

# MESSA ABC Plan 3

## Medical Plan Highlights

**messa ABC**  
ACCOUNT-BASED CHOICES

All services must be medically necessary, performed by a qualified provider, and covered under the plan.

	In-Network		Out-of-Network	
<b>■ Annual Deductible</b> Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. By federal law, when two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.	Single Coverage	2-Person & Family	Single Coverage	2-Person & Family
	\$3,500	\$7,000	\$7,000	\$14,000
<b>■ Annual Out-of-pocket Maximum</b> The out-of-pocket maximum includes deductible, copayments and coinsurance. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	Single Coverage	2-Person & Family	Single Coverage	2-Person & Family
	Deductible plus \$1,000	Deductible plus \$2,000	Deductible plus \$2,000	Deductible plus \$4,000
<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>	90%	70% of approved amount
<b>Free Preventive Prescriptions</b> MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	100% coverage No deductible, No copayment	Not covered
<b>Other Prescription Drug Coverage (See reverse for details)</b> Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, MESSA ABC Rx coverage and copayments apply.	After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum	75% of approved amount
<b>Inpatient Hospital</b> ■ Semi-private room and board (includes supplies and services) ■ Physician charges	90%	70% of approved amount
<b>Surgical Services</b> Includes: surgeon, assistant surgeon and anesthesiologist	90%	70% of approved amount
<b>Emergency Care</b> ■ Emergency room facility and physician charges ■ Urgent care	90%	70% of 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% coverage Not subject to deductible	Not Covered (except for mammograms which are covered at 80% of the approved amount after the deductible)
<b>Chiropractic Services including Modalities</b> Up to 38 visits (combination of in-network and out-of-network visits) per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits.	90% of approved amount	70% of approved amount

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