

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

**Chippewa Valley Schools - 433I Paraprofessionals; 433J Support Staff hired aft 7/1/13; 433L All Other Hourly Employees**

|                                                                                    | MESSA Choices<br>\$1,000/\$2,000<br>0%<br>3-Tier Rx                         | MESSA ABC Plan 2<br>\$2,000/\$4,000 HSA<br>0%<br>5-Tier Rx                  | MESSA ABC Plan 2<br>\$2,000/\$4,000 HSA<br>20%<br>5-Tier Rx                | MESSA ABC Plan 3<br>\$3,500/\$7,000 HSA<br>10%<br>5-Tier Rx                |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>In-Network Cost Share After Deductible</b>                                      |                                                                             |                                                                             |                                                                            |                                                                            |
| Deductible                                                                         | \$1,000/\$2,000                                                             | \$2,000/\$4,000                                                             | \$2,000/\$4,000                                                            | \$3,500/\$7,000                                                            |
| Coinsurance                                                                        | 0%                                                                          | 0%                                                                          | 20%                                                                        | 10%                                                                        |
| Teladoc 24/7 care for minor illnesses, injuries and mental health                  | \$20                                                                        | 0%                                                                          | 20%                                                                        | 10%                                                                        |
| Teladoc Health virtual primary care                                                | \$20                                                                        | 0%                                                                          | 20%                                                                        | 10%                                                                        |
| Office visit                                                                       | \$20                                                                        | 0%                                                                          | 20%                                                                        | 10%                                                                        |
| Specialist visit                                                                   | \$20                                                                        | 0%                                                                          | 20%                                                                        | 10%                                                                        |
| Urgent care                                                                        | \$25                                                                        | 0%                                                                          | 20%                                                                        | 10%                                                                        |
| Emergency room                                                                     | \$50                                                                        | 0%                                                                          | 20%                                                                        | 10%                                                                        |
| Total out-of-pocket maximum                                                        | \$4,000/\$8,000                                                             | \$4,000/\$8,000                                                             | \$5,000/\$8,700                                                            | \$5,500/\$11,000                                                           |
| <b>Certain Benefit Differences (cost share is applied after deductible is met)</b> |                                                                             |                                                                             |                                                                            |                                                                            |
| 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. | 38 visits per calendar year, including therapeutic massage; 90% 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.                                | 38 visits per calendar year; 90% 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.                       | 60 visits combined per calendar year; 90% after ded.                       |
| Bariatric surgery                                                                  | 100% after ded.                                                             | 100% after ded.                                                             | 80% after ded.                                                             | 90% after ded.                                                             |
| Acupuncture                                                                        | 100% after ded.                                                             | 100% after ded.                                                             | 80% after ded.                                                             | 90% 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.                                        | 90% up to a max. benefit after ded.                                        |

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

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.