



MESSA®

Good health. Good business. Great schools.

MESSA Choices/Choices II \$500/\$1,000 Panel (In-Network) \$1,000/\$2,000 Non-Panel (Out-of-Network) Deductible Amendment And Adult Immunizations Amendment

The **“What You Must Pay”** section of your Plan Coverage Booklet is amended to add a panel (in-network) deductible requirement and increase the non-panel (out-of-network) deductible as follows:

“Panel Providers (In-Network)”

Deductible Requirements

You are required to pay the following deductible each calendar year for covered services obtained from in-network providers:

\$500 for one member

\$1,000 for the family (when two or more members are covered under your contract)

- Two or more members must meet the family deductible
- If the one member deductible has been met but not the family deductible, we will pay covered services only for that member who has met the deductible
- Covered services for the remaining family members will be paid when the full family deductible has been met

NOTE: All services are subject to the in-network deductible except for the following:

- Preventive Care
- Cancer Screenings
- Prescription Drugs

Preventive care and cancer screenings do not require copayments.

Carryover provision – Eligible expenses incurred and applied toward your in-network deductible during the last three months of any calendar year will be applied toward the following year's in-network deductible.”

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Michigan Education Special Services Association

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\$500/\$1,000 Panel;
\$1,000/\$2,000 Non-Panel Deductible
With Adult Immunizations

“Non-Panel (Out-of-Network Providers)

Deductible Requirements

You are required to pay the following deductible each calendar year for covered services provided by out-of-network providers:

\$1,000 for one member

\$2,000 for the family (when two or more members are covered under your contract)

- Two or more members must meet the family deductible.
- If the one member deductible has been met but not the family deductible, we will pay covered services only for that member who has met the deductible
- Covered services for the remaining family members will be paid when the full family deductible has been met

NOTE: Out-of-Network deductibles paid in one calendar year are not applied to the deductible you must pay the following year.

When an in-network provider refers you to an out-of-network provider you will not be required to pay an out-of-network deductible. However, you may be required to pay an in-network deductible and any amounts above the MESSA/BCBSM Approved Amount if the provider is a non-participating provider. This is known as balance billing. Charges in excess of the Approved Amount are not applied to your deductible or annual co-payment maximum.”

The **Preventive Care** section in the “**Coverage for Physician and Other Professional Provider Services**” section of your Plan Coverage Booklet is amended to add the following:

“Adult Immunizations

We pay 100 percent for adult immunizations provided by an in-network provider. Covered immunizations provided by a public health department or at a MESSA-sponsored event will also be covered at 100 percent. Covered immunizations will not be subject to the annual deductible or co-payment requirements.

Immunizations must follow the recommendations of the Advisory Committee on Immunization Practices. Immunizations obtained from an out-of-network or nonparticipating provider will not be covered.”

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Introducing MESSA Save Rx

MESSA Saver Rx: 8 Ways to Save

Welcome to the MESSA Saver Rx home page! MESSA Saver Rx is MESSA's newest prescription drug plan. MESSA Saver Rx is innovative and unique in the market. It's based on Value-Based Insurance Design (VBID) principles. VBID plans help members save money and get the most value from their health plans by encouraging patients to use the most appropriate and cost-effective prescriptions and treatments.

With MESSA Saver Rx, copayments range from \$2 to \$40 (and more than \$40 if a patient insists on a brand name drug when a generic version is available.) For complete details about MESSA Saver Rx copayment levels, visit [8 Ways to Save](#).

MESSA Saver Rx helps members save money and stay healthy by providing a discounted \$2 copayment on more than a hundred generic maintenance drugs prescribed for chronic conditions. The plan also provides for a \$10 copayment on certain over-the-counter medications used to treat allergies and heartburn.

MESSA Saver Rx gives members numerous medically-appropriate options to save money while ensuring they get the therapeutic relief they need from their medications.

If you have questions about your benefits under MESSA Saver Rx, please call MESSA's award-winning Member Service Center at 800.336.0013.

- [Program Overview PDF](#)
- [At-a-Glance PDF](#)
- [Program Booklet](#)
- [MESSA Saver Rx Video](#)

- [List of \\$2 Copayment Generic Drugs](#)
- [Generic Equivalents and Therapeutic Alternatives Understanding the Difference](#)
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MESSA Choices and MESSA Choices II \$20 Office Visit Co-payment Amendment And Adult Immunizations Amendment

The **Co-payment Requirements** section under **Panel Providers** in the "What You Must Pay" section of your Plan Coverage Booklet is amended as follows:

"Panel Providers (In-Network)

Co-payment Requirements

You are required to pay the following flat dollar co-payments for each covered service provided by in-network (panel) providers:

- \$20 co-payment per office visit, outpatient visit, home medical care visit or office consultation. This co-payment requirement is NOT imposed for:
 - First aid and medical emergency treatment in a physician's office
 - Pre- and post-natal care
 - Allergy testing and therapy
 - Immunizations and therapeutic injections
 - Preventive care and cancer screenings
- \$50 co-payment per visit for facility services in a hospital emergency room. This co-payment is waived if the patient is admitted or if the services are required to treat an accidental injury.
- \$25 co-payment for urgent care visits. This co-payment is waived if services are required to treat a medical emergency or accidental injury.

When you receive covered services from an in-network provider, we will pay our approved amount directly to the provider. You are responsible for the flat dollar co-payments described in this rider.

Note: The 10 percent co-payment requirement for private duty nursing care, outpatient substance abuse treatment and outpatient mental health care (including psychiatric testing) remains unchanged."

The **Co-payment Requirements** section under **Nonpanel Providers** in the "What You Must Pay" section of your Plan Coverage Booklet is amended to change the \$25 co-payment for facility services in a hospital emergency room to \$50.

The **Preventive Care** section in the "**Coverage for Physician and Other Professional Provider Services**" section of your Plan Coverage Booklet is amended to add the following:

"Adult Immunizations

We pay 100 percent for adult immunizations provided by an in-network provider. Covered immunizations provided by a public health department or at a MESSA-sponsored event will also be covered at 100 percent. Covered immunizations will not be subject to the annual deductible or co-payment requirements.

Immunizations must follow the recommendations of the Advisory Committee on Immunization Practices. Immunizations obtained from an out-of-network or nonparticipating provider will not be covered."