
If a member has an HSA with money in the account and switches to MESSA Choices, can he or she start a medical care flexible spending arrangement (FSA)?

Yes, but when the employee can do so varies.

If the employer sets up a new FSA offering at the time of the insurance change, the employee(s) may enroll in the FSA immediately.

If the employer had an FSA in place prior to the insurance plan change, and the open enrollment period has expired, then IRS rules require the employee to wait until the next open enrollment period to register.

Members should contact a tax adviser for more information.

Can I have an HSA AND a flexible spending account?

In most cases, no. The IRS has specific rules for insurance plans that are allowed to coexist with an HSA and plans that would disqualify you from owning an HSA. For specific questions, contact your provider or a financial or tax adviser for guidance.

Where can a member obtain more information?

Members can call the Member Service Center or their field representative or go to messa.org for additional information about any MESSA plan.

To compare estimated costs of a MESSA Choices and MESSA ABC plan, members can go to www.messa.org/messaabcs and use the plan comparison tool.

Moving from one MESSA plan to another MESSA plan: What members need to know



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What does a member need to know when moving from a lower-deductible MESSA Choices plan to a higher-deductible MESSA Choices plan?

- Any amount(s) a member has paid during the current calendar year toward a lower-deductible Choices plan counts toward the deductible on a higher-deductible Choices plan.
- If you move to a new Choices plan in January, in-network deductible expenses incurred in the fourth quarter (October, November and December) will count toward the next year's deductible.
- The member will NOT receive a new MESSA card.

What does a member need to know when moving from MESSA Choices to MESSA ABC?

- The member pays all medical and prescription costs until the deductible is met. Preventive care, such as well-child and well-adult checkups, is covered at no cost to the member (and does not count toward the deductible).
- For MESSA ABC Plans 1 and 2: After the deductible is met, the member does not have copayments for in-network office visits, urgent care and hospital emergency rooms visits. If the member has coinsurance, he or she will pay coinsurance after deductible. For MESSA ABC Plan 3: The member will pay coinsurance for most services after the deductible.
- Hundreds of preventive prescription medications to treat specific health conditions are available at no cost to the member. The list of free medications is located at www.messa.org/Portals/o/PDF/messa_list_preventive_drugs.pdf.
- Any amount(s) a member has paid during the current calendar year toward the deductible on a MESSA Choices plan will count toward the deductible on a MESSA ABC plan.

- There is no fourth-quarter carryover.
- If you have one or more dependents enrolled on your plan, you must satisfy the family deductible before MESSA begins to pay claims. This means that even if one person has satisfied the single deductible of the MESSA Choices plan, when you move to MESSA ABC you may incur additional deductible costs until the family deductible is met.
- The member will NOT receive a new MESSA card.
- If eligible, the member will receive a HealthEquity health savings account (HSA).

What does a member need to know when moving from MESSA ABC to MESSA Choices?

- The deductible does not need to be met before prescription drugs are covered.
- When a member needs a prescription, he or she will be charged the applicable MESSA Choices prescription copayment.
- A member will have copayments for office visits, urgent care and emergency room visits.
- Deductible expenses incurred in the fourth quarter will count toward the deductible in the following year.
- If the member has an HSA, he or she can use any funds in the account to pay qualified medical expenses, including most deductible and copayment and coinsurance costs, but can no longer make contributions into the account.
- Contributions made to the HSA during the calendar year, and the timing of the member's move from MESSA ABC, may require additional tax payments. Members may wish to consult their tax adviser.
- The member will NOT receive a new MESSA card.

What does a member need to know when moving to a plan with coinsurance?

- Coinsurance is a fixed percentage a member pays for a specific medical service.
- For MESSA Choices: Coinsurance applies after deductible to medical services that do not have a copayment.
- For MESSA ABC Plans 1, 2 and 3: Coinsurance applies to most services after deductible.
- A member will pay coinsurance up to an annual out-of-pocket maximum (OOPM). After the OOPM is reached, MESSA pays 100 percent of approved services.

How does a member know if he or she has met the deductible?

Members can check their deductible status by logging in to their account at messa.org. They also may call the Member Service Center at 800.336.0013.

When does the deductible amount reset?

The deductible year is the calendar year – so the deductible resets each Jan. 1. For those with a MESSA Choices plan, in-network deductible expenses incurred during October, November and December count toward the in-network deductible in the following year (referred to as “fourth-quarter carryover”).

How does a member know if he or she is eligible to contribute to an HSA?

Go to messa.org/messaabcs/HSA-Info to read one of our fliers about eligibility or contact HealthEquity at 877.218.3432. If a member is enrolled in a MESSA ABC plan and unsure of eligibility to make contributions to an HSA, the member should check with his or her tax adviser or legal counsel.

Do out-of-network expenses count toward the in-network deductible?

- For MESSA Choices plans, out-of-network expenses paid by a member count toward the in-network deductible.
- Out-of-network expenses incurred by MESSA ABC members do not count toward the in-network deductible.
- Out-of-network deductible expenses do not carry over from the fourth quarter.

How does the out-of-pocket maximum work?

The out-of-pocket maximum (OOPM) is the most a member has to pay for covered services in a plan year, including deductibles, copayments and coinsurance. Costs over the approved amount do not count toward the deductible or OOPM.

The annual OOPM that a member has to pay for approved services varies by plan.

MESSA Choices

$$\begin{aligned} & \text{Deductible} \\ & + \text{ Medical OOPM} \\ & + \text{ Rx OOPM} \\ \hline & = \text{Total OOPM} \end{aligned}$$

MESSA ABC

$$\begin{aligned} & \text{Deductible} \\ & + \text{ Medical/Rx OOPM} \\ \hline & = \text{Total OOPM} \end{aligned}$$