

# MESSA Choices/Choices II Medical Plan Highlights



Good health. Good business. Great schools.

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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
<b>■ Deductible Maximum</b> ( <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 <a href="http://www.messa.org">www.messa.org</a> . This information is also available at your Business Office and in your Collective Bargaining Agreement, if applicable.	
<b>■ Out-of-pocket Maximum</b> ( <i>per calendar year</i> ) Excludes deductibles, flat-dollar copayments, 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
<b>■ Lifetime Benefit Maximum</b>	Unlimited	Unlimited

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
<b>Office Visits</b>	Various copayment options are available	80% of the approved amount
<b>Inpatient Hospital</b> <ul style="list-style-type: none"> <li>■ Semi-private room and board (<i>includes supplies and services</i>)</li> <li>■ Physician Charges</li> </ul>	100%	80% of the approved amount
<b>Surgical Services</b> <i>Includes: surgeon, assistant surgeon and anesthesiologist charges</i>	100%	80% of the approved amount
<b>Hospital Emergency Room (ER)</b> - <i>Copayment waived if admitted or due to accidental injury</i> <ul style="list-style-type: none"> <li>■ Hospital Charges</li> </ul>	Various copayment options are available	Various copayment options are available
<ul style="list-style-type: none"> <li>■ ER Physician Charges</li> </ul>	100%	80% of the approved amount
<b>Urgent Care</b> - <i>Copayment waived if services are required to treat a medical emergency or accidental injury</i>	Various copayment options are available	80% of the approved amount
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>■ <u>Preventive Care</u> - List of covered screenings as recommended by the U.S. Preventive Services Task Force</li> <li>■ <u>Pediatric Preventive Care</u></li> <li>■ <u>Childhood Immunizations</u> — age 0 - 6*</li> <li>■ <u>Childhood Immunizations</u> — age 7 - 18*</li> <li>■ <u>Adult Immunizations</u>*</li> </ul> <p><i>*Immunizations provided by a Public Health Department or at a MESSA-sponsored event are considered in-network</i></p>	100% No deductible No copayment	Not Covered ( <i>except for mammograms</i> )
<b>Chiropractic Services including Modalities</b> Up to 38 visits ( <i>combination of in-network and out-of-network visits</i> ) per calendar year	100%	80% of the approved amount

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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
<b>Additional Covered Services</b> <ul style="list-style-type: none"> <li>■ Medical Supplies and Equipment</li> <li>■ Ambulance</li> <li>■ Hearing Care (plan limits apply)</li> <li>■ Skilled Nursing Facility</li> <li>■ Hospice</li> <li>■ Home Health Care</li> <li>■ Human Organ Transplant - when authorized and performed at an approved facility (plan limits apply)</li> </ul>	100%	100% of the approved amount In-network deductible applies when there is no network for services
<b>Mental Health and Substance Abuse</b> <p><i>Outpatient Care</i></p> <ul style="list-style-type: none"> <li>■ Mental health care</li> <li>■ Substance abuse treatment</li> </ul> <p><i>Inpatient Care</i></p> <ul style="list-style-type: none"> <li>■ Pre-authorization required</li> </ul>	Various copayment options are available	80% of the approved amount
<b>Outpatient Physical, Occupational, and Speech Therapy</b> 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](http://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 copayment requirements.

**Out-of-Network providers** may or may not bill BCBSM or MESSA directly. The member is responsible to the provider for any deductibles, copayments 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) & 4 Ever 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.

