

MESSA In-Network Plan Comparison - Effective 1/1/2025
Buchanan Community Schools - All Employees

	MESSA Choices \$1,000/\$2,000 0% 5-Tier Rx with Mandatory Mail	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 5-Tier Rx with Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% 5-Tier Rx with Mandatory Mail	MESSA ABC Plan 3 \$3,500/\$7,000 HSA 10% 5-Tier Rx with Mandatory Mail
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In-Network Cost Share After Deductible

Deductible	\$1,000/\$2,000	\$1,650/\$3,300	\$2,000/\$4,000	\$3,500/\$7,000
Coinsurance	0%	0%	10%	10%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	10%	10%
Teladoc Health virtual primary care	\$20	0%	10%	10%
Office visit	\$20	0%	10%	10%
Specialist visit	\$20	0%	10%	10%
Urgent care	\$25	0%	10%	10%
Emergency room	\$50	0%	10%	10%
Total out-of-pocket maximum	\$4,000/\$8,000	\$3,650/\$7,300	\$5,000/\$8,300	\$5,500/\$11,000

Certain Benefit Differences (cost share is applied after deductible is met)

Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 90% after ded.	38 visits per calendar year, including therapeutic massage; 90% after ded.
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 90% after ded.	38 visits per calendar year; 90% after ded.
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 90% after ded.	60 visits combined per calendar year; 90% after ded.
Bariatric surgery	100% after ded.	100% after ded.	90% after ded.	90% after ded.
Acupuncture	100% after ded.	100% after ded.	90% after ded.	90% after ded.
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	90% up to a max. benefit after ded.	90% up to a max. benefit after ded.

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Prescription Drugs	5-Tier Rx with Mandatory Mail	5-Tier Rx with Mandatory Mail (after deductible)	5-Tier Rx with Mandatory Mail (after deductible)	5-Tier Rx with Mandatory Mail (after deductible)
Up to a 34-day supply				
Generic	\$10	Free or \$10	Free or \$10	Free or \$10
Preferred brand	\$40	\$40	\$40	\$40
Nonpreferred brand	\$80	\$80	\$80	\$80
Preferred specialty (generic specialty and brand specialty)	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty	20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)
90-day supply				
Generic, Preferred brand, Nonpreferred brand	3x 1-month supply; Mail order only	3x 1-month supply; Mail order only	3x 1-month supply; Mail order only	3x 1-month supply; Mail order only
Additional Information				
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Not included

ACA = Affordable Care Act

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Jim Gleason, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.