

# MESSA Choices/Choices II Medical Plan Highlights



1475 Kendale Blvd. PO Box 2560  
East Lansing, Michigan 48826-2560  
517.332.2581 • 800.292.4910

## River Rouge School District

MESSA Choices/Choices II \$100/\$200 In-Network \$250/\$500 Out-of-Network Deductible \$10 Office Visit MESSA Saver Rx Adult Immunizations (6B)

### 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"> <li> <b>Deductible Maximum</b> (<i>per calendar year</i>)                      Applies to all services except preventive care and prescription drugs                 </li> </ul>	\$100 per person / \$200 per family	\$250 per person / \$500 per family
<ul style="list-style-type: none"> <li> <b>Out-of-pocket Maximum</b> (<i>per calendar year</i>)                      Excludes deductibles, flat-dollar co-payments, charges above the approved amount, charges for services not covered under the plan                 </li> </ul>	None - due to minimal copayments and 100% coverage for most services	\$2,000 individual / \$4,000 Family
<ul style="list-style-type: none"> <li> <b>Lifetime Benefit Maximum</b> </li> </ul>	Unlimited	Unlimited
Type of Service	In-Network Provider ( <i>after deductible</i> )	Out-of-Network Provider ( <i>after deductible</i> )
<b>Office Visits</b>	\$10 co-payment	80% of the approved amount
<b>Prescription Drug Coverage (mail order available)</b>	MESSA Saver Rx	75%, minus the co-payment
<b>Inpatient Hospital</b> <ul style="list-style-type: none"> <li>Semi-private room and board (<i>includes supplies and services</i>)</li> <li>Physician charges</li> </ul>	100%	80% of the approved amount
<b>Surgical Services</b> <i>Includes: surgeon, assistant surgeon and anesthesiologist charges</i>	100%	80% of the approved amount
<b>Hospital Emergency Room (ER)</b> <i>Co-payment waived if admitted or due to accidental injury</i> <ul style="list-style-type: none"> <li>Hospital Charges</li> <li>ER Physician Charges</li> </ul>	\$50 co-payment	\$50 co-payment
<b>Urgent Care</b> <i>Co-payment waived if services are required to treat a medical emergency or accidental injury</i>	100%	80% of the approved amount
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Well baby and well child care visits:                             <ul style="list-style-type: none"> <li>6 visits per year through age 1</li> <li>2 visits per year ages 2 through age 3</li> <li>1 visit per year for children ages 4 through age 15</li> </ul> </li> <li>Childhood and Adult Immunizations - As recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics</li> <li>Cancer Screenings</li> <li>Health Maintenance Exams - age 16 through adult, 1 per calendar year</li> </ul>	100% No deductible  ( <i>Adult Immunizations are covered</i> )	Not Covered ( <i>except for mammograms</i> )

DATE PREPARED: April 21, 2011

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Type of Service	<i>Continued</i>	
	In-Network Provider <i>(after deductible)</i>	Out-of-Network Provider <i>(after deductible)</i>
<b>Chiropractic Services including Modalities</b> Up to 38 visits <i>(combination of in-network and out-of-network visits)</i> per calendar year	100%	80% of the approved amount
<b>Diagnostic Lab &amp; X-Ray</b>	100%	80% of the approved amount
<b>Radiation &amp; Chemotherapy</b>	100%	80% of the approved amount
<b>Allergy Testing &amp; Therapy</b>	100%	80% of the approved amount
<b>Additional Covered Services</b> <ul style="list-style-type: none"> <li>■ Medical Supplies and Equipment</li> <li>■ Ambulance</li> <li>■ Hearing Care <i>(plan limits apply)</i></li> <li>■ Skilled Nursing Facility</li> <li>■ Hospice</li> <li>■ Home Health Care</li> <li>■ Human Organ Transplant - when authorized and performed at an approved facility <i>(plan limits apply)</i></li> </ul>	100%	100% of the approved amount In-network deductible applies when there is no network for services
<b>Mental Health and Substance Abuse</b>		
<b>Outpatient Care</b> <ul style="list-style-type: none"> <li>■ Mental health care</li> <li>■ Substance abuse treatment</li> </ul>	\$10 co-payment \$10 co-payment	80% of the approved amount
<b>Inpatient Care</b> <ul style="list-style-type: none"> <li>■ Pre-authorization required</li> </ul>	100%	80% of the approved amount
<b>Outpatient Physical, Occupational &amp; Speech Therapy</b> 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.

■ **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 services 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  
Accidental Death & Dismemberment Insurance (AD&D) \$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.

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

This is a brief summary of the MESSA Choices/Choices II Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800-336-0013.