

MESSA Choices/Choices II Medical Plan Highlights



MESSA
www.messa.org

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Health Care Benefits for You and Your Covered Dependents

All services must be **medically necessary** and performed by a qualified provider.

	In-Network	Out-of-Network
<ul style="list-style-type: none"> Deductible Maximum (<i>per calendar year</i>) Applies to all services except preventive care and prescription drugs 	For your specific plan information check the "My Benefits" link in the Member section of the home page at www.messa.org . This information is also available at your Business Office and in your Collective Bargaining Agreement, if applicable.	
<ul style="list-style-type: none"> Out-of-pocket Maximum (<i>per calendar year</i>) Excludes deductibles, flat-dollar co-payments, charges above the approved amount, charges for services not covered under the plan 	None - due to minimal co-payments and 100% coverage for most services	\$2,000 individual / \$4,000 Family
<ul style="list-style-type: none"> Lifetime Benefit Maximum 	Unlimited	Unlimited

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Office Visits	Various co-payment options are available	80% of the approved amount
Inpatient Hospital <ul style="list-style-type: none"> Semi-private room and board (<i>includes supplies and services</i>) Physician Charges 	100%	80% of the approved amount
Surgical Services <i>Includes: surgeon, assistant surgeon and anesthesiologist charges</i>	100%	80% of the approved amount
Hospital Emergency Room (ER) - Co-payment waived if admitted or due to accidental injury <ul style="list-style-type: none"> Hospital Charges 	Various co-payment options are available	Various co-payment options are available
<ul style="list-style-type: none"> ER Physician Charges 	100%	80% of the approved amount
Urgent Care - Co-payment waived if services are required to treat a medical emergency or accidental injury	Various co-payment options are available	80% of the approved amount
Preventive Care <ul style="list-style-type: none"> Well baby and well child care visits: <ul style="list-style-type: none"> 6 visits per year through age 1 2 visits per year ages 2 through 3 1 visit per year for children ages 4 through 15 Childhood and Adult Immunizations - As recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics Cancer Screenings Health Maintenance Exams - age 16 through adult, 1 per calendar year 	100% No deductible <i>(Adult Immunizations are covered via rider only)</i>	Not Covered <i>(except for mammograms)</i>
Chiropractic Services including Modalities Up to 38 visits (<i>combination of in-network and out-of-network visits</i>) per calendar year	100%	80% of the approved amount

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Diagnostic Lab & X-Ray	100%	80% of the approved amount
Radiation & Chemotherapy	100%	80% of the approved amount
Allergy Testing & Therapy	100%	80% of the approved amount
Additional Covered Services <ul style="list-style-type: none"> ■ Medical Supplies and Equipment ■ Ambulance ■ Hearing Care <i>(plan limits apply)</i> ■ Skilled Nursing Facility ■ Hospice ■ Home Health Care ■ Human Organ Transplant - when authorized and performed at an approved facility <i>(plan limits apply)</i> 	100%	100% of the approved amount In-network deductible applies when there is no network for services
Mental Health and Substance Abuse Outpatient Care <ul style="list-style-type: none"> ■ Mental health care ■ Substance abuse treatment 	Various co-payment options are available	80% of the approved amount
Inpatient Care <ul style="list-style-type: none"> ■ Pre-authorization required 		
Outpatient Physical, Occupational, and Speech Therapy Up to a combined benefit maximum of 60 visits per member per calendar year, whether obtained from an in-network or out-of-network provider	100%	80% of the approved amount

■ **Medical Case Management (MCM)**

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through these difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. For your specific plan information check the "My Benefits" link in the Member section of the home page at www.messa.org. This information is also available at your Business Office and in your Collective Bargaining Agreement, if applicable.

■ **MESSA Help Lines - NurseLine and Healthy Expectations**

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specially trained Registered Nurse who can answer your medical questions and provide health related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

■ **Covered Services and Approved Amounts**

In-Network providers bill BCBSM and MESSA directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan co-payment requirements.

Out-of-Network providers may or may not bill BCBSM or MESSA directly. The member is responsible to the provider for any deductibles, co-payments and amounts that are in excess of the approved amount for the service as predetermined by MESSA and BCBSM. **These amounts may be substantial.**

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & BCS Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Additional Benefits for You

Life Insurance	\$5,000	Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment terminates, whichever happens last.
Accidental Death & Dismemberment Insurance (AD&D)	\$5,000	

Life and AD&D insurance underwritten by Life Insurance Company of North America.

This is a brief summary of the MESSA Choices/Choices II Plans. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.

How to Get the Best Value from Your MESSA Choices/Choices II Health Plan

MESSA Choices and MESSA Choices II are built upon Blue Cross Blue Shield of Michigan's PPO (Preferred Provider Organization) network—Michigan's largest. More than 80 percent of Michigan physicians are in the network. PPO networks save you money on your premium because hospitals and physicians agree to accept discounted fees.

