

# MESSA Super Care 1 Medical Plan Highlights



**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. Life threatening emergency care, prescription drugs, human organ transplant charges, riders and services covered at 100% are not subject to the deductible.

### Plan Maximums

- **Deductible Maximum** (*per calendar year*)  
(amounts incurred for services received in the last three months of the year accrue towards the following year's deductible requirement)
- **Out-of-pocket Maximum** (*per calendar year*)  
(not all out-of-pocket expenses accrue towards this maximum)
- **Lifetime Benefit Maximum**

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.

**\$1,000 total (single or family)**

**Unlimited**

Type of Service	Coverage
<b>Office Visits</b>	90% of the approved amount
<b>Inpatient Hospital</b> - pre-authorization required <ul style="list-style-type: none"> <li>■ Room and Board, supplies and medical care</li> </ul>	100% of the approved amount
<b>Surgical Services</b> <i>Includes:</i> surgeon, assistant surgeon and anesthesiologist charges	100% of the approved amount
<b>Hospital Emergency Room (ER) or Urgent Care</b> <ul style="list-style-type: none"> <li>■ Due to accidental injury</li> <li>■ Due to life-threatening medical condition (<i>deductible waived</i>)</li> <li>■ Other emergency medical care</li> </ul>	100% of the approved amount 90% of the approved amount 90% of the approved amount
<b>Chiropractic Services including Modalities</b>	90% of the approved amount
<b>Cancer Screening Exams and Tests</b>	100% of the approved amount
<b>Diagnostic Lab &amp; X-Ray</b>	100% of the approved amount
<b>Radiation &amp; Chemotherapy</b>	100% of the approved amount
<b>Allergy Testing &amp; Therapy</b> <ul style="list-style-type: none"> <li>■ Diagnostic Laboratory Testing</li> <li>■ Treatment and Supplies (including scratch tests)</li> </ul>	100% of the approved amount 90% of the approved amount
<b>Human Organ Transplant</b> When authorized and performed at an approved facility ( <i>plan limits apply</i> )	100% of the approved amount, up to \$1 million maximum per transplant type
<b>Home Health Care</b>	100% of the approved amount
<b>Hospice Care</b> - Limited to annually adjusted maximum <ul style="list-style-type: none"> <li>■ In-patient and/or in-home hospice care</li> <li>■ Family Counseling</li> </ul>	100% of the approved amount up to benefit maximum 100% of the approved amount up to benefit maximum

Type of Service	Coverage
<b>Mental Health and Substance Abuse</b>  <b>Outpatient Care</b> <ul style="list-style-type: none"> <li>■ Mental health care</li> <li>■ Substance abuse treatment - care must be provided in a licensed substance abuse facility</li> </ul>	90% of the approved amount
<b>Inpatient Care</b> <ul style="list-style-type: none"> <li>■ Pre-admission review required</li> </ul>	100% of the approved amount
<b>Outpatient Physical and Speech Therapy</b>	90% of the approved amount
<b>Miscellaneous Covered Services</b> <ul style="list-style-type: none"> <li>■ Medical Supplies and Equipment</li> <li>■ Ambulance</li> <li>■ Skilled Nursing Facility Room and Board</li> </ul>	90% of the approved amount
<b>Preventive Care</b> ( <i>deductible waived</i> )	Rider is available through Collective Bargaining
<b>Hearing Care</b> ( <i>deductible waived</i> )	Rider is available through Collective Bargaining

■ **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 - 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 specially 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**

**BCBSM participating providers** bill BCBSM and MESSA directly. Payments for covered services are based on BCBSM’s approved amounts. Your liability is limited to the plan deductible and co-payment requirements.

**Non-Participating 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
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 Super Care 1 Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.**