

**MESSA In-Network Plan Comparison Exclusively for
Dexter Community Schools - Part of Washtenaw County Consortium**

Effective: 10/1/2018

FT Support	MESSA Choices \$2000/\$4000 0% MESSA Saver Rx	MESSA Choices \$500/\$1000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1350/\$2700 HSA 0% MESSA ABC Rx	MESSA ABC Plan 3 \$3500/\$7000 HSA 10% MESSA ABC Rx
In-Network Cost Share After Deductible				
Deductible	\$2000/\$4000	\$500/\$1000	\$1350/\$2700	\$3500/\$7000
Coinsurance	0%	0%	0%	10%
Blue Cross online visit copay/coinsurance	\$20	\$20	0%	10%
Office visit copay/coinsurance	\$20	\$20	0%	10%
Specialist visit copay/coinsurance	\$20	\$20	0%	10%
Urgent care copay/coinsurance	\$25	\$25	0%	10%
Emergency room copay/coinsurance	\$50	\$50	0%	10%
Total out-of-pocket maximum	\$4000/\$8000	\$2500/\$5000	\$2350/\$4700	\$4500/\$9000
Certain Benefit Differences				
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage. Office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage. Office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage.	Up to 38 visits per calendar year, including therapeutic massage. Coinsurance applies
Osteopathic manipulations	Up to 38 visits per calendar year. Office visit copay applies	Up to 38 visits per calendar year. Office visit copay applies	Up to 38 visits per calendar year.	Up to 38 visits per calendar year. Coinsurance applies
Physical, occupational, and speech therapy	Up to a combined 60 visit maximum per calendar year.	Up to a combined 60 visit maximum per calendar year.	Up to a combined 60 visit maximum per calendar year.	Up to a combined 60 visit maximum per calendar year. Coinsurance applies
Bariatric surgery	Covered	Covered	Covered	Covered Coinsurance applies
Acupuncture	Covered	Covered	Covered	Covered Coinsurance applies
Hearing aids	Covered up to the maximum benefit, adjusted annually.	Covered up to the maximum benefit, adjusted annually.	Covered up to the maximum benefit, adjusted annually.	Covered up to the maximum benefit, adjusted annually. Coinsurance applies

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Prescription Drugs	MESSA Saver Rx	MESSA Saver Rx	MESSA ABC Rx (after deductible)	MESSA ABC Rx (after deductible)
Retail	34-day supply	34-day supply	34-day supply	34-day supply
Optional mail order 90-day supply	2x copay of 34-day supply	2x copay of 34-day supply	2x copay of 34-day supply	2x copay of 34-day supply
Mandatory mail rider 90-day supply	N/A	N/A	N/A	N/A
Generic drug 34-day supply	\$2 or \$10	\$2 or \$10	Free, \$2 or \$10	Free, \$2 or \$10
Brand drug - preferred 34-day supply	\$20 or \$40	\$20 or \$40	Free, \$20 or \$40	Free, \$20 or \$40
Brand drug - non-preferred 34-day supply				
Rx information	N/A	N/A	An extensive list of FREE preventive drugs. These are FREE before you pay your deductible.	An extensive list of FREE preventive drugs. These are FREE before you pay your deductible.

~ Information on this document is a general overview. Please refer to the plan booklet for more detailed information.

~ For Saver Rx and ABC Rx, the reduced cost Generic drugs at \$2 and Brand Name drugs at \$20, include medications for Asthma, Diabetes, Coronary Artery Disease, High Blood Pressure and High Cholesterol.

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

If you have any questions, please contact your MESSA Field Representative, Monica McKay, at 800.292.4910.