MESSA Choices/Choices II Medical Plan Highlights

Northview Public Schools Teachers

Good health. Good business. Great schools.

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Out-of-Network

MESSA Choices/Choices II \$500/\$1,000 In-Network \$1,000/\$2,000 Out-of-Network Deductible \$20 Office Visit MESSA Saver Rx with EA-1 Rider (6Z)

In-Network

Health Care Benefits for You and Your Covered Dependents

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

		Out-ot-MatMotV
Annual Deductible Applies to all services except specific preventive care services and prescription drugs (which are covered under your prescription drug program)	\$500 per person / \$1,000 per family	\$1,000 per person / \$2,000 per family
Annual Out-of-pocket Maximum 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 (plus your plan deductible)	\$2,000 individual / \$4,000 family (plus your plan deductible)
Lifetime Benefit Maximum	Unlimited	Unlimited
Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Office Visits (except preventive and prenatal care)	\$20 co-payment	80% of the approved amount
Prescription Drug Coverage (mail order available) subject to \$1,000 individual & \$2,000 family copayment maximum)	MESSA Saver Rx	75%, minus the copayment
npatient Hospital Semi-private room and board (includes supplies and services) Physician charges	100%	80% of the approved amount
Surgical Services Includes: surgeon, assistant surgeon and anesthesiologist charges	100%	80% of the approved amount
Hospital Emergency Room (ER) - Copayment waived if admitted or due to accidental injury Hospital Charges	\$50 co-payment	\$50 co-payment
■ ER Physician Charges	100%	80% of the approved amount
Irgent Care - Copayment waived if services are required to treat a medical emergency or accidental injury	\$25 co-payment	80% of the approved amount
reventive Care - www.messa.org/FreePreventiveCare		
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 (Except for mammograms)
hiropractic Services including Modalities Up to 38 visits (combination of in-network and out-of-network visits) per calendar year.	100%	80% of the approved amount

Teachers Continued Type of Service In-Network Provider **Out-of-Network Provider** (after deductible) (after deductible) Diagnostic Lab & X-Ray 100% 80% of the approved amount Radiation & Chemotherapy 100% 80% of the approved amount Allergy Testing & Therapy 100% 80% of the approved amount **Additional Covered Services** Medical supplies and equipment Ambulance Hearing care (plan limits apply) 100% 100% of the approved amount Skilled nursing facility In-network deductible applies Hospice when there is no network for Home health care services Human organ transplant - when authorized and performed at an approved facility (plan limits apply)

Inpatient Care · Pre-authorization required Outpatient Physical, Occupational and Speech Therapy

Up to a combined benefit maximum of 60 visits per Individual per calendar year, whether obtained from an in-network or out-100% 80% of the approved amount of-network provider Medical Case Management (MCM)

\$20 co-payment

\$20 co-payment

100%

Mentai Health and Substance Abuse

Substance abuse treatment

Outpatient Care Mental health care

Northview Public Schools

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.

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 specialy 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, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.

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

Additional Benefits for You

Life Insurance \$5,000 Accidental Death & Dismemberment Insurance (AD&D) \$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.

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

This is a brief summary of the MESSA Choices/Choices II Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800-336-0013.

80% of the approved amount

80% of the approved amount