

# MESSA Balance+ Medical plan highlights



**Effective Date: 1/1/2024**

**MESSA Account: Hamilton Community Schools**

**Employee Group: All Employees**

**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 in-network provider, you may have to pay 100% of the cost or the applicable out-of-network cost share amounts. For coverage details, go to [messa.org](http://messa.org) to log in to your MyMESSA account or call the MESSA Member Service Center at 800-336-0013 or TTY 888-445-5614.

Plan features	In-network
<p><b>Annual deductible</b> The amount you pay for health care services and prescription drug purchases before your health insurance begins to pay. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	<p>Single coverage: \$1,600  2-person &amp; family coverage: \$3,200  Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-eligible plans. When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.</p>
<p><b>Medical copayment</b> A fixed amount you pay for a medical visit.</p>	<p>\$10 Teladoc Health 24/7 care for minor illnesses, injuries and mental health, \$25 Teladoc Health virtual primary care visit, \$25 office visit for medical, mental health, and/or substance use disorder treatment, \$25 chiropractic and osteopathic manipulations, \$50 specialist visit, \$50 urgent care, \$200 emergency room, if not admitted</p>
<p><b>Medical coinsurance</b> A percentage you pay for a medical service.</p>	<p>20%</p>
<p><b>Prescription drug coverage</b> Under federal law governing HSA-eligible plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, applicable prescription copayments or coinsurance apply. See "Free preventive prescriptions" below.</p>	<p>MESSA Balance+ Rx</p>
<p><b>Annual out-of-pocket maximums</b> The most you have to pay for covered medical services and prescriptions in a calendar year, including deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.</p>	<p>Single coverage: \$4,000  2-person &amp; family coverage: \$8,000  Your out-of-pocket maximum is subject to change each Jan. 1 based on deductible amounts.</p>
Covered service	In-network cost share
<p><b>Free preventive prescriptions</b> MESSA Balance+ covers an extensive list of free preventive prescriptions that have no deductible, copayment or coinsurance, including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. View the list at <a href="http://messa.org/FreeRx">messa.org/FreeRx</a>.</p>	<p>No cost to you</p>

<p><b>Preventive care</b>            Certain services such as annual exams, screenings, childhood and adult immunizations, and certain preventive medications.</p>
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Covered service	In-network cost share
<p><b>Prenatal and postnatal care</b>            Prenatal and postnatal doctor visits.</p>	No cost to you
<p><b>Teladoc Health visits</b>            24/7 care for minor illnesses, injuries and mental health; virtual primary care visits.</p>	Subject to deductible and copayment
<p><b>Office visit</b>            e.g, primary care physican, obstetrics and gynecology and pediatric visits</p>	
<p><b>Chiropractic and osteopathic manipulations</b>            Up to a combined 12 visits per calendar year.</p>	
<p><b>Mental health and substance use disorder - outpatient care</b></p>	
<p><b>Specialist visit</b></p>	
<p><b>Urgent care</b></p>	
<p><b>Emergency room</b>            Copayment waived if admitted or due to an accidental injury.</p>	
<p><b>Allergy testing and therapy</b></p>	Subject to deductible and coinsurance Specialist visit copayment may apply
<p><b>Ambulance</b></p>	Subject to deductible and coinsurance
<p><b>Autism - applied behavior analysis (ABA) services</b></p>	
<p><b>Diagnostic lab and X-ray</b></p>	
<p><b>Durable medical equipment (DME)</b>            Must be obtained from a payable DME provider.</p>	
<p><b>Hearing Care</b>            Hearing related services performed by an M.D., D.O. or an audiologist (AUD) performing for the audiogram hearing evaluation and testing.</p>	
<p><b>Home health care</b></p>	
<p><b>Human organ transplant</b>            Must be performed at an approved facility.</p>	
<p><b>Inpatient hospital</b></p>	
<p><b>Medical supplies</b></p>	
<p><b>Mental health and substance use disorder - inpatient care</b></p>	
<p><b>Outpatient physical, occupational and speech therapy</b>            Up to a combined benefit maximum of 30 visits per individual per calendar year, including therapeutic massage performed by an approved provider (e.g., chiropractor, M.D., D.O.)</p>	
<p><b>Prosthetics and orthotics</b></p>	
<p><b>Radiation and chemotherapy</b></p>	
<p><b>Skilled nursing facility</b>            Up to a maximum of 120 days per calendar year.</p>	
<p><b>Home delivery of prescription medications</b></p>	

MESSA members can save time and money by ordering prescription medications through the Optum Rx mail order pharmacy. For more information, go to [messa.org](http://messa.org) to log in to your MyMESSA account and select "Optum Rx home delivery." 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 Optum Rx at 800-903-8346.

## Medical care outside the U.S.

MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website ([www.bcbsglobalcore.com](http://www.bcbsglobalcore.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 & dismemberment insurance

**Life insurance:** \$5,000 policy for you.

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

*Life and AD&D insurance underwritten by Life Insurance Company of North America.*