- The key to success is to always choose In-network physicians, specialists and surgeons.
- MESSA Choices and Choices II provide excellent benefits In-network. By always using In-network providers you have the lowest deductibles and co-payments. You will also avoid the risk of being billed by the provider. In-network benefits also include coverage for annual physicals and well-child exams.

Choosing Your Doctors

To get the best value from your benefits and to limit your out-of-pocket costs, choose a doctor who is in the MESSA Choices/Choices II PPO network. The network is large. To choose a doctor:

- Ask your doctors if they are In-network. Always ask first to avoid "surprise" billings.
- Ask your specialists if they are In-network. You should also ask specialists and surgeons who are providing follow-up care to an emergency room visit if they are In-network or "participate" with the Blues.
- Visit www.messa.org to find physicians who are In-network.
- Call MESSA's award-winning Member Service Center for assistance in finding In-network providers at 800.336.0013.

Specialists & Surgeons

- When you need a referral to a specialist or surgeon, work in partnership with your doctor for a referral to ensure you get the most appropriate care. To keep your costs low, ask your doctor to refer you only to specialists who are In-network. When you receive services from an In-network specialist or surgeon you keep your out-of-pocket costs low because you are only responsible for the In-network co-payments and In-network deductible (if any), and you won't be billed for any balance over the BCBSM/MESSA approved amount.
- If you can't find a satisfactory In-network specialist, your doctor may refer you to an Out-of-network specialist or surgeon. When your In-network doctor refers you to an Out-of-network specialist, MESSA will waive your Out-of-network deductible and co-payment. However, you could be responsible for an In-network co-payment and deductible, if any. Also you may not be protected against a bill from an Out-of-network provider for any balance over the BCBSM/MESSA approved payment. Such billings can be significant. If you are referred to an Out-of-network specialist or surgeon, it's very important that you ask if the specialist "participates" with the Blues. Participating providers, even those who are Out-of-network, will accept the BCBSM/MESSA approved amount as payment-in-full. Non-participating, Out-of-network specialists may bill you for any balance over the approved amount.
- **Avoid seeing an Out-of-network, Non-participating specialist.** If you see a physician who is Out-of-network and does not participate with the Blues—and you don't have a referral from your In-network physician—you will have to pay the Out-of-network deductible, the Out-of-network co-payment and any charges over and above the BCBSM/MESSA approved payment. **The additional fees can be significant.**

Physician / Specialist	You Must Pay:	What it Means:
In-network	\$	Minimal costs limited to low deductible and small In-network co-payments, if any.
Out-of-network, Participates with BCBSM	\$\$\$	Incur Out-of-network deductible and co-payment. With a referral, only the In-network deductibles and co-payments apply.
Out-of-network, Non-participating	\$\$\$\$\$\$\$\$\$\$\$\$	Highest cost to you. You pay the Out-of-network deductible and co-payments, and the provider may balance bill you over-and-above the approved plan payment.

The Bottom Line: Getting the Most Value from Your Plan

- 1 Choose doctors who are in the PPO network.
- 2 Tell your doctor that you always want to be referred to In-network specialists and surgeons.
- 3 Always ask before you receive medical services if the provider, specialist or surgeon you are seeing is an In-network provider or participates with BCBSM plans. Call MESSA's award-winning Member Service Call Center at 800.336.0013 before you receive services if you have any questions or concerns.

Key Terms to Help You

PPO Network — A Preferred Provider Organization (PPO) is a health care network of providers and specialists who have made prior agreements to accept discounted payments for their services. MESSA is able to keep your premium costs down because of the network discounts. MESSA Choices and Choices II are built upon a PPO network developed by our underwriter, Blue Cross Blue Shield of Michigan (BCBSM). The BCBSM PPO network is the state's largest PPO network, with In-network providers in every corner of the state. More than 19,300 of Michigan's 24,000 active physicians are in the MESSA/Blues PPO network.

In-network Providers and Specialists — Providers who have agreed to be part of the PPO network are called In-network. By using In-network physicians and specialists for covered services, you limit your costs to your lowest deductible (if any) and co-payment. You receive the greatest value from your benefits. Even though the vast majority of providers and specialists are In-network, it's always a wise practice to ask first before receiving services to avoid the surprise and pain of significant out-of-pocket costs later.

Out-of-network, Participating Physicians and Specialists — Participating physicians and specialists who are out of the PPO network will still accept the MESSA/Blue Cross payment as payment in full. About 23,500 of Michigan's 24,000 active physicians participate with MESSA/Blue Cross. When you see an Out-of-network, participating physician, you will be responsible for the Out-of-network deductible and co-payment provisions of your plan. If your In-network doctor refers you to an Out-of-network, participating specialist, MESSA will not apply your Out-of-network deductible and the provider will not balance bill you for additional fees. You could be responsible for your In-network co-payment and deductible if any.

