MESSA Choices Medical plan highlights

Lenawee County Consortium



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In-network health care benefits for you and your covered dependents

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

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an innetwork provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For complete coverage details, go to messa.org to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
• Annual deductible The amount you pay for health care services before your health Insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	\$500 individual / \$1,000 family
 Medical copayment A fixed amount you pay for a medical visit. 	\$20 office visit, \$25 urgent care, \$50 emergency room
 Coinsurance A fixed percentage you pay for a specific medical service after your deductible is met. 	0%
 Prescription drug coverage Subject to prescription copayments. 	Saver Rx
• Annual out-of-pocket maximums Medical: The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Prescription: The most you have to pay for prescription copayments in a calendar year.	Medical: \$1,500 individual / \$3,000 family Prescription: \$1,000 individual / \$2,000 family
Covered service	In-network cost share
Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Prenatal and postnatal care Prenatal and postnatal doctor visits	No cost to you
Online doctor visit through Amwell	
Office visit	Subject to deductible and office visit copayment
Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.	
Urgent care	No cost to you
Copayment waived if services are required to treat a medical emergency or accidental injury. Hospital emergency room (ER) Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
accidental injury. Hospital emergency room (ER)	

Subject to deductible and coinsurance	
Subject to deductible and coinsurance Office visit copayment may apply	
	Subject to deductible and coinsurance

MESSA members can save time and money by ordering prescription medications through the Express Scripts Pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain all long-term medication from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts website. For general questions about your prescription coverage, call MESSA at 800.336.0013 or TTY 888.445.5614. For questions about a prescription order, call Express Scripts at 800.327.9791.

Wiedical care outside the U.S.

MESSA members have access to doctors and hospitals with the BlueCard Worldwide Program. You may want to visit the BlueCard Worldwide program's website (www.bluecardworldwide.com) to find in-network providers prior to your departure.

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, copayment and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. 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.

Life and accidental death & <u>dismemberment insurance</u>

Life insurance: \$5,000 for you.

Accidental death & dismemberment insurance (AD&D): \$5,000 for you.

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 ends, whichever comes later.

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