

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
■ Annual Deductible Applies to all services except specific preventive care services and prescription drugs (which are covered under your prescription drug program)	For your specific plan information, check the "My Benefits" link in the Member section of the home page at www.messa.org . This information is also available at your business office and in your collective bargaining agreement, if applicable.	
■ Annual Out-of-pocket Maximum Applies to copayments and coinsurance, except prescription drug copayments, which are subject to a separate out-of-pocket maximum. Charges above the approved amount and for services not covered under the medical plan are also excluded from the out-of-pocket maximum	\$1,000 Individual / \$2,000 Family <i>(plus your plan deductible)</i>	\$2,000 Individual / \$4,000 Family <i>(plus your plan deductible)</i>
■ Lifetime Benefit Maximum	Unlimited	Unlimited

Type of Service	In-Network Provider <i>(after deductible)</i>	Out-of-Network Provider <i>(after deductible)</i>
Office Visits <i>(except preventive and prenatal care)</i>	Various copayment options are available	80% of the approved amount
Inpatient Hospital <ul style="list-style-type: none"> ■ Semi-private room and board <i>(includes supplies and services)</i> ■ Physician charges 	100%	80% of the approved amount
Surgical Services <i>Includes: surgeon, assistant surgeon and anesthesiologist charges</i>	100%	80% of the approved amount
Hospital Emergency Room (ER) - <i>Copayment waived if admitted or due to accidental injury</i> <ul style="list-style-type: none"> ■ Hospital charges 	Various copayment options are available	Various copayment options are available
<ul style="list-style-type: none"> ■ ER physician charges 	100%	80% of the approved amount
Urgent Care - Copayment waived if services are required to treat a medical emergency or accidental injury	Various copayment options are available	80% of the approved amount
Preventive Care - www.messa.org/FreePreventiveCare Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a public health department or at a MESSA-sponsored event are considered in-network.	100% No deductible No copayment	Not Covered <i>(except for mammograms)</i>
Chiropractic Services including Modalities Up to 38 visits <i>(combination of in-network and out-of-network visits)</i> per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits. Office visit copay may apply.	100%	80% of the approved amount

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Diagnostic Lab and X-Ray	100%	80% of the approved amount
Radiation and Chemotherapy	100%	80% of the approved amount
Allergy Testing and Therapy	100%	80% of the approved amount
Additional Covered Services <ul style="list-style-type: none"> ■ Medical supplies and equipment ■ Ambulance ■ Hearing care (<i>plan limits apply</i>) ■ Skilled nursing facility ■ Hospice ■ Home health care ■ Human organ transplant - when authorized and performed at an approved facility (<i>plan limits apply</i>) 	100%	100% of the approved amount in-network deductible applies when there is no network for services
Mental Health and Substance Abuse <p>Outpatient Care</p> <ul style="list-style-type: none"> ■ Mental health care ■ Substance abuse treatment <p>Inpatient Care</p> <ul style="list-style-type: none"> ■ Pre-authorization required 	Various copayment options are available	80% of the approved amount
Outpatient Physical, Occupational, and Speech Therapy Up to a combined benefit maximum of 60 visits per individual 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 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. MESSA prescription drug plans include a \$1,000 individual and \$2,000 family out-of-pocket maximum on prescription drug copayments. For your specific plan information, check the "My Benefits" link in the Member section of the home page at 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, coinsurance 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	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.
Accidental Death & Dismemberment Insurance (AD&D)	\$5,000	

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.



PLAN 1 – Medical plan highlights

All services must be medically necessary, performed by a qualified provider, and covered under the plan.

	In-network		Out-of-network	
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Annual deductible

Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. By federal law, when two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.

MESSA ABC Plan 1*	Single coverage	2-person & family	Single coverage	2-person & family
	2016 - \$1,300	2016 - \$2,600	2016 - \$2,600	2016 - \$5,200
2017 - \$1,300	2017 - \$2,600	2017 - \$2,600	2017 - \$5,200	

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

Annual out-of-pocket maximum

The out-of-pocket maximum includes copayments and coinsurance plus the deductible. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.

Single coverage	2-person & family	Single coverage	2-person & family
Deductible plus \$1,000	Deductible plus \$2,000	Deductible plus \$2,000	Deductible plus \$4,000

Lifetime benefit maximum

Unlimited

Unlimited

Type of service	In-network (after deductible)	Out-of-network (after deductible)
Office visits	100%	80% of approved amount
Free preventive prescriptions MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	100% coverage No deductible, no copayment	Not covered
Other prescription drug coverage (see reverse for details) Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, MESSA ABC Rx coverage and copayments apply.	After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum	75% of approved amount
Inpatient hospital • Semi-private room and board (includes supplies and services) • Physician charges	100%	80% of approved amount
Surgical services Includes: surgeon, assistant surgeon and anesthesiologist	100%	80% of approved amount
Emergency care • Emergency room facility and physician charges • Urgent care	100%	80% of approved amount
Preventive care – www.messa.org/FreePreventiveCare Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a public health department or at a MESSA-sponsored event are considered in-network.	100% coverage Not subject to deductible	Not covered (except for mammograms, which are covered at 80% of approved amount after deductible)
Chiropractic services including modalities Up to 38 visits (combination of in-network and out-of-network visits) per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits.	100% of approved amount	80% of approved amount

MESSA ABC PLAN 1 – Medical plan highlights (Continued)

