

MESSA In-Network Plan Comparison - Effective 1/1/2024

Anchor Bay Schools - **004H Paraprofessionals**

| | MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% 3-Tier Rx | MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx | MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 3-Tier Rx |
|---|---|---|--|
| Employee Monthly Premium Share - 2024 Hard Cap and 0% Medical Discount | | | |
| Single | \$86.35 | \$38.91 | \$0.00 |
| 2person | \$296.14 | \$189.42 | \$58.69 |
| Family | \$288.45 | \$155.63 | \$0.00 |
| In-Network Cost Share After Deductible | | | |
| Deductible | \$1,600/\$3,200 | \$2,000/\$4,000 | \$2,000/\$4,000 |
| Coinsurance | 0% | 0% | 20% |
| Teladoc Health 24/7 and mental health | 0% | 0% | 20% |
| Teladoc Health primary care visit | 0% | 0% | 20% |
| Office visit | 0% | 0% | 20% |
| Specialist visit | 0% | 0% | 20% |
| Urgent care | 0% | 0% | 20% |
| Emergency room | 0% | 0% | 20% |
| Total out-of-pocket maximum | \$3,600/\$7,200 | \$4,000/\$8,000 | \$5,000/\$8,050 |
| Certain Benefit Differences | | | |
| Chiropractic manipulations | 38 visits per calendar year, including therapeutic massage; 100% after deductible | 38 visits per calendar year, including therapeutic massage; 100% after deductible | 38 visits per calendar year, including therapeutic massage; 80% after deductible |
| Osteopathic manipulations | 38 visits per calendar year; 100% after deductible | 38 visits per calendar year; 100% after deductible | 38 visits per calendar year; 80% after deductible |
| Outpatient physical, occupational and speech therapy | 60 visits combined per calendar year; 100% after deductible | 60 visits combined per calendar year; 100% after deductible | 60 visits combined per calendar year; 80% after deductible |
| Bariatric surgery | 100% after deductible | 100% after deductible | 80% after deductible |
| Acupuncture | 100% after deductible | 100% after deductible | 80% after deductible |
| Hearing aids | 100% up to a maximum benefit after deductible | 100% up to a maximum benefit after deductible | 80% up to a maximum benefit after deductible |
| Prescription Drugs | 3-Tier Rx (after deductible) | 3-Tier Rx (after deductible) | 3-Tier Rx (after deductible) |
| Up to a 34-day supply | | | |
| Generic | 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) |
| Nonpreferred brand | 20% coinsurance (\$60 min - \$100 max) | 20% coinsurance (\$60 min - \$100 max) | 20% coinsurance (\$60 min - \$100 max) |
| Preferred specialty (includes generic and Nonpreferred specialty) | Specialty drugs included in one of the above pricing categories | Specialty drugs included in one of the above pricing categories | Specialty drugs included in one of the above pricing categories |
| 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 |
| Additional Information | | | |

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|---|---|---|---|
| Employee Monthly Premium Share - 2024 Hard Cap and 0% Medical Discount | | | |
| Single | \$86.45 | \$39.01 | \$0.00 |
| 2person | \$296.38 | \$189.66 | \$58.93 |
| Family | \$288.73 | \$155.91 | \$0.00 |
| Free preventive drug lists | Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible | Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible | Affordable Care Act (ACA) Free Preventive Drug Coverage and the Expanded Free Preventive Drug List; These are FREE before you pay your deductible |
| Supplemental Plans | Not included | Not included | Not included |

~ The MESSA rate includes the \$1.50 PMPM cost for Basic Term Life.

~ Premium shares are estimates only, please refer to your business office for exact amounts.

~ 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, Heather Scott, 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.