

MESSA Account-Based Choices (MESSA ABC)

	MESSA ABC Plan 1	MESSA ABC Plan 2	MESSA ABC Plan 3
In-network Deductible^{(1) (2)} (Amount participant pays before health plan pays)	Single Coverage: \$1,250 2 Person: \$2,500 Family: \$2,500 (Indexed to IRS HSA minimum)	Single Coverage: \$2,000 2 Person: \$4,000 Family: \$4,000	Single Coverage: \$3,500 2 Person: \$7,000 Family: \$7,000
Copayment (A copayment is a flat dollar amount a member pays toward the cost of a service)	No copayments on medical services	No copayments on medical services	No copayments on medical services (Also, see coinsurance section below)
Coinsurance (“Coinsurance” is a percentage copayment)	No coinsurance on in-network services (20% member coinsurance on out-of-network services)	No coinsurance on in-network services (20% member coinsurance on out-of-network services)	After the deductible is satisfied, the member is responsible for paying 10% of the approved payment for in-network medical services (30% member coinsurance on out-of-network services)
Annual Out-of-Pocket Maximum⁽³⁾ (Cap on member’s out-of-pocket costs for in-network services after member satisfies deductible)	Single: \$1,000 2 Person: \$2,000 Family: \$2,000	Single: \$1,000 2 Person: \$2,000 Family: \$2,000	Single: \$1,000 2 Person: \$2,000 Family: \$2,000
In-network Preventive Services	Plan Pays 100% Not subject to deductible	Plan Pays: 100% Not subject to deductible	Plan Pays: 100% Not subject to deductible
Preventive Prescriptions	Plan Pays 100% Not subject to deductible	Plan Pays: 100% Not subject to deductible	Plan Pays: 100% Not subject to deductible
Prescription Drug Coverage (MESSA SaverRx)	MESSA Saver Rx coverage is built into all three MESSA ABC plans. Additionally: <ul style="list-style-type: none"> ○ <u>MESSA ABC plans cover certain preventive prescription drugs at 100% (they are not subject to deductibles or copayments).</u> ○ <u>Non-preventive prescription drugs are subject to the deductible until the deductible is satisfied.</u> ○ <u>Once the health plan deductible is satisfied, MESSA SaverRx copayments apply.</u> ○ Once a member satisfies the deductible and reaches the annual out-of-pocket maximum (\$1,000 single/\$2,000 2-person & family), prescription drugs are covered at 100% (other than brand names when a generic is available). ○ For a complete description of MESSA SaverRx benefits, see the MESSA SaverRx area at www.messa.org. 		
Covered Services & Providers	Same as MESSA Choices/Choices II coverage		

(1) Under federal law, account-based health plan deductibles are different than MESSA Choices/Choices II deductibles. With MESSA ABC, the single-person deductible only applies to single-person coverage. In 2-person and full family coverage, there is no deductible on individuals and the full family deductible must be met before the health plan benefits begin (other than preventive services and certain prescription drugs).

(2) Out-of-network deductible levels are two times the in-network levels

(3) The out-of-network coinsurance/copayment out-of-pocket annual maximum is two times the in-network out-of-pocket maximum.