

**MESSA In-Network Plan Comparison - Effective 1/1/2023**  
**Waterford School District - All Employees**

	<b>MESSA ABC Plan 1 \$1,500/\$3,000 HSA 0% MESSA ABC Rx</b>	<b>MESSA ABC Plan 1 \$1,500/\$3,000 HSA 20% MESSA ABC Rx</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% MESSA ABC Rx</b>
<b>In-Network Cost Share After Deductible</b>			
Deductible	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	20%	10%
Blue Cross online visit copay/coinsurance	0%	20%	10%
Office visit copay/coinsurance	0%	20%	10%
Specialist visit copay/coinsurance	0%	20%	10%
Urgent care copay/coinsurance	0%	20%	10%
Emergency room copay/coinsurance	0%	20%	10%
Total out-of-pocket maximum	\$2,500/\$5,000	\$3,500/\$7,000	\$4,000/\$7,500
<b>Certain Benefit Differences</b>			
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 80% after deductible	Up to 38 visits per calendar year, including therapeutic massage; Covered 90% after deductible
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible	Up to 38 visits per calendar year; Covered 80% after deductible	Up to 38 visits per calendar year; Covered 90% after deductible
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 80% after deductible	Up to a combined 60 visits per calendar year; Covered 90% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 80% after deductible	Covered 90% after deductible
Acupuncture	Covered 100% after deductible	Covered 80% after deductible	Covered 90% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 80% up to a maximum benefit after deductible	Covered 90% up to a maximum benefit after deductible

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<b>Prescription Drugs</b>	<b>MESSA ABC Rx (after deductible)</b>	<b>MESSA ABC Rx (after deductible)</b>	<b>MESSA ABC Rx (after deductible)</b>
<b>34-day supply</b>			
Generic drug	Free, \$2 or \$10	Free, \$2 or \$10	Free, \$2 or \$10
Preferred brand drug	Free, \$20 or \$40	Free, \$20 or \$40	Free, \$20 or \$40
Non-preferred brand drug			
<b>90-day supply</b>			
Generic drug, Preferred brand drug, Non-preferred brand drug	2x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Available via retail or mail order	2x copay of applicable 34-day supply; Available via retail or mail order
<b>Additional Rx Information</b>			
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible	Affordable Care Act (ACA) Free Preventive Drug Coverage and the extended list of ABC Free Preventive Prescriptions; These are FREE before you pay your deductible

~ For Saver Rx and ABC Rx, the reduced cost Generic drugs at \$2 and Brand Name drugs at \$20, include medications for Asthma, Diabetes, Coronary Artery Disease, High Blood Pressure and High Cholesterol.

~ The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 to remain HSA-compatible according to IRS rules governing HSAs.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.

Information on this document is a general overview. Refer to MESSA.org and the plan booklets for additional information.