

MESSA Choices II Plan Summary of Benefits



Support Staff
MESSA
www.messa.org

Health Care Benefits for You and Your Covered Dependents

All services must be medically necessary.

Plan Maximums

	In-Network	Out-of-Network
■ Deductible (per calendar year)	None	\$250 individual / \$500 family
■ Co-payment (not all out-of-pocket expenses accrue towards this maximum)	None	\$2,000 individual/\$4,000 family
■ Lifetime Benefit	Unlimited	Unlimited

Type of Service

	In-Network Provider	Out-of-Network Provider (after deductible)
Office Visits	\$5 co-payment	80% of the approved amount
Inpatient Hospital		
■ Semi-private room and board (includes supplies and services)	100%	80% of the approved amount
■ Physician Charges		
Surgical Services <i>Includes: surgeon, assistant surgeon and anesthesiologist charges.</i>	100%	80% of the approved amount
Hospital Emergency Room (ER) - Co-payment and deductible waived if admitted or due to accidental injury		
■ Hospital Charges	\$25 co-payment	\$25 co-payment
■ ER Physician Charges	\$5 co-payment	80% of the approved amount
Urgent Care - Co-payment and deductible waived if admitted or due to accidental injury	\$10 co-payment	80% of the approved amount
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
Preventive Care		
■ Well baby and well child care visits: <ul style="list-style-type: none"> ◦ 6 visits per year through age 1 ◦ 2 visits per year - ages 2 and 3 ◦ 1 visit per year - ages 4 through 15 	100%	Not Covered
■ Immunizations - up to the age recommended by the Advisory Committee on Immunization Practices		
■ Cancer Screenings		
■ Health Maintenance Exam - age 16 through adult, 1 per year		
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

Type of Service

In-Network Provider

Out-of-Network Provider
(after deductible)

Additional Covered Services

■ Medical Supplies and Equipment		
■ Ambulance		
■ Hearing Care <i>(plan limits apply)</i>	100%	100% of the approved amount
■ Skilled Nursing Facility		
■ Hospice		
■ Home Health Care		
■ Human Organ Transplant - when authorized and performed at an approved facility <i>(plan limits apply)</i>		

Mental Health and Substance Abuse

Outpatient Care

■ Mental health care - combined limit of 50 in-network and out-of-network visits per member, per calendar year	90%	80% of the approved amount
■ Substance abuse treatment - care must be provided in a licensed substance abuse facility.		

Inpatient Care

■ Pre-authorization required	100%	80% of the approved amount
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Outpatient Physical and 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
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■ **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 these difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. Check your Collective Bargaining Agreement.

■ **MESSA Help Lines**

Plan participants have access to two 24-hour, seven-days-a-week, telephone help lines: NurseLine for general medical information and Healthy Expectations which is a prenatal information program for expectant mothers. Both help lines are staffed by specially trained Registered Nurses who can answer your medical questions and provide health related information. These services are not intended to replace regular medical care by a doctor or other qualified medical professional. To access NurseLine or Healthy Expectations, call 800.414.2014.

■ **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 co-payment requirements.

Out-of-Network providers may or may not bill BCBSM or MESSA directly. The member is responsible to the provider for any deductibles, co-payments and amounts that are in excess of the approved amount for the service as predetermined by MESSA and BCBSM. These amounts may be substantial.

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

Additional Benefits for You

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

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

This is a brief summary of the MESSA Choices II Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.292.4910.

