

# MESSA Choices/Choices II Medical Plan Highlights



Good health. Good business. Great schools.

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## Redford Union Schools Teachers

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
<b>■ Annual Deductible</b> Applies to all services except specific preventive care and prescription drugs (which are covered under Rx program)	\$500 / \$1,000	\$1,000 / \$2,000
<b>■ Annual Out-of-pocket Maximum</b> 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)
<b>■ Lifetime Benefit Maximum</b>	Unlimited	Unlimited
<b>Type of Service</b>	<b>In-Network Provider (after deductible)</b>	<b>Out-of-Network Provider (after deductible)</b>
<b>Office Visits (except preventive and prenatal care)</b>	\$20 co-payment	80% of the approved amount
<b>Prescription Drug Coverage (mail order available)</b> (subject to \$1,000 ind. & \$2,000 family copayment max)	MESSA Saver Rx	75%, minus the copayment
<b>Inpatient Hospital</b>		
<ul style="list-style-type: none"> <li>■ Semi-private room and board (<i>includes supplies and services</i>)</li> <li>■ Physician charges</li> </ul>	100%	80% of the approved amount
<b>Surgical Services</b> <i>Includes: surgeon, assistant surgeon and anesthesiologist charges</i>	100%	80% of the approved amount
<b>Hospital Emergency Room (ER)</b> <i>copayment waived if admitted or due to accidental injury</i>	\$50 co-payment	\$50 co-payment
<ul style="list-style-type: none"> <li>■ Hospital Charges</li> <li>■ ER Physician Charges</li> </ul>	100%	80% of the approved amount
<b>Urgent Care</b> <i>copayment waived if services are required to treat a medical emergency or accidental injury</i>	\$25 co-payment	80% of the approved amount
<b>Preventive Care - <a href="http://www.messa.org/FreePreventiveCare">www.messa.org/FreePreventiveCare</a></b>		
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 ( <i>Except for mammograms</i> )

DATE PREPARED: September 1, 2015

**Redford Union Schools**

**Teachers**

*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 specially 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 EverLife 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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# MESSA Dental Plans



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**MESSA Account:** Redford Union Schools

**Employee Group:** Teachers

**Group/Subgroup:** 6496-0009

## Plan Guidelines

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting [www.messa.org](http://www.messa.org) and using the provider directory search provided by Delta Dental.

### Diagnostic & Preventive Services

90 %

- Oral Examination
- Prophylaxes
- Topical Fluoride
- Brush Biopsy
- Emergency Palliative
- Two Cleanings in 12 Months

#### RIDER

(If neither box below is checked, you do not have this coverage.)

3 Cleanings in 12 Months

4 Cleanings in 12 Months

### Basic Services

90 %

- Radiographs (x-rays)\*
- Restorative
- Crowns\*\*
- Oral Surgery
- Endodontic Services — treatment for diseased or damaged nerves.
- Periodontic Services — treatment for diseases of the gum and teeth-supporting structures.

\* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.

\*\* Payable once in any five-year period on the same tooth.

#### RIDER

(If the box below is not checked, you do not have this coverage.)

- Sealants — payable on occlusal surface of first permanent molars for patients up to age nine and for second permanent molars for patients up to age 14 that are free from caries and restorations.

### Major Services

80 %

- Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures.
- Payable once in any 5 year period for the same appliances.

### Orthodontics

50 %

- Necessary treatment and procedures required for the correction of abnormal bite.
- Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services.

#### RIDER

(If the box below is not checked, you do not have this coverage.)

- Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.

\$ 1,200 annual maximum per person  
Diagnostic & Preventive Services, Basic Services, and Major Services

\$ 1,200 lifetime maximum per person  
Orthodontics

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.



## Panel Providers

When you see a MESSA VSP participating panel provider for services which are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for the covered charges. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP panel providers is available on the Web at [www.messa.org](http://www.messa.org) > Members > Provider Search > Find an Eye Doctor.

## Non-Panel Providers Maximum Reimbursement to Patient

Non-panel providers are providers who do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames which are obtained from a non-panel (non-participating) provider are subject to a maximum reimbursement. Members and dependents who choose to see a non-panel provider must pay the provider and submit an itemized receipt to VSP for reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Features	VSP-3 Panel Provider	VSP-3 Non-Panel Provider
<b>Exam Deductible</b>		
■ Optometrist	No Deductible	\$35 max
■ Ophthalmologist		\$45 max
<b>Contact Lens Allowance (includes exam)</b>		
■ Cosmetic (Elective)	\$115	\$115 max
■ Disposable		
<b>Frame Allowance</b>	\$65	<b>\$55 max</b>
<b>Lenses</b>		
■ Single Vision		\$ 38 max
■ Bifocal	Covered	\$ 60 max
■ Trifocal		\$ 72 max
■ Lenticular		\$108 max
<b>Extra Lens Features</b>		
■ Pink #1 or #2 tint	Covered	
■ Rimless		**
■ Oversize		
■ Blended		
■ Progressive	Not Covered	
<b>Tinted</b>		
● Tinted Single Vision		\$ 42 max
● Tinted Bifocal	Covered	\$ 70 max
● Tinted Trifocal		\$ 84 max
● Tinted Lenticular		\$118 max
<b>Polarized</b>		
● Polarized Single Vision		\$ 56 max
● Polarized Bifocal	Covered	\$ 90 max
● Polarized Trifocal		\$110 max
● Polarized Lenticular		\$138 max

**\*\*Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement. The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount.**





# MESSA Saver Rx

## BENEFITS AT A GLANCE

The **MESSA Saver Rx** drug program is designed to help MESSA members save money and stay healthy by providing discounted copayments on more than a hundred maintenance drugs prescribed for chronic conditions. **MESSA Saver Rx** will also reduce health care costs over the long term for our members and for their MESSA health plans by providing lower copayments for prescription drugs that are critical to managing chronic conditions and symptoms.

