

**MESSA In-Network Plan Comparison - Effective 1/1/2025**  
**Saginaw Valley State University - Support Staff**

<b>629H Support Staff</b>	<b>MESSA Choices \$0/\$0 0% MESSA Saver Rx</b>	<b>MESSA Choices \$500/\$1,000 0% 3-Tier Rx w/Mandatory Mail</b>	<b>MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% 3-Tier Rx w/Mandatory Mail</b>
<b>In-Network Cost Share After Deductible</b>			
Deductible	\$0/\$0	\$500/\$1,000	\$1,650/\$3,300
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	\$2,000/\$4,000	\$3,500/\$7,000	\$3,650/\$7,300
<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>MESSA Saver Rx</b>	<b>3-Tier Rx w/Mandatory Mail</b>	<b>3-Tier Rx w/Mandatory Mail (after deductible)</b>
<b>Up to a 34-day supply</b>			
Generic	\$2 or \$10	\$10	Free or \$10
Preferred brand	\$20 or \$40	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)
<b>90-day supply</b>			
Generic, Preferred brand, Nonpreferred brand	2x 1-month supply; Retail or mail order	2.5x 1-month supply; Mail order only	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.

~ 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.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

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

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Refer to MESSA.org and the plan booklets for additional information.