

# MESSA Choices/Choices II Medical Plan Highlights



Good health. Good business. Great schools.

1475 Kendale Blvd., P.O. Box 2560  
East Lansing, Michigan 48826-2560  
517.332.2581 • 800.292.4910  
www.messa.org

## Health Care Benefits for You and Your Covered Dependents

All services must be **medically necessary** and performed by a qualified provider.

	In-Network	Out-of-Network
<b>■ Annual Deductible</b> Applies to all services except specific preventive care services and prescription drugs (which are covered under your prescription drug program)	For your specific plan information, check the “My Benefits” link in the Member section of the home page at <a href="http://www.messa.org">www.messa.org</a> . This information is also available at your business office and in your collective bargaining agreement, if applicable.	
<b>■ Annual Out-of-pocket Maximum</b> Applies to copayments and coinsurance, except prescription drug copayments, which are subject to a separate out-of-pocket maximum. Charges above the approved amount and for services not covered under the medical plan are also excluded from the out-of-pocket maximum	\$1,000 Individual / \$2,000 Family <i>(plus your plan deductible)</i>	\$2,000 Individual / \$4,000 Family <i>(plus your plan deductible)</i>

<b>■ Lifetime Benefit Maximum</b>	Unlimited	Unlimited
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Type of Service	In-Network Provider <i>(after deductible)</i>	Out-of-Network Provider <i>(after deductible)</i>
<b>Office Visits</b> <i>(except preventive and prenatal care)</i>	Various copayment options are available	80% of the approved amount
<b>Inpatient Hospital</b> <ul style="list-style-type: none"> <li>■ Semi-private room and board <i>(includes supplies and services)</i></li> <li>■ Physician charges</li> </ul>	100%	80% of the approved amount
<b>Surgical Services</b> <i>Includes: surgeon, assistant surgeon and anesthesiologist charges</i>	100%	80% of the approved amount
<b>Hospital Emergency Room (ER)</b> - Copayment waived if admitted or due to accidental injury <ul style="list-style-type: none"> <li>■ Hospital charges</li> </ul>	Various copayment options are available	Various copayment options are available
<ul style="list-style-type: none"> <li>■ ER physician charges</li> </ul>	100%	80% of the approved amount
<b>Urgent Care</b> - Copayment waived if services are required to treat a medical emergency or accidental injury	Various copayment options are available	80% of the approved amount
<b>Preventive Care</b> - <a href="http://www.messa.org/FreePreventiveCare">www.messa.org/FreePreventiveCare</a>  Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a public health department or at a MESSA-sponsored event are considered in-network.	100% No deductible No copayment	Not Covered <i>(except for mammograms)</i>
<b>Chiropractic Services including Modalities</b>  Up to 38 visits <i>(combination of in-network and out-of-network visits)</i> per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits. Office visit copay may apply.	100%	80% of the approved amount

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Diagnostic Lab and X-Ray	100%	80% of the approved amount
Radiation and Chemotherapy	100%	80% of the approved amount
Allergy Testing and Therapy	100%	80% of the approved amount
<b>Additional Covered Services</b> <ul style="list-style-type: none"> <li>■ Medical supplies and equipment</li> <li>■ Ambulance</li> <li>■ Hearing care (<i>plan limits apply</i>)</li> <li>■ Skilled nursing facility</li> <li>■ Hospice</li> <li>■ Home health care</li> <li>■ Human organ transplant - when authorized and performed at an approved facility (<i>plan limits apply</i>)</li> </ul>	100%	100% of the approved amount in-network deductible applies when there is no network for services
<b>Mental Health and Substance Abuse</b> <p><b>Outpatient Care</b></p> <ul style="list-style-type: none"> <li>■ Mental health care</li> <li>■ Substance abuse treatment</li> </ul> <p><b>Inpatient Care</b></p> <ul style="list-style-type: none"> <li>■ Pre-authorization required</li> </ul>	Various copayment options are available	80% of the approved amount
<b>Outpatient Physical, Occupational, and Speech Therapy</b> Up to a combined benefit maximum of 60 visits per individual per calendar year, whether obtained from an in-network or out-of-network provider	100%	80% of the approved amount

■ **Medical Case Management (MCM)**

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. MESSA prescription drug plans include a \$1,000 individual and \$2,000 family out-of-pocket maximum on prescription drug copayments. For your specific plan information, check the "My Benefits" link in the Member section of the home page at [www.messa.org](http://www.messa.org). This information is also available at your business office and in your collective bargaining agreement, if applicable.

■ **MESSA Help Lines - NurseLine and Healthy Expectations**

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specially trained Registered Nurse who can answer your medical questions and provide health related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

■ **Covered Services and Approved Amounts**

**In-network providers** bill BCBSM and MESSA directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan copayment requirements.

**Out-of-network providers** may or may not bill BCBSM or MESSA directly. The member is responsible to the provider for any deductibles, coinsurance and **amounts that are in excess of the approved amount** for the service as predetermined by MESSA and BCBSM. **These amounts may be substantial.**

*Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.*

**Additional Benefits for You**

Life Insurance	\$5,000	Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment terminates, whichever happens last.
Accidental Death & Dismemberment Insurance (AD&D)	\$5,000	

*Life and AD&D insurance underwritten by Life Insurance Company of North America.*

**This is a brief summary of the MESSA Choices/Choices II Plans. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.**

