

MESSA In-Network Plan Comparison - Effective 1/1/2024
Monroe County ISD - 690A Teachers/Certified;690E Supervisory; 690F Hourly Support Staff

| | MESSA Choices \$500/\$1,000 0% MESSA Saver Rx | MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% MESSA ABC Rx | MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% MESSA ABC Rx | MESSA ABC Plan 3 \$3,500/\$7,000 HSA 10% MESSA ABC Rx |
|--|--|---|---|--|
| In-Network Cost Share After Deductible | | | | |
| Deductible | \$500/\$1,000 | \$1,600/\$3,200 | \$2,000/\$4,000 | \$3,500/\$7,000 |
| Coinsurance | 0% | 0% | 0% | 10% |
| Teladoc Health virtual 24/7 care for minor illnesses, injuries and mental health copay/coinsurance | \$20 | 0% | 0% | 10% |
| Teladoc Health virtual primary care visit copay/coinsurance | \$20 | 0% | 0% | 10% |
| Office visit copay/coinsurance | \$20 | 0% | 0% | 10% |
| Specialist visit copay/coinsurance | \$20 | 0% | 0% | 10% |
| Urgent care copay/coinsurance | \$25 | 0% | 0% | 10% |
| Emergency room copay/coinsurance | \$50 | 0% | 0% | 10% |
| Total out-of-pocket maximum | \$2,500/\$5,000 | \$2,600/\$5,200 | \$3,000/\$6,000 | \$4,500/\$9,000 |
| Certain Benefit Differences | | | | |
| Chiropractic manipulations | Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply | Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible | Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible | Up to 38 visits per calendar year, including therapeutic massage; Covered 90% after deductible |
| Osteopathic manipulations | Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply | Up to 38 visits per calendar year; Covered 100% after deductible | Up to 38 visits per calendar year; Covered 100% after deductible | Up to 38 visits per calendar year; Covered 90% after deductible |
| Outpatient physical, occupational and speech therapy | Up to a combined 60 visits per calendar year; Covered 100% after deductible | Up to a combined 60 visits per calendar year; Covered 100% after deductible | Up to a combined 60 visits per calendar year; Covered 100% after deductible | Up to a combined 60 visits per calendar year; Covered 90% after deductible |
| Bariatric surgery | Covered 100% after deductible | Covered 100% after deductible | Covered 100% after deductible | Covered 90% after deductible |
| Acupuncture | Covered 100% after deductible | Covered 100% after deductible | Covered 100% after deductible | Covered 90% after deductible |
| Hearing aids | Covered 100% up to a maximum benefit after deductible | Covered 100% up to a maximum benefit after deductible | Covered 100% up to a maximum benefit after deductible | Covered 90% up to a maximum benefit after deductible |

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|---|---|---|---|---|
| Prescription Drugs | MESSA Saver Rx | MESSA ABC Rx (after deductible) | MESSA ABC Rx (after deductible) | MESSA ABC Rx (after deductible) |
| Up to a 34-day supply | | | | |
| Generic drugs | \$2 or \$10 | Free, \$2 or \$10 | Free, \$2 or \$10 | Free, \$2 or \$10 |
| Preferred brand-name drugs | \$20 or \$40 | \$20 or \$40 | \$20 or \$40 | \$20 or \$40 |
| Nonpreferred brand-name drugs | | | | |
| Preferred specialty drugs (includes generic specialty and preferred brand specialty) | Specialty drugs included in one of the above pricing categories | Specialty drugs included in one of the above pricing categories | Specialty drugs included in one of the above pricing categories | Specialty drugs included in one of the above pricing categories |
| Nonpreferred specialty drugs | | | | |
| 90-day supply | | | | |
| Generic drugs, Preferred brand-name drugs, Nonpreferred brand-name drugs | 2x 1-month supply; Available via retail or mail order | 2x 1-month supply; Available via retail or mail order | 2x 1-month supply; Available via retail or mail order | 2x 1-month supply; Available via retail or mail order |
| Additional Information | | | | |
| Free preventive drug lists | Affordable Care Act (ACA) Free Preventive Drug Coverage | Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible | Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible | Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible |
| Supplemental Plans | Not included | Not included | Not included | Not included |

~ For Saver Rx and ABC Rx, the reduced cost generic drugs at \$2 and brand name drugs at \$20, include medications for asthma, diabetes, coronary artery disease, high blood pressure and high cholesterol.

~ 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 800-292-4910.

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.