

**MESSA In-Network Plan Comparison - Effective 1/1/2026**  
**Saginaw Valley State University - Faculty**

629A Faculty	MESSA Choices \$500/\$1,000 0% 3-Tier Rx	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx w/Mandatory Mail
	Current plan, NEW Rx	NEW	NEW
<b>In-Network Cost Share After Deductible</b>			
Deductible	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%
Teladoc Health 24/7 care for minor illnesses, injuries and mental health	\$20	\$20	0%
Teladoc Health virtual primary care	\$20	\$20	0%
Office visit	\$20	\$20	0%
Specialist visit	\$20	\$20	0%
Urgent care	\$25	\$25	0%
Emergency room	\$50	\$50	0%
Total out-of-pocket maximum	\$3,500/\$7,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Certain Benefit Differences (cost share is applied after deductible is met)</b>			
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; 100% 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; 100% 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; 100% after ded.
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.
Acupuncture	100% after ded.	100% after ded.	100% after ded.
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.
<b>Prescription Drugs</b>	<b>3-Tier Rx</b>	<b>3-Tier Rx</b>	<b>3-Tier Rx w/Mandatory Mail (after deductible)</b>
<b>Up to a 34-day supply</b>			
Generic	\$10	\$10	Free or \$10
Preferred brand	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)	20% coinsurance (\$60 min - \$100 max)
<b>90-day supply</b>			
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	2.5x 1-month supply; Mail order only
<b>Additional Information</b>			
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list; These are FREE before deductible.

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