do not apply to deductible
- Vision and dental expenses do not count toward medical deductible or out-of-pocket maximum

In-network services



BEFORE deductible is fully paid

- Preventive care
 No cost to you
- Office visit
 Deductible
- Urgent care/ER
 Deductible
- Other medical services
 Deductible
- Prescription
 Deductible; list of free preventive Rx

AFTER deductible is fully paid

- Preventive care
 No cost to you
- Office visit
 Applicable coinsurance (0%, 10% or 20%)
- Urgent care/ER
 Applicable coinsurance (0%, 10% or 20%)
- Other medical services
 Applicable coinsurance (0%, 10% or 20%)
- Prescription
 Copayment or coinsurance

ABC Rx plan

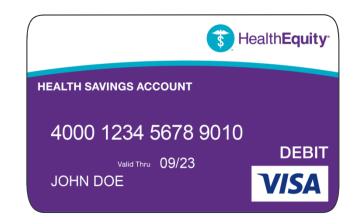
Copayment one-month supply	Prescription drug	
No cost to you	 Specific preventive medications in addition to those mandated by federal law are covered 100% with no deductible required; age and gender limits apply. 	
After your deductible is met the following copayments apply:		
\$2	 Specific generic drugs used to treat asthma, diabetes, and coronary artery disease. 	
\$10	 All other generic drugs. Specific over-the-counter medications with a written prescription for the treatment of seasonal allergies and heartburn. Cannot combine with a coupon or other manufacturer offer. 	
\$20	 Specific brand-name maintenance drugs used to treat asthma and diabetes for which there is no generic equivalent. 	
\$40	 All other brand-name drugs, including single-source drugs where no generic is available. You will be responsible for the cost difference between the BCBSM-approved amount and the actual retail cost of a drug when a generic is available and medically appropriate, but you insist on a brand-name. 	

For specific drugs under each category, go to **messa.org** or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614.

Note: If the approved amount is less than the copayment, you pay only the approved amount for the drug. Select specialty drugs are limited to less than a 30-day supply.

A MESSA medical and Rx plan with a HealthEquity health savings account (HSA)





HSA basics



- Tax-free health savings account that can be paired with a MESSA ABC plan
- Use the funds to pay for deductible medical expenses, as well as qualified vision and dental expenses
- You own the account forever
- Unspent money carries over year-to-year
- Triple tax savings no taxes on contributions, earnings or payments
- Save for retirement



How it works



- Member pays 100% of the cost of non-preventive medical services until deductible is fully paid
- Deductible does not apply to prescriptions
- Individual/family deductible
- Deductible resets each Jan. 1; fourth-quarter carryover of claims
- Copayments for office visits, urgent care and ER
- With a coinsurance rider, you pay 10% or 20% after deductible for most medical services that do not have a copay.

How it works



- There are separate annual limits on member's out-of-pocket costs for medical and Rx.
- Payments for non-covered services, medications or supplies do not apply to deductible.
- Vision and dental expenses do not count toward medical deductible or out-of-pocket maximum.

In-network services



BEFORE deductible is fully paid

- Preventive care
 No cost to you
- Office visit
 Copayment and deductible
- Urgent care/ER
 Copayment and deductible
- Other medical services
 Deductible
- Prescription
 Copayment or coinsurance

AFTER deductible is fully paid

- Preventive care
 No cost to you
- Office visit
 Copayment
- Urgent care/ERCopayment*
- Other medical services
 Applicable coinsurance (0%, 10% or 20%)
- Prescription
 Copayment or coinsurance

^{*}If the urgent care or emergency room copayment is waived, then coinsurance may apply.

Saver Rx plan Available with MESSA Choices

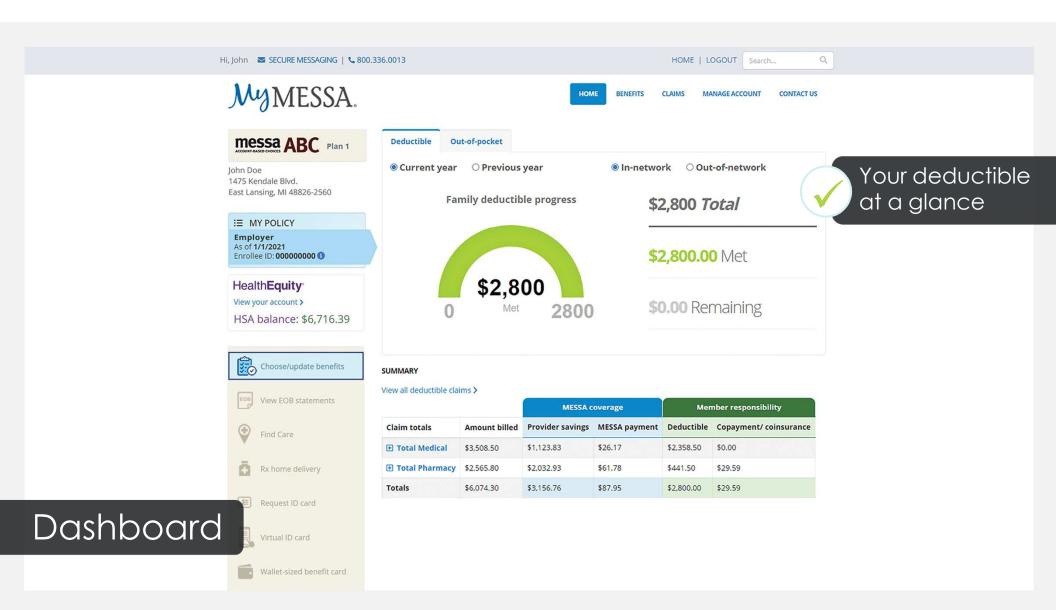
Copayment one-month supply	Prescription drug	
No cost to you	 Specific preventive medications in addition to those mandated by federal law are covered 100% with no deductible required; age and gender limits apply. 	
\$2	Specific generic drugs used to treat asthma, diabetes, high blood pressure, high cholesterol and coronary artery disease.	
\$10	 All other generic drugs. Specific over-the-counter medications with a written prescription for the treatment of seasonal allergies and heartburn. Cannot combine with a coupon or other manufacturer offer. 	
\$20	Specific brand-name maintenance drugs used to treat asthma and diabetes for which there is no generic equivalent.	
\$40	 All other brand-name drugs, including single-source drugs where no generic is available. You will be responsible for the cost difference between the BCBSM-approved amount and the actual retail cost of a drug when a generic is available and medically appropriate, but you insist on a brand-name. 	

