

MESSA In-Network Plan Comparison - Effective 1/1/2027

**Chippewa Valley Schools - 433A Central Office Admin; 433C Teachers; 433D Clerical; 433E Support Staff hired bef 7/1/13;
433H AdtEd,PreSchEA,AthTrnr,NrseAid**

	MESSA Choices \$1,000/\$2,000 0% 3-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 5-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 20% 5-Tier Rx
In-Network Cost Share After Deductible			
Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	0%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	20%
Teladoc Health virtual primary care	\$20	0%	20%
Office visit	\$20	0%	20%
Specialist visit	\$20	0%	20%
Urgent care	\$25	0%	20%
Emergency room	\$50	0%	20%
Total out-of-pocket maximum	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$8,700
Certain Benefit Differences (cost share is applied after deductible is met)			
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 80% after ded.
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 80% after ded.
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 80% after ded.
Bariatric surgery	100% after ded.	100% after ded.	80% after ded.
Acupuncture	100% after ded.	100% after ded.	80% after ded.
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	80% up to a max. benefit after ded.

Prescription Drugs	3-Tier Rx	5-Tier Rx (after deductible)	5-Tier Rx (after deductible)
Up to a 34-day supply			
Generic	\$10	Free or \$10	Free or \$10
Preferred brand	20% coinsurance (\$40 min - \$80 max)	\$40	\$40
Nonpreferred brand	20% coinsurance (\$60 min - \$100 max)	\$80	\$80
Preferred specialty (generic specialty and brand specialty)	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty		20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)
90-day supply			
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Additional Information			
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included

ACA = Affordable Care Act

Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded.

If you have any questions, please contact your MESSA Field Representative, Heather Scott, at 866-637-0006.

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