

MESSA Choices

Medical plan highlights



MESSA Account:Farwell Area Schools

Employee Group: Paraprofessionals, Secretaries, Media Assistants

In-network health care benefits for you and your covered dependents

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

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For complete coverage details, go to messa.org to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
<p>● Annual deductible The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.</p>	\$0 individual / \$0 family
<p>● Medical copayment A fixed amount you pay for a medical visit.</p>	\$5 office visit, \$10 urgent care, \$25 emergency room
<p>● Coinsurance A fixed percentage you pay for a specific medical service after your deductible is met.</p>	0%
<p>● Prescription drug coverage Subject to prescription copayments.</p>	\$10 generic / \$20 brand
<p>● Annual out-of-pocket maximums Medical: The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. Prescription: The most you have to pay for prescription copayments in a calendar year.</p>	<p>Medical: \$1,000 individual / \$2,000 family</p> <p>Prescription: \$1,000 individual / \$2,000 family</p>
Covered service	In-network cost share
<p>Preventive care Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.</p>	No cost to you
<p>Prenatal and postnatal care Prenatal and postnatal doctor visits</p>	Subject to deductible and office visit copayment
<p>Online doctor visit through Amwell</p>	
<p>Office visit</p>	
<p>Osteopathic manipulations Performed by an Osteopathic physician. Up to 38 visits per calendar year.</p>	
<p>Urgent care Copayment waived if services are required to treat a medical emergency or accidental injury.</p>	Subject to deductible and urgent care copayment
<p>Hospital emergency room (ER) Copayment waived if admitted or due to an accidental injury.</p>	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<p>Chiropractic services including modalities Up to 38 visits per calendar year.</p>	Subject to deductible and coinsurance Office visit copayment may apply
<p>Allergy testing and therapy</p>	

Covered service	In-network cost share
Acupuncture Must be performed by an M.D. or D.O.	Subject to deductible and coinsurance Office visit copayment may apply
Mental health and substance abuse - outpatient care	
Mental health and substance abuse - inpatient care	Subject to deductible and coinsurance
Inpatient hospital	
Outpatient physical, occupational and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year.	
Diagnostic lab and X-ray	
Radiation and chemotherapy	
Autism - applied behavior analysis (ABA) services	
Hearing care Hearing related services performed by an M.D. or D.O.	
Hearing aids There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.	
Ambulance	
Bariatric surgery	
Medical supplies	
Durable medical equipment (DME)	
Prosthetics and orthotics	
Home health care	
Skilled nursing facility Up to a maximum of 120 days per calendar year.	
Human organ transplant Must be performed at an approved facility.	
Home delivery of prescription medications	
MESSA members can save time and money by ordering prescription medications through the Express Scripts Pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain all long-term medication from Express Scripts. For more information, go to messa.org to log in to your member account and link to the Express Scripts website. For general questions about your prescription coverage, call MESSA at 800.336.0013 or TTY 888.445.5614. For questions about a prescription order, call Express Scripts at 800.327.9791.	
Medical care outside the U.S.	
MESSA members have access to doctors and hospitals with the BlueCard Worldwide Program. You may want to visit the BlueCard Worldwide program's website (www.bluecardworldwide.com) to find in-network providers prior to your departure.	
Covered services and approved amounts	
In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.	
Out-of-network providers may or may not bill BCBSM 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.	
<i>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.</i>	
Life and accidental death & dismemberment insurance	
Life insurance: \$5,000 for you.	
Accidental death & dismemberment insurance (AD&D): \$5,000 for you.	
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 ends, whichever comes later.	
<i>Life and AD&D insurance underwritten by Life Insurance Company of North America.</i>	

VSP-1 B Benefits

Formerly VSP-1 Bronze



Good health. Good business. Great schools.

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network assures that you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at www.messa.org or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers (Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800.877.7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination <ul style="list-style-type: none"> ■ Optometrist ■ Ophthalmologist 	\$10 copayment	\$15
Contacts (includes lenses, examination and fitting) <ul style="list-style-type: none"> ■ Elective lenses to improve vision ■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> 	\$85 allowance	\$65
Eyeglass frames	\$130 allowance	\$8
Eyeglass lenses <ul style="list-style-type: none"> ■ Single vision ■ Bifocal ■ Trifocal ■ Lenticular 	\$25 copayment	\$20 \$24 \$30 \$40
Eyeglass lens enhancements <ul style="list-style-type: none"> ■ Pink #1 or #2 tint ■ Rimless 	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
<ul style="list-style-type: none"> ■ Oversize ■ Blended ■ Photochromic ■ Progressive ■ Tinted <ul style="list-style-type: none"> ● Single vision ● Bifocal ● Trifocal ● Lenticular ■ Polarized <ul style="list-style-type: none"> ● Single vision ● Bifocal ● Trifocal ● Lenticular 	Not covered (discounts may apply)	Not covered

MESSA Group Term Life Insurance Benefit Highlights

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MESSA Account: Farwell Area Schools

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Effective Date: 11-1-17

*This is a brief summary of your coverage available under MESSA's Group Term Life and AD&D policy.
 Please refer to your Life & Accident Insurance Certificate Booklet for complete information.*

Feature	Definition	Your Coverage
Group Term Life Insurance	The amount of your Group Term Life Insurance coverage.	\$ 20,000
Group AD&D Insurance	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	\$ 20,000
Group Dependent Term Life Insurance: SPOUSE	This provides a life benefit equal to 50% of the member's benefit (not to exceed \$25,000) for the spouse and does not contain AD&D benefits.	\$ 0.00
Group Dependent Term Life Insurance: CHILD(REN)	This provides a life benefit equal to 25% of the member's benefit (not to exceed \$12,500) for all eligible children and does not contain AD&D benefits.	\$ 0.00

It is important to note that Group Term Life Insurance in excess of \$50,000 and Group Dependent Term Life Insurance (if the benefit exceeds \$2,000) are taxable benefits.