

FAQs on MESSA ABC

Q: What is MESSA ABC?

A: MESSA ABC is a comprehensive medical plan that works with a health savings account (HSA) to give you:

- access to a large network of doctors, pharmacies and other medical providers
- outstanding MESSA service and support
- free preventive care and certain free preventive medications
- lower premiums in exchange for a higher deductible
- the opportunity to contribute pre-tax dollars to an HSA, which lowers your income taxes

Each MESSA ABC member receives a HealthEquity HSA with no setup or administration fees.

Q: Can I choose my doctor and other providers?

A: MESSA ABC uses the same large provider network as MESSA Choices, giving you the greatest choice of doctors and access to expert medical care from the best hospitals, including Mayo Clinic and Cleveland Clinic.

Q: Why is the deductible higher with MESSA ABC?

A: HSA-qualified plans are governed by federal law and the IRS code, which specify a minimum deductible level. MESSA ABC Plan 1 is set at the minimum deductible; 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.

Q: When does the deductible start?

A: The deductible year is the calendar year, Jan. 1 to Dec. 31.

Q: Does the deductible apply to all medical expenses?

A: Under federal law, most medical expenses, including the cost of prescription drugs, are subject to the deductible. If you have 2-person or family coverage, the expenses of one person can meet the full deductible.

Q: What preventive medical services and prescriptions are covered for free?

A: Annual physicals, cancer screenings and certain lab tests are covered for free and are not subject to the plan deductible when you go to an in-network provider. MESSA ABC also covers hundreds of free preventive prescriptions to treat certain common conditions.

Q: Do I have to pay the full cost of non-preventive prescription drugs that are subject to the deductible?

A: Yes. Under federal law, all non-preventive prescriptions are subject to the deductible. MESSA's underwriter, Blue Cross Blue Shield of Michigan (BCBSM), caps your cost at the same amount it has negotiated with the pharmacy, which saves you money. If you insist on a brand name drug when a generic version is available and medically appropriate, additional out-of-pocket charges can apply.

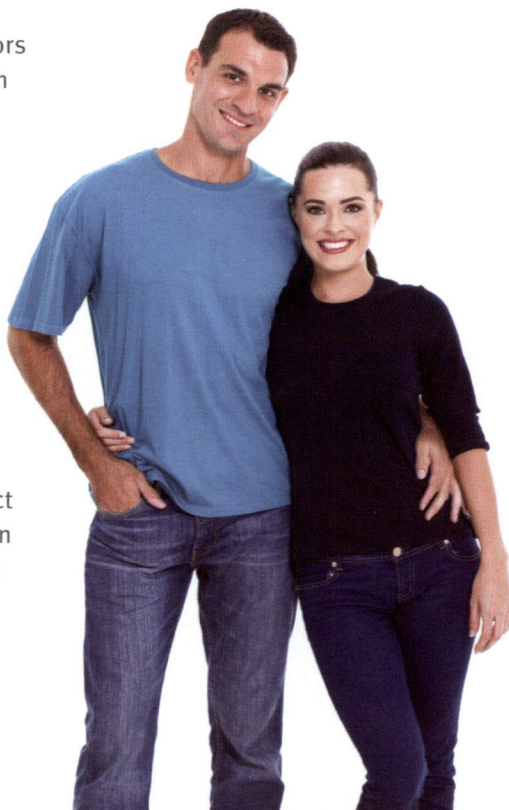
Q: Do I have to go to an in-network provider?

A: No, but it is always to your financial advantage to do so. In-network providers have agreed to accept a discounted fee for medical services from BCBSM. The discount and your savings can be substantial. Using in-network providers saves you money on out-of-pocket costs and lower deductibles. It also saves your MESSA health plan money, helping to hold down costs.

Q: Are there separate deductible levels for medical services received from in-network and out-of-network providers?

A: Yes. The out-of-network deductibles are twice the in-network deductible amounts. (Please note: Out-of-network providers may charge more than the amount approved by BCBSM, and these costs can be significant.)

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Q: What happens after I meet the deductible amount?

A: Once you meet your in-network deductible you will be responsible for prescription drug copayments and any applicable coinsurance.

Q: What is the difference between preventive care and diagnostic medical services?

A: Preventive care refers to specific services proven to prevent or identify problems early. Diagnostic services start when you already have signs of a health problem; therefore, your doctor may order tests to further diagnose your condition. When this happens, these services are subject to your deductible and any applicable coinsurance.

Q: Where can I get a complete list of my benefits?

A: To view your benefit coverage and read your plan coverage booklet, go to www.messa.org and log into the Member Area.



QUESTIONS? Call MESSA's Member Service Center at 800.336.0013