

# MESSA In-Network Plan Comparison - Effective 1/1/2025

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

	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% MESSA ABC Rx Mandatory <b>PAK A</b> Mail	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 5-Tier Rx with Mandatory <b>PAK C</b> Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% 5-Tier Rx with Mandatory <b>PAK D</b> Mail
<b>In-Network Cost Share After Deductible</b>			
Deductible	\$1,650/\$3,300	\$1,650/\$3,300	\$2,000/\$4,000
Coinsurance	0%	0%	10%
Teladoc 24/7 care for minor illnesses, injuries and mental health	0%	0%	10%
Teladoc Health virtual primary care	0%	0%	10%
Office visit	0%	0%	10%
Specialist visit	0%	0%	10%
Urgent care	0%	0%	10%
Emergency room	0%	0%	10%
Total out-of-pocket maximum	\$2,650/\$5,300	\$3,650/\$7,300	\$5,000/\$8,300
<b>Certain Benefit Differences (cost share is applied after deductible is met)</b>			
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 90% after ded.
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 90% after ded.
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 90% after ded.
Bariatric surgery	100% after ded.	100% after ded.	90% after ded.
Acupuncture	100% after ded.	100% after ded.	90% after ded.
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	90% up to a max. benefit after ded.

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	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% MESSA ABC Rx Mandatory Mail	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 5-Tier Rx with Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% 5-Tier Rx with Mandatory Mail
Prescription Drugs	MESSA ABC Rx Mandatory Mail (after deductible)	5-Tier Rx with Mandatory Mail (after deductible)	5-Tier Rx with Mandatory Mail (after deductible)
Up to a 34-day supply			
Generic	Free, \$2 or \$10	Free or \$10	Free or \$10
Preferred brand	\$20 or \$40	\$40	\$40
Nonpreferred brand		\$80	\$80
Preferred specialty (generic specialty and brand specialty)	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty		20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)
90-day supply			
Generic, Preferred brand, Nonpreferred brand	2x 1-month supply; Mail order only	3x 1-month supply; Mail order only	3x 1-month supply; Mail order only
Additional Information			
Free preventive drug list(s)	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included

ACA = Affordable Care Act

~ 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, Jacqui 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.