

MESSA In-Network Plan Comparison - Effective 1/1/2023

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 \$1,500/\$3,000 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 | \$1,500/\$3,000 | \$2,000/\$4,000 | \$3,500/\$7,000 |
| Coinsurance | 0% | 0% | 0% | 10% |
| Blue Cross online 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 | \$2,500/\$5,000 | \$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) |
| 34-day supply | | | | |
| Generic drug | \$2 or \$10 | Free, \$2 or \$10 | Free, \$2 or \$10 | Free, \$2 or \$10 |
| Preferred brand drug | \$20 or \$40 | Free, \$20 or \$40 | Free, \$20 or \$40 | Free, \$20 or \$40 |
| Non-preferred brand drug | | | | |
| 90-day supply | | | | |
| Generic drug, Preferred brand drug, Non-preferred brand drug | 2x copay of applicable 34-day supply; Available via retail or mail order | 2x copay of applicable 34-day supply; Available via retail or mail order | 2x copay of applicable 34-day supply; Available via retail or mail order | 2x copay of applicable 34-day supply; Available via retail or mail order |
| Additional Rx Information | | | | |
| Free preventive drug lists | Affordable Care Act (ACA) Free Preventive Drug Coverage | Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible | Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible | Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible |

~ 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 deductible is subject to change each Jan. 1 to remain HSA-compatible according to IRS rules governing HSAs.

If you have any questions, please contact your MESSA Field Representative, Monica McKay, at 800.292.4910.

Information on this document is a general overview. Refer to MESSA.org and the plan booklets for additional information.