MESSA In-Network Plan Comparison - Effective 10/1/2020 Kentwood Public Schools - Teachers & Itinerants

	MESSA Choices None 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABC Rx	MESSA Choices \$500/\$1,000 10% MESSA Saver Rx	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 20% MESSA ABC Rx			
In-Network Cost Share After Deductible							
Deductible	None	\$1,400/\$2,800	\$500/\$1,000	\$1,400/\$2,800			
Coinsurance	0%	0%	10%	20%			
Blue Cross online visit		224	400	200/			
copay/coinsurance	\$5	0%	\$20	20%			
Office visit	\$5	0%	\$20	20%			
copay/coinsurance	35	0%	\$20	20%			
Specialist visit	\$5	0%	\$20	20%			
copay/coinsurance	ŢS	070	720	2070			
Urgent care	\$10	0%	\$25	20%			
copay/coinsurance	\$10	070	Ų23	2070			
Emergency room	\$25	0%	\$50	20%			
copay/coinsurance	¥-5	-,-	7				
Total out-of-pocket	\$2,000/\$4,000	\$2,400/\$4,800	\$3,500/\$7,000	\$3,400/\$6,800			
maximum							
Certain Benefit Differences							
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$5 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 90% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible			
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$5 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 90% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 80% after deductible			
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 90% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible			
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 90% after deductible	Covered 80% after deductible			
Acupuncture	Covered 100% after	Covered 100% after	Covered 90% after	Covered 80% after			
	deductible	deductible	deductible	deductible			
Hearing aids	Covered 100% up to a	Covered 100% up to a	Covered 90% up to a	Covered 80% up to a			
	maximum benefit after deductible	maximum benefit after deductible	maximum benefit after deductible	maximum benefit after deductible			
	acaactibic	acaactibic	acaactibic	acaactible			

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	MESSA Choices None 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABC Rx	MESSA Choices \$500/\$1,000 10% MESSA Saver Rx	MESSA ABC Plan 1 \$1,400/\$2,800 HSA 20% MESSA ABC Rx			
Prescription Drugs	MESSA Saver Rx	MESSA ABC Rx (after deductible)	MESSA Saver Rx	MESSA ABC Rx (after deductible)			
34-day supply							
Generic drug	\$2 or \$10	Free, \$2 or \$10	\$2 or \$10	Free, \$2 or \$10			
Preferred brand drug	\$20 or \$40	Free, \$20 or \$40	\$20 or \$40	Free, \$20 or \$40			
Non-preferred brand drug				1166, 320 01 340			
90-day supply							
Generic drug, Preferred brand drug, Non-preferred brand drug	2x copay of applicable 34- day supply; Available via retail or mail order	2x copay of applicable 34- day supply; Available via retail or mail order	2x copay of applicable 34- day supply; Available via retail or mail order	2x copay of applicable 34- day supply; Available via retail or mail order			
Additional Rx Information							
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible			

[~] 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.

If you have any questions, please contact your MESSA Field Representative, Reneé Szurna, at 800.292.4910.

Information on this document is a general overview. Refer to MESSA.org and the plan booklets for additional information.

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