

**MESSA In-Network Plan Comparison - Effective 1/1/2021**  
**Davison Community Schools - All Employees**

	<b>MESSA Choices \$500/\$1,000 0% MESSA Saver Rx</b>	<b>MESSA ABC Plan 1 \$1,400/\$2,800 HSA 0% MESSA ABC Rx</b>	<b>Essentials by MESSA \$375/\$750 20% Essentials by MESSA</b>
<b>In-Network Cost Share After Deductible</b>			
Deductible	\$500/\$1,000	\$1,400/\$2,800	\$375/\$750
Coinsurance	0%	0%	20%
Blue Cross online visit copay/coinsurance	\$20	0%	\$10
Office visit copay/coinsurance	\$20	0%	\$25
Specialist visit copay/coinsurance	\$20	0%	\$50
Urgent care copay/coinsurance	\$25	0%	\$50
Emergency room copay/coinsurance	\$50	0%	\$200
Total out-of-pocket maximum	\$2,500/\$5,000	\$2,400/\$4,800	\$8,550/\$17,100
<b>Certain Benefit Differences</b>			
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to a combined 12 visits per calendar year; \$25 office visit copay applies after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% 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 30 visits per calendar year, including therapeutic massage by a chiropractor; Covered 80% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Not covered
Acupuncture	Covered 100% after deductible	Covered 100% after deductible	Not covered
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Not covered

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<b>Prescription Drugs</b>	<b>MESSA Saver Rx</b>	<b>MESSA ABC Rx</b> <b>(after deductible)</b>	<b>Essentials by MESSA</b>
<b>34-day supply</b>			
Generic drug	\$2 or \$10	Free, \$2 or \$10	\$10
Preferred brand drug	\$20 or \$40	Free, \$20 or \$40	20% coinsurance (\$40 min - \$80 max)
Non-preferred brand drug			20% coinsurance (\$60 min - \$100 max)
<b>90-day supply</b>			
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	3x copay of applicable 34-day supply; Available via retail or mail order
<b>Additional Rx Information</b>			
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

~ The Essentials by MESSA Rx plan has several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, lifestyle drugs (drugs for erectile dysfunction or weight loss), drugs used to treat heartburn and acid reflux (except select generic versions), drugs that treat coughs and colds, including most antihistamines and prenatal vitamins.

~ The out-of-pocket maximum (OOPM) for Essentials by MESSA, is subject to change each Jan. 1 according to the maximum limit allowed by the Affordable Care Act.

~ 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, Tim Heim, at 800.292.4910.

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