Type of service	In-network (after deductible)	Out-of-network (after deductible)
Diagnostic lab and X-ray, radiation and chemotherapy	100%	80% of approved amount
Allergy testing and therapy	100%	80% of approved amount
Additional covered services <ul style="list-style-type: none"> • Medical supplies and equipment • Ambulance • Hearing care (<i>plan limits apply</i>) • Skilled nursing facility (<i>120-day annual limit applies</i>) • Hospice (<i>limits apply</i>) • Home health care 	100%	Same as in-network
Human organ transplant	100% when authorized and performed at a BCBSM-approved facility (<i>plan limits apply</i>)	Not covered
Mental health and substance abuse <i>Inpatient and outpatient care</i> <ul style="list-style-type: none"> • Mental health care • Substance abuse treatment 	100%	80% of approved amount
Outpatient physical, occupational, and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year, whether obtained from an in-network or out-of-network provider.	100%	80% of approved amount

Free preventive prescription drugs

Before members pay anything toward their deductible, MESSA provides 100% coverage for an extensive list of prescription drugs, including cholesterol and blood pressure medications, prenatal vitamins, contraceptives, weight loss medications, smoking cessation products and many more. No deductible. Zero copayment. Members pay **nothing** for these preventive prescriptions.

Prescription drug coverage

Group prescription drug coverage is included with this plan. **After applicable deductible is met**, there is a \$2 copayment for generic maintenance medications for specific chronic conditions and diseases. There is a \$10 copayment for all other generics. There is also a \$10 copayment for listed over-the-counter (OTC) medications used to treat heartburn and seasonal allergies. There is a \$20 copayment (reduced from \$40) for specific brand name maintenance drugs used to treat diabetes and asthma. There is a \$40 copayment for brand name drugs when no generic product exists. Please refer to your plan coverage booklet for full details, limits and exclusions.

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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 directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for deductibles, and amounts that are in excess of the approved amount for the service. **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 and 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 ABC Plan 1. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.

MESSA Dental Plans



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Plan Guidelines

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting www.messa.org and using the provider directory search provided by Delta Dental. The following chart describes the four classes of dental benefits and provides guidelines to assist in designing a group's dental benefit program:

Must have both Diagnostic & Preventive Services and Basic Services benefits		Major Services percentage cannot exceed Diagnostic & Preventive Services and Basic Services	Orthodontics percentage cannot exceed Diagnostic & Preventive Services and Basic Services. Must have Diagnostic & Preventive Services, Basic Services, and Major Services benefits
Diagnostic & Preventive Services 50 percent up to 100 percent in increments of 5 percent _____ percent	Basic Services 50 percent up to 100 percent in increments of 5 percent _____ percent	Major Services 50 percent up to 100 percent in increments of 5 percent _____ percent	Orthodontics 50 percent up to 100 percent in increments of 5 percent _____ percent
<ul style="list-style-type: none"> • Oral examination • Prophylaxes • Topical fluoride • Brush biopsy • Emergency palliative • Two cleanings in 12 months Rider Three or four cleanings every 12 months.	<ul style="list-style-type: none"> • Radiographs (X-rays)* • Restorative • Crowns** • Oral surgery • Endodontic services — treatment for diseased or damaged nerves. • Periodontic services — treatment for diseases of the gum and teeth-supporting structures. <p>* Bitewing X-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in five years.</p> <p>** Payable once in any five-year period on the same tooth.</p> Rider Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.	<ul style="list-style-type: none"> • Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. • Payable once in any five-year period for the same appliances. 	<ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. Rider Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.
Diagnostic & Preventive Services, Basic Services, and Major Services have a combined annual maximum, which can be \$1,000 or more in increments of \$100 up to the amount bargained.			Orthodontics has a lifetime maximum per person, which can be \$500 or more in increments of \$100 up to the amount bargained.

Examples:

Copayment Diagnostic & Preventive Services, Basic Services, and Major Services	Maximum Diagnostic & Preventive Services, Basic Services, and Major Services	Copayment Orthodontics	Ortho Maximum
100/90S/90 (includes sealant) OR 80/80/80	\$1,500	90	\$4,000A (includes adult ortho)
	\$1,500	80	\$3,000

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.

Panel Providers

When you see a MESSA VSP participating panel provider for services which are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for the covered charges. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP panel providers is available on the Web at www.messa.org > Members > Provider Search > Find an Eye Doctor.

Non-Panel Providers Maximum Reimbursement to Patient

Non-panel providers are providers who do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames which are obtained from a non-panel (non-participating) provider are subject to a maximum reimbursement. Members and dependents who choose to see a non-panel provider must pay the provider and submit an itemized receipt to VSP for reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Features	VSP-3 Panel Provider	VSP-3 Non-Panel Provider
Exam Deductible		
<ul style="list-style-type: none"> ■ Optometrist ■ Ophthalmologist 	No Deductible	\$35 max \$45 max
Contact Lens Allowance (includes exam)		
<ul style="list-style-type: none"> ■ Cosmetic (Elective) ■ Disposable 	\$115	\$115 max
Frame Allowance	\$65	\$55 max
Lenses		
<ul style="list-style-type: none"> ■ Single Vision ■ Bifocal ■ Trifocal ■ Lenticular 	Covered	\$ 38 max \$ 60 max \$ 72 max \$108 max
Extra Lens Features		
<ul style="list-style-type: none"> ■ Pink #1 or #2 tint ■ Rimless ■ Oversize ■ Blended 	Covered	**
<ul style="list-style-type: none"> ■ Progressive 	Not Covered	
Tinted		
<ul style="list-style-type: none"> ● Tinted Single Vision ● Tinted Bifocal ● Tinted Trifocal ● Tinted Lenticular 	Covered	\$ 42 max \$ 70 max \$ 84 max \$118 max
Polarized		
<ul style="list-style-type: none"> ● Polarized Single Vision ● Polarized Bifocal ● Polarized Trifocal ● Polarized Lenticular 	Covered	\$ 56 max \$ 90 max \$110 max \$138 max

****Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement. The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount.**