

	MESSA ABC Plan 2 \$2,000 /\$4,000 HSA 0% 3-Tier Rx with Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 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 2.5 \$2,500/\$5,000 HSA 20% 5-Tier Rx	MESSA ABC Plan 3 \$3,500/\$7,000 HSA 20% 5-Tier Rx with Mandatory Mail
In-Network Cost Share After Deductible					
Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000
Coinsurance	0%	0%	10%	20%	20%
Teladoc 24/7 care	0%	0%	10%	20%	20%
Office Visit	0%	0%	10%	20%	20%
Specialist Visit	0%	0%	10%	20%	20%
Urgent Care	0%	0%	10%	20%	20%
Emergency Room	0%	0%	10%	20%	20%
Total out-of-pocket maximum	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$8,500	\$5,500/\$8,500	\$6,500/\$13,000
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; 80% after ded.	38 visits per calendar year, including therapeutic massage; 80% 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; 80% after ded.	38 visits per calendar year; 80% 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; 80% after ded.	60 visits combined per calendar year; 80% after ded.
Bariatric surgery	100% after ded.	100% after ded.	90% after ded.	80% after ded.	80% after ded.
Acupuncture	100% after ded.	100% after ded.	90% after ded.	80% after ded.	80% 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.	80% up to a max. benefit after ded.	80% up to a max. benefit after ded.
Prescription Drugs	3-Tier Rx with Mandatory Mail (after deductible)	5-Tier Rx with Mandatory Mail (after deductible)	5-Tier Rx with Mandatory Mail (after deductible)	5-Tier Rx (after deductible)	5-Tier Rx with Mandatory Mail (after deductible)
Up to a 34-day supply					
Generic	Free or \$10	Free or \$10	Free or \$10	Free or \$10	Free or \$10
Preferred Brand	20% coinsurance (\$40 min - \$80 max)	\$40	\$40	\$40	\$40
Nonpreferred Brand	20% coinsurance (\$60 min - \$100 max)	\$80	\$80	\$80	\$80
Preferred Specialty (generic and preferred)	Pricing included in one of the above categories	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	2.5x 1-month supply; Mail order only	3x 1-month supply; Mail order only	3x 1-month supply; Mail order only	3x 1-month supply; Retail or mail order	3x 1-month supply; Mail order only
Additional Information					
Free preventative drug list(s)	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.	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	Not included