

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

**Jenison Public Schools - 622D FT & PT Teachers & Health Prof**

	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% MESSA ABC Rx Mandatory Mail <b>A</b>	MESSA ABC Plan 1 \$1,600/\$3,200 HSA 10% 3-Tier Rx with Mandatory Mail <b>C</b>	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% 3-Tier Rx with Mandatory Mail <b>D</b>
<b>In-Network Cost Share After Deductible</b>			
Deductible	\$1,600/\$3,200	\$1,600/\$3,200	\$2,000/\$4,000
Coinsurance	0%	10%	10%
Teladoc Health virtual 24/7 care for minor illnesses, injuries and mental health copay/coinsurance	0%	10%	10%
Teladoc Health virtual primary care visit copay/coinsurance	0%	10%	10%
Office visit copay/coinsurance	0%	10%	10%
Specialist visit copay/coinsurance	0%	10%	10%
Urgent care copay/coinsurance	0%	10%	10%
Emergency room copay/coinsurance	0%	10%	10%
Total out-of-pocket maximum	\$2,600/\$5,200	\$4,600/\$8,050	\$5,000/\$8,050
<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 90% 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 90% 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 90% after deductible	Up to a combined 60 visits per calendar year; Covered 90% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 90% after deductible	Covered 90% after deductible
Acupuncture	Covered 100% after deductible	Covered 90% after deductible	Covered 90% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 90% up to a maximum benefit after deductible	Covered 90% up to a maximum benefit after deductible
<b>Employee Cost (Premium)</b>	<b>\$508 / \$2366 / \$1984</b>	<b>\$0 / \$338.86 / \$0</b>	<b>\$0</b>
<b>District HSA Contribution</b>	<b>\$0</b>	<b>\$392 / \$0 / \$539</b>	<b>\$842 / \$673 / \$1799</b>



**MESSA In-Network Plan Comparison - Effective 1/1/2024**  
**Jenison Public Schools - 622D FT & PT Teachers & Health Prof**

	<b>MESSA ABC Plan 1 \$1,600/\$3,200 HSA 0% MESSA ABC Rx Mandatory Mail</b>	<b>MESSA ABC Plan 1 \$1,600/\$3,200 HSA 10% 3-Tier Rx with Mandatory Mail</b>	<b>MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% 3-Tier Rx with Mandatory Mail</b>
<b>Prescription Drugs</b>	<b>MESSA ABC Rx Mandatory Mail (after deductible)</b>	<b>3-Tier Rx with Mandatory Mail (after deductible)</b>	<b>3-Tier Rx with Mandatory Mail (after deductible)</b>
<b>Up to a 34-day supply</b>			
Generic drugs	Free, \$2 or \$10	Free or \$10	Free or \$10
Preferred brand-name drugs	\$20 or \$40	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand-name drugs		20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
Preferred specialty drugs (includes generic specialty and preferred brand 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
Nonpreferred specialty drugs			
<b>90-day supply</b>			
Generic drugs, Preferred brand-name drugs, Nonpreferred brand-name drugs	2x 1-month supply; Only available via mail order	2.5x 1-month supply; Only available via mail order	2.5x 1-month supply; Only available via mail order
<b>Additional Information</b>			
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

~ 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 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, Jacqueline Mast, 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.