MESSA In-Network Plan Comparison - Effective 1/1/2026

Monroe County ISD - 690C Non-Affiliated; 690D Central Office Staff; 690J Hourly Non Union

	MESSA Choices $1,000/$2,000 0% 3-Tier Rx	MESSA ABC Plan 2 $2,000/$4,000 HSA 0% 3-Tier Rx	MESSA Balance+ $1,700/$3,400 HSA 20% MESSA Balance+ Rx	Essentials by MESSA $375/$750 20% Essentials by MESSA Rx
In-Network Cost Share After Deductible				
Deductible	$1,000/$2,000	$2,000/$4,000	$1,700/$3,400	$375/$750
Coinsurance	0%	0%	20%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	$20	0%	$10	$10
Teladoc Health virtual primary care	$20	0%	$25	$25
Office visit	$20	0%	$25	$25
Specialist visit	$20	0%	$50	$50
Urgent care	$25	0%	$50	$50
Emergency room	$50	0%	$200	$200
Total out-of-pocket maximum	$4,000/$8,000	$4,000/$8,000	$4,100/$8,200	$10,600/$21,200
Certain Benefit Differences (cost share is applied after deductible is met)				
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	12 visits combined per calendar year; $25 copay applies	12 visits combined per calendar year; $25 copay applies
Osteopathic manipulations	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.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	100% after ded.	100% after ded.	Not covered	Not covered
Acupuncture	100% after ded.	100% after ded.	Not covered	Not covered
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	Not covered	Not covered

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Prescription Drugs	**3-Tier Rx**	**3-Tier Rx (after deductible)**	**MESSA Balance+ Rx (after deductible)**	**Essentials by MESSA Rx**
Up to a 34-day supply				
Generic	$10	Free or $10	Free or $10	$10
Preferred brand	20% coinsurance ($40 min - $80 max)	20% coinsurance ($40 min - $80 max)	$40	20% coinsurance ($40 min - $80 max)
Nonpreferred brand	20% coinsurance ($60 min - $100 max)	20% coinsurance ($60 min - $100 max)	$80	20% coinsurance ($60 min - $100 max)
Preferred specialty (generic specialty and brand specialty)	Pricing included in one of the above categories	Pricing included in one of the above categories	20% coinsurance ($0 min - $150 max)	Pricing included in one of the above categories
Nonpreferred specialty			20% coinsurance ($0 min - $300 max)	
90-day supply				
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Additional Information				
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans	Not included

ACA = Affordable Care Act

~ Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.

~ The out-of-pocket maximum (OOPM) for Essentials by MESSA, is subject to change each Jan. 1 according to the maximum limit allowed by the 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 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.