

- Essentials by MESSA provides affordable, quality care supported by MESSA's outstanding personal service and large doctor networks.
- For simplicity and ease in administration, only one deductible, copayment, coinsurance and prescription drug plan are available.
- This plan features a low deductible (\$375 individual/\$750 family maximum) and a significantly lower premium than other products.
- In exchange for a lower premium, Essentials by MESSA includes the following in-network features:
  - Coinsurance at 20 percent.
  - Copayments for office visits (e.g., primary care physician, obstetrics and gynecology, pediatric visits) and chiropractic and osteopathic manipulations are \$25.
  - A \$50 copayment for specialist visits.
  - A \$50 copayment for urgent care.
  - A \$200 emergency room copayment, if not admitted.
  - An out-of-pocket maximum set at the federal limit.
- With Essentials by MESSA, we reduced some benefits that many members tell us aren't critical to their health care needs.
  - Chiropractic and osteopathic manipulations are limited to a combined 12 visits per year. Therapeutic massage is only covered when performed by the chiropractor (see below).
  - Occupational, speech and physical therapy, including therapeutic massage performed by a chiropractor, are limited to a combined 30 visits per year.
  - Some services are excluded from coverage, including acupuncture, hearing aids, bariatric surgery, services from non-participating facilities and therapeutic massage by a massage therapist.
- Durable medical equipment such as crutches, breast pumps and blood pressure monitors must be prescribed by a physician and purchased from a payable durable medical equipment provider. Purchases from retail and online stores are not covered.
- The Blue Cross Online Visits service features a reduced copayment of \$10, to encourage its use for minor illnesses.
- Annual checkups, cancer screenings and certain immunizations are covered at no cost when provided by an in-network provider. Specific preventive prescriptions are also covered at no charge. Out-of-network preventive services are not covered.



## What you pay for a prescription from an in-network pharmacy

	Up to 34-day supply	90-day supply
Specific preventive medications mandated by federal law are covered 100 percent. Age and gender limits apply.	No cost to you	No cost to you
<b>Tier 1</b> Generics.	\$10 copayment	\$30 copayment
<b>Tier 2</b> Most brand drugs with no generic equivalent or therapeutic alternative.	20% coinsurance \$40 minimum - \$80 maximum	20% coinsurance \$120 minimum - \$240 maximum
<b>Tier 3</b> Brand-name drugs for which there's a more cost-effective generic alternative or preferred brand name drug.	20% coinsurance \$60 minimum - \$100 maximum	20% coinsurance \$180 minimum - \$300 maximum

*The amount you pay for brand-name medications can vary because coinsurance is based on the price of the drug when it is filled. A drug may switch from one tier to another. Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from an in-network provider.*

## Money-saving features of this plan

<b>Prior authorization</b>	To ensure compliance with FDA-approved safe prescribing guidelines, certain drugs require prior authorization before MESSA will cover them. Your doctor must submit documentation to support the need for the prescription. Typically, drugs requiring prior authorization are associated with dangerous side effects, harmful when combined with other drugs, often misused or abused, or prescribed when less expensive drugs might work better.
<b>Step therapy</b>	Drugs subject to step therapy require previous treatment with one or more preferred drugs before coverage is approved. This ensures all clinically sound and cost-effective treatment options are tried before more expensive drugs are prescribed.
<b>Quantity limits</b>	A quantity limit program limits the amount of medication that will be covered. Medications are limited based on FDA guidelines for appropriate and safe use.
<b>What's not covered?</b>	Several drugs and drug categories are excluded from coverage. For example: <ul style="list-style-type: none"> <li>– Brand-name drugs that have generic equivalents.</li> <li>– Over-the-counter medications.</li> <li>– Lifestyle drugs (drugs for erectile dysfunction and weight loss).</li> <li>– Drugs used to treat heartburn and acid reflux (except select generic versions).</li> <li>– Drugs that treat coughs and colds, including most antihistamines.</li> <li>– Prenatal vitamins.</li> </ul>

**This is a brief overview of the Essentials by MESSA plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.**