MESSA Choices/Choices II
Medical Plan Highlights

MESSA
Good health. Good business. Great schools.
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Southfield Public Schools
Teachers, Paraprofessionals, Office Personnel

MESSA Choices/Choices II $500/$1,000 In-Network $1,000/$2,000 Out-of-Network Deductible $20 Office Visit MESSA Saver Rx (7F)

Health Care Benefits for You and Your Covered Dependents

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

	In-Network	Out-of-Network
■ **Annual Deductible** Applies to all services except specific preventive care and prescription drugs (which are covered under Rx program)	$500 / $1,000	$1,000 / $2,000
■ **Annual Out-of-pocket Maximum** Applies to copayments and coinsurance, except prescription drug copayments, which are subject to a separate out-of-pocket maximum. Charges above the approved amount and for services not covered under the medical plan are also excluded.	$1,000 individual / $2,000 family (plus your plan deductible)	$2,000 individual / $4,000 family (plus your plan deductible)
■ **Lifetime Benefit Maximum**	Unlimited	Unlimited

Type of Service	In-Network Provider *(after deductible)*	Out-of-Network Provider *(after deductible)*
Office Visits (except preventive and prenatal care)	$20 co-payment	80% of the approved amount
Prescription Drug Coverage (mail order available) (subject to $1,000 ind. & $2,000 family copayment max)	MESSA Saver Rx	75%, minus the copayment
Inpatient Hospital ■ Semi-private room and board *(includes supplies and services)* ■ Physician charges	100%	80% of the approved amount
Surgical Services *Includes* : surgeon, assistant surgeon and anesthesiologist charges	100%	80% of the approved amount
Hospital Emergency Room (ER) *copayment waived if admitted or due to accidental injury* ■ Hospital Charges	$50 co-payment	$50 co-payment
■ ER Physician Charges	100%	80% of the approved amount
Urgent Care *copayment waived if services are required to treat a medical emergency or accidental injury*	$25 co-payment	80% of the approved amount
Preventive Care - www.messa.org/FreePreventiveCare Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a public health department or at a MESSA-sponsored event are considered in-network.	100% No deductible No Copayments	Not Covered *(Except for mammograms)*

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Continued

Type of Service	In-Network Provider *(after deductible)*	Out-of-Network Provider *(after deductible)*
Chiropractic Services including Modalities Up to 38 visits *(combination of in-network and out-of-network visits)* per calendar year	100%	80% of the approved amount
Diagnostic Lab & X-Ray	100%	80% of the approved amount
Radiation & Chemotherapy	100%	80% of the approved amount
Allergy Testing & Therapy	100%	80% of the approved amount
Additional Covered Services ■ Medical Supplies and Equipment ■ Ambulance ■ Hearing Care *(plan limits apply)* ■ Skilled Nursing Facility ■ Hospice ■ Home Health Care ■ Human Organ Transplant - when authorized and performed at an approved facility *(plan limits apply)*	100%	100% of the approved amount In-network deductible applies when there is no network for services
Mental Health and Substance Abuse		
Outpatient Care ■ Mental health care ■ Substance abuse treatment	$20 co-payment $20 co-payment	80% of the approved amount
Inpatient Care ■ Pre-authorization required	100%	80% of the approved amount
Outpatient Physical, Occupational & Speech Therapy Up to a combined benefit maximum of 60 visits per member per calendar year, whether obtained from an in-network or out-of-network provider	100%	80% of the approved amount

■ Medical Case Management (MCM)

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ MESSA Help Lines - NurseLine and Healthy Expectations

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specialy trained Registered Nurse who can answer your medical questions and provide health related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

■ Covered Services and Approved Amounts

In-network providers bill BCBSM and MESSA directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan copayment requirements. Out-of-network providers may or may not bill BCBSM or MESSA 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.

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Additional Benefits for You

Life Insurance - $5,000

Accidental Death & Dismemberment Insurance (AD&D) $5,000

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 terminates, whichever happens last.

Life and AD&D insurance underwritten by Life Insurance Company of North America.

This is a brief summary of the MESSA Choices/Choices II Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800-336-0013.

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