MESSA Choices/Choices II
Medical Plan Highlights

Good health. Good business. Great schools.
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Birmingham Public 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 with XVA-2 Rider (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
■ **Deductible Maximum** *(per calendar year)* Applies to all services except preventive care and prescription drugs	$500 / $1,000	$1,000 / $2,000
■ **Out-of-pocket Maximum** *(per calendar year)* Excludes deductibles, flat-dollar co-payments, charges above the approved amount, charges for services not covered under the plan	None - due to minimal copayments and 100% coverage for most services	$2,000 individual / $4,000 Family
■ **Lifetime Benefit Maximum**	Unlimited	Unlimited

Type of Service	In-Network Provider *(after deductible)*	Out-of-Network Provider *(after deductible)*
Office Visits	$20 co-payment	80% of the approved amount
Prescription Drug Coverage (mail order available)	MESSA Saver Rx	75%, minus the co-payment
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) *Co-payment 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 *Co-payment waived if services are required to treat a medical emergency or accidental injury*	$25 co-payment	80% of the approved amount
Preventive Care ■ Preventive Care - List of covered screenings as recommended by the U.S. Preventive Services Task Force ■ Pediatric Preventive Care ■ Childhood Immunizations - age 0 - 6* ■ Childhood Immunizations - age 7 - 18* ■ Adult Immunizations*	100% No deductible No Copayments	Not Covered *(Except for mammograms)*

**Immunizations provided by a Public Health Department or at a MESSA-sponsored event are considered in-network*

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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 these 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 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 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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Understanding How Your MESSA Choices/Choices II Deductibles Work

Your MESSA Choices/Choices II plan may have a new rider that introduces an in-network deductible and modifies the out-of-network deductible. Following is important information on how these new riders work:

- Deductible year: January 1 through December 31.
- Preventive care, cancer screenings, and prescription drugs are not subject to the in-network deductible. All other in-network services are subject to the in-network deductible.
  - For services where there is no network, the in-network deductible will apply.
  - Copayments do not accrue to the deductible.
- In certain emergency situations, Office Visit, Urgent Care and Emergency Room copayments may be waived (e.g., you are admitted to the hospital from the emergency room). However, the annual deductible will still apply.
  - ***Example:*** You have a $200 deductible, go to the emergency room and are admitted to the hospital. Your $50 emergency room copayment will be waived, but if you have not already met your $200 in-network deductible, you will be responsible for that.
- If the plan deductible increases during the calendar year, any deductible held to date during the calendar year will be applied to help satisfy the new deductible for the remainder of that calendar year. Each January 1st the entire deductible will need to be met before benefits are payable.
  - If moving from a Traditional to a PPO plan, the deductible will be applied on the in-network side.
  - If moving from one deductible level to another, both in- and out-of-network deductibles will be applied to the new level.
- The in-network deductible has a *carry-over* provision: Services incurred and applied to the calendar year deductible in October, November and December "carry-over" to help satisfy the in-network deductible for the next calendar year. There is ***no*** carry-over provision for out-of-network deductible.

- In-network and out-of-network deductibles are always separate. In-network deductible amounts *are not* credited to the out-of-network deductible. Out-of-network deductible amounts are credited to the in-network deductible if the in-network deductible has not been previously satisfied.
- You should always check with out-of-network providers to ensure that, at the very least, they participate with Blue Cross Blue Shield of Michigan (BCBSM). **Non-participating providers have no contract with BCBSM and can "balance bill" you — the additional out-of-pocket costs can be significant.**
- Adult Immunization coverage is included in all of the deductible and copayment riders. They are considered preventive and are not subject to the deductible. Adult Immunization guidelines can be found at the following link:

  http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf

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For questions about your MESSA health plans call MESSA Member Services at 800.336.0013 or call your local MESSA Field Representative at 800.292.4910