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

### Monroe County ISD - 690E Supervisory; 690F Hourly Support Staff

| | MESSA Choices $500/$1,000 0% 3-Tier Rx | MESSA ABC Plan 1 $1,700/$3,400 HSA 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 |
|---|---|---|---|---|
| **In-Network Cost Share After Deductible** | | | | |
| Deductible | $500/$1,000 | $1,700/$3,400 | $2,000/$4,000 | $1,700/$3,400 |
| Coinsurance | 0% | 0% | 0% | 20% |
| Teladoc 24/7 care for minor illnesses, injuries and mental health | $20 | 0% | 0% | $10 |
| Teladoc Health virtual primary care | $20 | 0% | 0% | $25 |
| Office visit | $20 | 0% | 0% | $25 |
| Specialist visit | $20 | 0% | 0% | $50 |
| Urgent care | $25 | 0% | 0% | $50 |
| Emergency room | $50 | 0% | 0% | $200 |
| Total out-of-pocket maximum | $3,500/$7,000 | $3,700/$7,400 | $4,000/$8,000 | $4,100/$8,200 |
| **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. | 38 visits per calendar year, including therapeutic massage; 100% after ded. | 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. | 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. | 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. | 100% after ded. | Not covered |
| Acupuncture | 100% after ded. | 100% after ded. | 100% after ded. | Not covered |
| 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. | Not covered |

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| | MESSA Choices $500/$1,000 0% 3-Tier Rx | MESSA ABC Plan 1 $1,700/$3,400 HSA 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 |
|---|---|---|---|---|
| **Prescription Drugs** | **3-Tier Rx** | **3-Tier Rx (after deductible)** | **3-Tier Rx (after deductible)** | **MESSA Balance+ Rx (after deductible)** |
| **Up to a 34-day supply** | | | | |
| Generic | $10 | Free or $10 | Free or $10 | Free or $10 |
| Preferred brand | 20% coinsurance ($40 min - $80 max) | 20% coinsurance ($40 min - $80 max) | 20% coinsurance ($40 min - $80 max) | $40 |
| Nonpreferred brand | 20% coinsurance ($60 min - $100 max) | 20% coinsurance ($60 min - $100 max) | 20% coinsurance ($60 min - $100 max) | $80 |
| Preferred specialty (generic specialty and brand specialty) | Pricing included in one of the above categories | Pricing included in one of the above categories | Pricing included in one of the above categories | 20% coinsurance ($0 min - $150 max) |
| 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 | 2.5x 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 and MESSA Expanded Free Preventive list. These are FREE before deductible. |
| Supplemental Plans | Not included | Not included | Not included | Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans |

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 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.