

MESSA In-Network Plan Comparison - Effective 1/1/2024
Saginaw Valley State University - Faculty

			NEW 1/1/2024
629A Teachers	MESSA Choices \$0/\$0 0% MESSA Saver Rx	MESSA Choices \$200/\$400 0% MESSA Saver Rx	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx
In-Network Cost Share After Deductible			
Deductible	\$0/\$0	\$200/\$400	\$500/\$1,000
Coinsurance	0%	0%	0%
Teladoc Health virtual 24/7 care for minor illnesses, injuries and mental health copay/coinsurance	\$5	\$10	\$20
Teladoc Health virtual primary care visit copay/coinsurance	\$5	\$10	\$20
Office visit copay/coinsurance	\$5	\$10	\$20
Specialist visit copay/coinsurance	\$5	\$10	\$20
Urgent care copay/coinsurance	\$10	\$25	\$25
Emergency room copay/coinsurance	\$25	\$50	\$50
Total out-of-pocket maximum	\$2,000/\$4,000	\$2,200/\$4,400	\$2,500/\$5,000
Certain Benefit Differences			
Chiropractic manipulations	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$5 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$10 office visit copay may apply	Up to 38 visits per calendar year, including therapeutic massage; Covered 100% after deductible; \$20 office visit copay may apply
Osteopathic manipulations	Up to 38 visits per calendar year; Covered 100% after deductible; \$5 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible; \$10 office visit copay may apply	Up to 38 visits per calendar year; Covered 100% after deductible; \$20 office visit copay may apply
Outpatient physical, occupational and speech therapy	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible	Up to a combined 60 visits per calendar year; Covered 100% after deductible
Bariatric surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Acupuncture	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Hearing aids	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible	Covered 100% up to a maximum benefit after deductible
Prescription Drugs	MESSA Saver Rx	MESSA Saver Rx	MESSA Saver Rx
Up to a 34-day supply			
Generic drugs	\$2 or \$10	\$2 or \$10	\$2 or \$10
Preferred brand-name drugs	\$20 or \$40	\$20 or \$40	\$20 or \$40
Nonpreferred brand-name drugs			
90-day supply			
Generic drugs, Preferred brand-name drugs, Nonpreferred brand-name drugs	2x 1-month supply; Available via retail or mail order	2x 1-month supply; Available via retail or mail order	2x 1-month supply; Available via retail or mail order
Additional Information			
Free preventive drug lists	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage	Affordable Care Act (ACA) Free Preventive Drug Coverage

~ For Saver Rx and ABC Rx, the reduced cost generic drugs at \$2 and brand name drugs at \$20, include medications for asthma, diabetes, coronary artery disease, high blood pressure and high cholesterol.

If you have any questions, please contact your MESSA Field Representative, Abby Zarimba, at 800.292.4910.

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