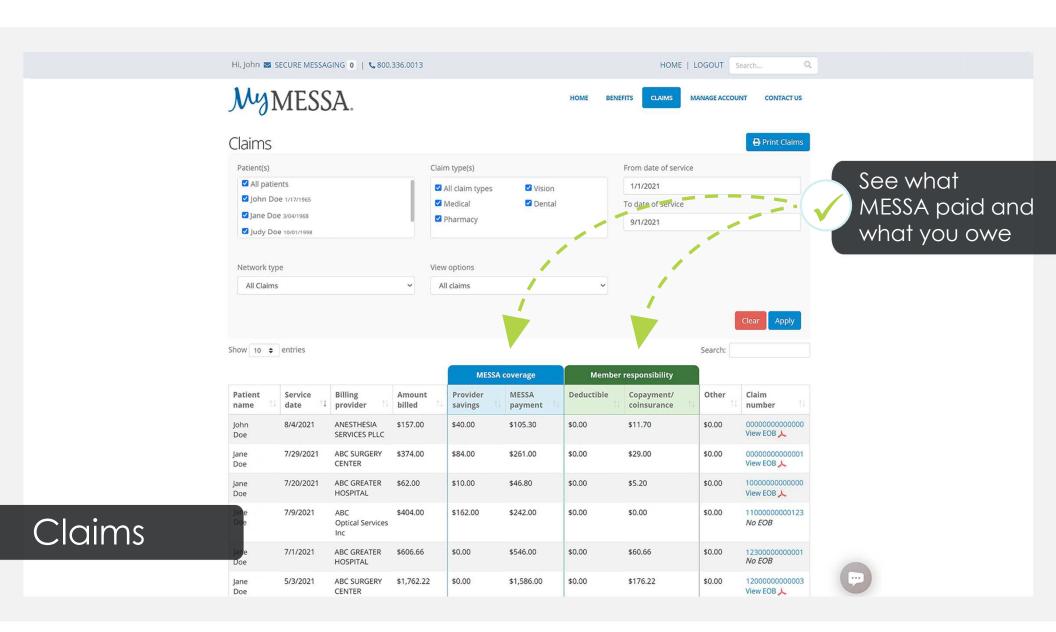
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Picking a Plan: Things to consider



- How do I use my health insurance?
- What are the costs of my regular prescription medications?
- Am I interested in contributing money to a health savings account?
- How much money am I comfortable paying in up front premium?
- Am I able to pay for a higher cost prescription or service that goes to a deductible?
- Am I comfortable using online features to manage my plans?





Comparison tool MyMESSA. Step 1: S

- 1. Select plans
- 2. Select coverage
- 3. Calculate and compare

Estimate employee out-of-pocket costs



Step 1: Select up to four plans to compare >



Step 2: Select coverage and claims scenario options .



Step 3: Calculate and compare employee out-of-pocket costs

CALCULATE AND COMPARE

Example 1: Jack



- Married, with two young kids
- 35 years old
- Everyone in the family gets their preventive services every year
- Wife has a diabetes, and requires several high cost medications, regular doctor visits, and medical supplies
- It seems like one or the other of his kids are always getting injured in sports, or getting childhood illnesses like strep or ear infections
- Currently on MESSA ABC 1

Example 2: Diane



- Single
- 30 years old
- Gets her preventive services every year
- Has high cholesterol managed by atorvastatin, but otherwise healthy
- Wants to have LASIK surgery
- Currently on MESSA Choices

Example 3: Roxanne



- Married, 3 grown children no longer on her plan
- 50 years old
- Gets her preventive services every year
- A recent routine mammogram revealed breast cancer, and she will require extensive treatment and possibly a mastectomy
- Her husband has MS and takes several high cost medications, and has regular visits with a specialist
- Currently on ABC 2









Members spoke, MESSA listened









MESSA services



- Worksite Wellness program
- MyMESSA online account
- MESSA virtual ID card
- Experian free identity protection
- Omada weight loss and diabetes prevention
- Livongo diabetic supplies and coaching
- Ovia mobile apps to support fertility, pregnancy and parenting
- MyStressTools powerful suite of stress management tools













MESSA believes the hardworking people who care for our kids, our schools and our communities deserve exceptional health benefits and unmatched personal service.

messa.org