

# MESSA Choices II Plan Summary of Benefits



**MESSA**  
www.messa.org

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## 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>Deductible Maximum</b> ( <i>per calendar year</i> ) Applies to all services except preventive care and prescription drugs	For your specific plan information check the "My Benefits" link in the Member section of the home page at <a href="http://www.messa.org">www.messa.org</a> . This information is also available at your Business Office and in your Collective Bargaining Agreement, if applicable.	
<b>Out-of-pocket Maximum</b> ( <i>per calendar year</i> ) Excludes deductibles, flat-dollar co-payments, charges above the approved amount, charges for services not covered under the plan	None - due to minimal co-payments and 100% coverage for most services	\$2,000 individual / \$4,000 Family
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
<b>Office Visits</b>	Various options are available	80% of the approved amount
<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) - Co-payment and deductible waived if admitted or due to accidental injury</b> <ul style="list-style-type: none"> <li>■ Hospital Charges</li> </ul>	Various options are available	Various options are available
<ul style="list-style-type: none"> <li>■ ER Physician Charges</li> </ul>	Various options are available	80% of the approved amount
<b>Urgent Care - Co-payment and deductible waived if admitted or due to accidental injury</b>	Various options are available	80% of the approved amount
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>■ Well baby and well child care visits:                             <ul style="list-style-type: none"> <li>● 6 visits from birth through 12 months</li> <li>● 6 visits from 13 months through 23 months</li> <li>● 2 visits from 24 months through 35 months</li> <li>● 2 visits from 36 months through 47 months</li> <li>● 1 visit per birth year for children 48 months through age 15</li> </ul> </li> <li>■ Childhood and Adult Immunizations - As recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics</li> <li>■ Cancer Screenings</li> <li>■ Health Maintenance Exams - age 16 through adult, 1 per calendar year</li> </ul>	100% No deductible  <i>(Adult Immunizations are covered via rider only)</i>	Not Covered <i>(except for mammograms)</i>
<b>Chiropractic Services including Modalities</b> Up to 38 visits ( <i>combination of in-network and out-of-network visits</i> ) per calendar year	100%	80% of the approved amount

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
<b>Diagnostic Lab &amp; X-Ray</b>	100%	80% of the approved amount
<b>Radiation &amp; Chemotherapy</b>	100%	80% of the approved amount
<b>Allergy Testing &amp; Therapy</b>	100%	80% of the approved amount
<b>Additional Covered Services</b>	100%	100% of the approved amount* In-network deductible applies when there is no network for services
<ul style="list-style-type: none"> <li>■ Medical Supplies and Equipment</li> <li>■ Ambulance</li> <li>■ Hearing Care (<i>plan limits apply</i>)</li> <li>■ Skilled Nursing Facility</li> <li>■ Hospice</li> <li>■ Home Health Care</li> <li>■ Human Organ Transplant - when authorized and performed at an approved facility (<i>plan limits apply</i>)</li> </ul>		
<b>Mental Health and Substance Abuse</b>		
<b>Outpatient Care</b> <ul style="list-style-type: none"> <li>■ Mental health care - combined limit of 50 in-network and out-of-network visits per member, per calendar year</li> <li>■ Substance abuse treatment - care must be provided in a licensed substance abuse facility</li> </ul>	90%	80% of the approved amount
<b>Inpatient Care</b> <ul style="list-style-type: none"> <li>■ Pre-authorization required</li> </ul>	100%	80% of the approved amount
<b>Outpatient Physical and Speech Therapy</b> 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 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. For your specific plan information check the "My Benefits" link in the Member section of the home page at [www.messa.org](http://www.messa.org). This information is also available at your Business Office and in your Collective Bargaining Agreement, if applicable.

■ **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 800.336.0013.**