

# MESSA In-Network Plan Comparison - Effective 1/1/2027

Monroe County ISD - 690E Supervisory

|                                                                                    | MESSA Choices<br>\$500/\$1,000<br>0%<br>3-Tier Rx                           | MESSA Choices<br>\$1,000/\$2,000<br>0%<br>3-Tier Rx                         | MESSA ABC Plan 1<br>\$1,750/\$3,500 HSA<br>0%<br>3-Tier Rx                  | MESSA ABC Plan 2<br>\$2,000/\$4,000 HSA<br>0%<br>3-Tier Rx                  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>In-Network Cost Share After Deductible</b>                                      |                                                                             |                                                                             |                                                                             |                                                                             |
| Deductible                                                                         | \$500/\$1,000                                                               | \$1,000/\$2,000                                                             | \$1,750/\$3,500                                                             | \$2,000/\$4,000                                                             |
| Coinsurance                                                                        | 0%                                                                          | 0%                                                                          | 0%                                                                          | 0%                                                                          |
| Teladoc 24/7 care for minor illnesses, injuries and mental health                  | \$20                                                                        | \$20                                                                        | 0%                                                                          | 0%                                                                          |
| Teladoc Health virtual primary care                                                | \$20                                                                        | \$20                                                                        | 0%                                                                          | 0%                                                                          |
| Office visit                                                                       | \$20                                                                        | \$20                                                                        | 0%                                                                          | 0%                                                                          |
| Specialist visit                                                                   | \$20                                                                        | \$20                                                                        | 0%                                                                          | 0%                                                                          |
| Urgent care                                                                        | \$25                                                                        | \$25                                                                        | 0%                                                                          | 0%                                                                          |
| Emergency room                                                                     | \$50                                                                        | \$50                                                                        | 0%                                                                          | 0%                                                                          |
| Total out-of-pocket maximum                                                        | \$3,500/\$7,000                                                             | \$4,000/\$8,000                                                             | \$3,750/\$7,500                                                             | \$4,000/\$8,000                                                             |
| <b>Certain Benefit Differences (cost share is applied after deductible is met)</b> |                                                                             |                                                                             |                                                                             |                                                                             |
| Chiropractic manipulations                                                         | 38 visits per calendar year, including therapeutic massage; 100% after ded. | 38 visits per calendar year, including therapeutic massage; 100% after ded. | 38 visits per calendar year, including therapeutic massage; 100% after ded. | 38 visits per calendar year, including therapeutic massage; 100% after ded. |
| Osteopathic manipulations                                                          | 38 visits per calendar year; 100% after ded.                                | 38 visits per calendar year; 100% after ded.                                | 38 visits per calendar year; 100% after ded.                                | 38 visits per calendar year; 100% after ded.                                |
| Outpatient physical, occupational and speech therapy                               | 60 visits combined per calendar year; 100% after ded.                       | 60 visits combined per calendar year; 100% after ded.                       | 60 visits combined per calendar year; 100% after ded.                       | 60 visits combined per calendar year; 100% after ded.                       |
| Bariatric surgery                                                                  | 100% after ded.                                                             | 100% after ded.                                                             | 100% after ded.                                                             | 100% after ded.                                                             |
| Acupuncture                                                                        | 100% after ded.                                                             | 100% after ded.                                                             | 100% after ded.                                                             | 100% after ded.                                                             |
| Hearing aids                                                                       | 100% up to a max. benefit after ded.                                        | 100% up to a max. benefit after ded.                                        | 100% up to a max. benefit after ded.                                        | 100% up to a max. benefit after ded.                                        |

| Prescription Drugs                                                | 3-Tier Rx                                                         | 3-Tier Rx                                                         | 3-Tier Rx<br>(after deductible)                                                                              | 3-Tier Rx<br>(after deductible)                                                                              |
|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Up to a 34-day supply                                             |                                                                   |                                                                   |                                                                                                              |                                                                                                              |
| Generic                                                           | \$10                                                              | \$10                                                              | Free or \$10                                                                                                 | Free or \$10                                                                                                 |
| Preferred brand                                                   | 20% coinsurance<br>(\$40 min - \$80 max)                          | 20% coinsurance<br>(\$40 min - \$80 max)                          | 20% coinsurance<br>(\$40 min - \$80 max)                                                                     | 20% coinsurance<br>(\$40 min - \$80 max)                                                                     |
| Nonpreferred brand                                                | 20% coinsurance<br>(\$60 min - \$100 max)                         | 20% coinsurance<br>(\$60 min - \$100 max)                         | 20% coinsurance<br>(\$60 min - \$100 max)                                                                    | 20% coinsurance<br>(\$60 min - \$100 max)                                                                    |
| Preferred specialty (generic<br>specialty and brand<br>specialty) | Pricing included in one of<br>the above categories                | Pricing included in one of<br>the above categories                | Pricing included in one of<br>the above categories                                                           | Pricing included in one of<br>the above categories                                                           |
| Nonpreferred specialty                                            |                                                                   |                                                                   |                                                                                                              |                                                                                                              |
| 90-day supply                                                     |                                                                   |                                                                   |                                                                                                              |                                                                                                              |
| Generic,<br>Preferred brand,<br>Nonpreferred brand                | 2.5x 1-month supply;<br>Retail or mail order                      | 2.5x 1-month supply;<br>Retail or mail order                      | 2.5x 1-month supply;<br>Retail or mail order                                                                 | 2.5x 1-month supply;<br>Retail or mail order                                                                 |
| Additional Information                                            |                                                                   |                                                                   |                                                                                                              |                                                                                                              |
| Free preventive drug list(s)                                      | ACA Free Preventive list.<br>These are FREE before<br>deductible. | ACA Free Preventive list.<br>These are FREE before<br>deductible. | ACA Free Preventive list<br>and MESSA Expanded Free<br>Preventive list. These are<br>FREE before deductible. | ACA Free Preventive list<br>and MESSA Expanded Free<br>Preventive list. These are<br>FREE before deductible. |
| Basic Term Life Insurance                                         | \$5,000 included                                                  | \$5,000 included                                                  | \$5,000 included                                                                                             | \$5,000 included                                                                                             |
| Supplemental Plans                                                | Not included                                                      | Not included                                                      | Not included                                                                                                 | Not included                                                                                                 |

ACA = Affordable Care Act

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Monica McKay, at 866-637-0006.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.