

**MESSA In-Network Proposed Plan Comparison for
Livingston County Consortium effective 1/1/2022-12/31/2022**

Employee Annual Cost Per Plan for Full Time Interpreters in 2022	Pak A	Pak B	Pak C	Pak D	Pak E
	MESSA Choices PPO \$500/\$1,000 Saver Rx	MESSA	MESSA Choices PPO \$1,000/\$2,000 SaverRx w/Mandatory Mail	MESSA ABC 1 PPO \$1,400/\$2,800 HSA ABC Rx	MESSA ABC 1 PPO \$1,400/\$2,800 HSA ABC Rx w/Mandatory Mail
In-Network Cost Share					
Deductible	\$500/\$1,000	N/A	\$1,000/\$2,000	\$1,400/\$2,800**	\$1,400/\$2,800**
Co-Insurance	0%	N/A	10%	0%	20%
Total Out of Pocket Maximum	\$2,500/\$5,000	N/A	\$4,000/\$8,000	\$2,400/\$4,800	\$3,400/\$6,800
Office Visit/Specialist Visit	\$20	N/A	\$20	Covered, After Deductible	Subject to coinsurance after deductible
Urgent Care	\$25	N/A	\$25	Covered, After Deductible	Subject to coinsurance after deductible
Emergency Room	\$50	N/A	\$50	Covered, After Deductible	Subject to coinsurance after deductible
Prescription Drugs	Saver Rx	N/A	Saver Rx with Mandatory Mail	ABC Rx	ABC Rx with Mandatory Mail
Retail	34-Day Supply	N/A	34-Day Supply	34-Day Supply	34-Day Supply
Optional Mail Order - 90-Day Supply	2x Copay of 34-Day Supply	N/A	-	2x Copay of 34-Day Supply	-
Mandatory Mail Rider - 90-Day Supply	-	N/A	2x Copay of 34-Day Supply	-	2x Copay of 34-Day Supply
Generic Drug 34-Day Supply	\$2 or \$10	N/A	\$2 or \$10	\$0, \$2 or \$10	\$0, \$2 or \$10
Brand Drug - Preferred 34-Day Supply	\$20 or \$40	N/A	\$20 or \$40	\$0, \$20 or \$40	\$0, \$20 or \$40
Brand Drug - Non-preferred 34-Day Supply	\$20 or \$40	N/A	\$20 or \$40	\$0, \$20 or \$40	\$0, \$20 or \$40
Additional Features				Access to an extensive list of FREE preventive medications (these are NOT SUBJECT to the deductible = 1st dollar coverage)	Access to an extensive list of FREE preventive medications (these are NOT SUBJECT to the deductible = 1st dollar coverage)
Delta Dental	1500/1000 Class I 75% Class II 75% Class III 75% Class IV 75% Annual Max Class I, II, III: \$1500, Class IV: Lifetime Max \$1000 Cleanings 2 per year	1500/1000 Class I 75% Class II 75% Class III 75% Class IV 75% Annual Max Class I, II, III: \$1500, Class IV: Lifetime Max \$1000 Cleanings 2 per year	1500/1000 Class I 75% Class II 75% Class III 75% Class IV 75% Annual Max Class I, II, III: \$1500, Class IV: Lifetime Max \$1000 Cleanings 2 per year	1500/1000 Class I 75% Class II 75% Class III 75% Class IV 75% Annual Max Class I, II, III: \$1500, Class IV: Lifetime Max \$1000 Cleanings 2 per year	1500/1000 Class I 75% Class II 75% Class III 75% Class IV 75% Annual Max Class I, II, III: \$1500, Class IV: Lifetime Max \$1000 Cleanings 2 per year
VSP 2	Plan Year January to January	Plan Year January to January	Plan Year January to January	Plan Year January to January	Plan Year January to January
Negotiated LTD	NEG LTD 60% Max \$6000 Waiting Period 60 days Modified Fill	NEG LTD 60% Max \$6000 Waiting Period 60 days Modified Fill	NEG LTD 60% Max \$6000 Waiting Period 60 days Modified Fill	NEG LTD 60% Max \$6000 Waiting Period 60 days Modified Fill	NEG LTD 60% Max \$6000 Waiting Period 60 days Modified Fill
Pak Life & Pak Ad&D	\$20,000 Pak Life \$20,000 Pak AD&D	\$20,000 Pak Life \$20,000 Pak AD&D	\$20,000 Pak Life \$20,000 Pak AD&D	\$20,000 Pak Life \$20,000 Pak AD&D	\$20,000 Pak Life \$20,000 Pak AD&D
Other Features and Benefits Included on All MESSA Medical Plans					

- ✓ Asthma Support Program
- ✓ Cardiovascular Support Program
- ✓ Diabetes Support Program
- ✓ Medical Case Management
- ✓ 24/7 NurseLine
- ✓ Personalized Worksite Wellness
- ✓ Premium Subsidy (Layoff, Privatized Member, Uniformed Service)
- ✓ Medical Subsidy for Disability - Waiver of Premium
- ✓ \$5,000 Basic Term Life Insurance for member
- ✓ \$5,000 Accidental Death and Dismemberment Insurance (AD&D) for member

* 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.

** Please see the MESSA.org website for a complete list of the FREE preventive medications offered at FIRST DOLLAR coverage (before any deductible is paid) with the MESSA ABC1 HSA plan.

** Information on this document is a general overview. Please refer to the plan booklet for more detailed information.

** Due to federal regulations, the minimum deductibles for HSA-qualified health plans will increase to \$1,400 for individuals and \$2,800 for families, the IRS has announced.

The changes will take effect on Jan. 1, 2020 for ABC Plan 1.