With **MESSA Saver Rx**, copayments range from \$0 to \$40 (and more than \$40 if a patient insists on purchasing a brand name when a generic is available and medically appropriate). **MESSA Saver Rx** provides many cost-effective strategies that help you save money by giving you the power to reduce your copayments and limit your out-of-pocket costs while supporting your good health. Talk with your doctor about generic options, including “therapeutic alternatives,” and ask for 90-day prescriptions for maintenance medications.

## 8 Ways to Save

- 1** FREE generic contraceptives for women as well as other free preventive medications mandated by federal law.
- 2** \$2 copayment for up to a 34-day supply of generic maintenance medications for specific chronic conditions and diseases, including more than a hundred generics used to treat asthma, diabetes, high blood pressure and high cholesterol.
- 3** \$10 copayment for up to a 34-day supply of all other generics.
- 4** \$10 copayment for up to a 34-day supply of Over-the-Counter (OTC) medications used to treat heartburn and seasonal allergies. A prescription for the OTC drug is required and must be presented and filled at the pharmacy counter in order to be covered. You pay only a \$10 copayment and the pharmacy will bill your health plan. Covered OTC drugs are: Allegra®, Allegra D®, Prilosec®, Prevacid®, Zegerid®, Claritin®, Claritin D®, Zyrtec® and Zyrtec D®.
- 5** \$20 copayment (reduced from \$40) for up to a 34-day supply for specific brand name maintenance drugs used to treat diabetes and asthma. For diabetes, covered drugs are Insulin and Glucagon emergency kits. For asthma, covered drugs are fast-acting and long-lasting inhalers and Zyflo® and Zyflo CR®.
- 6** \$40 copayment for up to a 34-day supply of brand name drugs when no generic exists. You can reduce your brand name copayment by asking your doctor for a 90-day prescription and about generic “therapeutic alternatives.”
- 7** Whenever possible choose generics. There is a \$40 copayment plus the difference between the BCBSM-approved amount and the retail cost of the drug (which can be substantial) when the patient insists on a brand name drug when a generic is available and medically appropriate.
- 8** Save with a 90-day retail network pharmacy or Express Scripts by mail. Most Michigan pharmacies participate in the BCBSM/MESSA 90-day retail network. Fill a 90-day prescription and only pay two copayments—saving a full copayment every three months. Important note: See #7 above.  
  
Similar to purchasing from a 90-day retail network pharmacy, Express Scripts provides a 90-day supply (with a 90-day prescription) for the price of two copayments. Full details on mail order purchasing are available in the Pharmacy/Prescriptions area at [www.messa.org](http://www.messa.org). Important note: See #7 above.



## MESSA Saver Rx:

### *Important Notes and Additional Information*

1. Prescriptions are free for women's generic contraceptives, select smoking cessation products (subject to certain requirements) and other preventive medications mandated by federal law.
2. There are more than a hundred generic prescription drugs that are eligible for the \$2 copayment provision in **MESSA Saver Rx**. The list can change daily as new generics come to market. Because of the large size of the list and its quick-changing nature, as a member convenience MESSA defines the list of drugs eligible for the \$2 copayment based on the medical condition and by large "therapeutic classes" of generics. The conditions and therapeutic classes are listed below:
  - a. Asthma
    - Sympathomimetic agents
  - b. Diabetes
    - Antidiabetic agents
  - c. High blood pressure, high cholesterol and coronary artery disease
    - ACE Inhibitors
    - Alpha Beta Blockers
    - Beta Blockers
    - Calcium Channel Blockers
    - Cardiac Drugs, NEC
    - Loop Diuretics
    - Potassium Sparing Diuretics
    - Thiazide Diuretics
3. Patients cannot combine a coupon or other manufacturer offer with Over-the-Counter drugs (Allegra, Allegra D, Prilosec, Prevacid, Zegerid, Claritin, Claritin D, Zyrtec and Zyrtec D) covered by the \$10 copayment. A prescription for the OTC drug is required and must be presented and filled at the pharmacy counter in order to be covered. This list may be updated over time due to market changes.
4. MESSA Saver Rx includes an annual \$1,000 per person/\$2,000 per family copayment maximum. When a generic is available and the member insists on the brand name drug, the charges above the \$40 brand name copayment do not count toward the annual maximum.
5. Plan coverage is available at out-of-state pharmacies associated with Express Scripts. If a member is outside of Michigan and needs to fill a prescription, she should call ahead or ask the pharmacists to make sure the pharmacy participates with Express Scripts. MESSA members can also search for a participating pharmacy at [www.messa.org](http://www.messa.org) or call the MESSA Member Service Center at 800.336.0013.
6. If a member's physician writes DAW for a brand name when a generic is available, the member could incur substantial costs above the copayment amount. The physician may request an exception for the patient to take the brand name by submitting documentation that the patient has tried the generic and it is not appropriate because of side effects or because it is ineffective.

The information in this program overview of the **MESSA Saver Rx** plan is intended to be general in nature and not definitive. If you have specific questions about plan coverage under **MESSA Saver Rx**, please call MESSA's award-winning Member Service Center at 800.336.0013.



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