Out-of-network, Non-Participating Physicians and Specialists — About two percent of Michigan's physicians and specialists are outside of the PPO network and also do not participate with Blue Cross Blue Shield of Michigan. If you receive services from an Out-of-network, non-participating physician or specialist, the physician or specialist can bill you for fees above and beyond the plan payment. Sometimes the balance billing can amount to thousands of dollars. You will also be responsible for the Out-of-network deductible and co-payment. For this reason, it is best to avoid Out-of-network, non-participating providers if at all possible. To avoid balance billing, ask your doctor to refer you only to In-network specialists and surgeons.

Balance Billing — Out-of-network, non-participating physicians and specialists have reserved the right to bill you for the balance of their fees in addition to the payment they receive from MESSA and the Blues. These balance bills can be significant. It is best to avoid Out-of-network, non-participating providers at all costs, if possible. Ask first, and see another provider or negotiate additional fees down before medical services are received.

Hospital Care — One hundred percent of Michigan's acute medical care hospitals are In-network and participate with MESSA and the Blues. (In many cases, doctors, surgeons and other specialists who provide medical care in a hospital, including some emergency rooms, bill separately from the hospital. When seeing specialists or surgeons, ask them if they are "In-network" to minimize your costs. In any case, do not delay seeking emergency treatment for a life-threatening condition.)



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MESSA/Delta Dental Care
HOLLAND PUBLIC SCHOOLS - TEACHERS

Benefits are defined as follows: 100:90/90/90:\$1,800 with Sealants and Adult Ortho
(\$1,500 Yearly Maximum Benefits Class I & II)

CLASS I BENEFITS

100:90% with sealants

Basic Services: Services usually employed by dentists in evaluating existing conditions and the dental care required. Such services may include: examinations; consultations; diagnosis and diagnostic aides; necessary radiographs.

Preventive Services: Dental procedures or techniques usually employed by dentists to prevent the occurrence of dental abnormalities or disease. Such services may include: prophylaxis and topical application of fluoride solution.

Restorative Services: Services usually employed by dentists to rebuild, repair or reform the tissues of the teeth. Such services may include amalgam, synthetic porcelain and plastic restorations. Gold restorations, crowns and jackets may be covered when the teeth cannot be restored with another filling material.

Oral Surgery Services: Extractions and all other oral surgery procedures usually employed by a dentist.

Endodontic Services: Procedures usually employed by a dentist for the treatment of teeth with diseased or damaged nerves (i.e., root canals).

Periodontal Services: Procedures usually employed by dentists for the treatment of diseases of the gums and supporting structures of the teeth.

CLASS II BENEFITS

90%

Prosthodontic services: Defined as bridges and partial and complete dentures.

CLASS III BENEFITS

90%:\$1,800 with Adult Ortho

Orthodontic services: Defined as necessary treatment and procedures required for the correction of malposed teeth.

Schedule of Benefits

PLAN EFFECTIVE DATE: September 1, 2002

EMPLOYEES ELIGIBLE: All employees of a participating Employer.

DEPENDENTS ELIGIBLE: All dependents as defined.

VISION CARE BENEFITS FOR YOU AND YOUR DEPENDENTS:

VSP PANEL PROVIDER BENEFITS

Benefits for examinations, lenses or frames which are Covered Charges and obtained from a VSP Panel Provider are provided in accordance with an agreement between Vision Service Plan (VSP) and the panel provider. Under this agreement a provider accepts the VSP payment as payment in full for incurred Covered Charges, after satisfaction of the applicable deductibles. See the "Note" below for reimbursement for frames and cosmetic contact lenses.

Note: The total maximum plan allowance for frames is adjusted periodically based on the average wholesale frame allowance as determined by VSP.

The total maximum benefit payable for each insured person in each plan year for all cosmetic contact lenses and examinations is \$135.00.

NON-PANEL PROVIDER BENEFITS

Benefits for examinations, lenses or frames which are Covered Charges and obtained from a Non-Panel Provider are subject to the following maximum amount of reimbursement.

Vision Examination	Maximum Amount Performed by a Non-Panel:		
	Optometrist	Ophthalmologist	
	\$35.00	\$45.00	
Spectacle Lenses (Pair):			
Single Vision	Clear \$38.00	Color Tints/Color Coats \$42.00	Polarized \$56.00
Bifocal	60.00	70.00	90.00
Trifocal	72.00	84.00	110.00
Lenticular	108.00	118.00	138.00
Frames			\$55.00
Contact Lenses (Pair - including the exam)			
Necessary			\$200.00
Cosmetic (Elective)			115.00