

TEACHER Overview Comparison Between MESSA Choices II In-Network and Out-of-Network

This is a brief summary of coverage and is not a complete description of benefits.

Caution: If a category of coverage in which you are interested is not mentioned in this summary, do not assume that it is or is not a covered benefit.

| SERVICE | MESSA CHOICES II PPO IN-NETWORK – (After Deductible) | MESSA CHOICES II PPO OUT-OF-NETWORK - (After Deductible) |
|---|---|---|
| | Deductible, Co-payments and Dollar Maximums | |
| Deductible | \$200 per person/\$400 per family in a calendar year | \$400 per person/\$800 per family in a calendar year |
| Maximum Out-of-Pocket | None – due to minimal co-payments and 100% coverage for most services | \$2,000 per person/ \$4,000 family in a calendar year. |
| Lifetime Maximum | Unlimited for all covered services and as noted below for individual services | Unlimited for all covered services and as noted below for individual services |
| Type of Service | | |
| | In-Network | Out-of-Network |
| Office Visits | \$5 co-payment | 80% of the approved amount |
| Prescription Drug Coverage (mail order available) | \$10 Generic/\$20 Brand co-payment | 75% minus the co-payment |
| Inpatient Hospital | | |
| <ul style="list-style-type: none"> Semi-private room and board (includes supplies and services) Physician charges | 100% | 80% of the approved amount |
| Surgical Services | | |
| Includes: surgeon, assistant surgeon and anesthesiologist charges | 100% | 80% of the approved amount |
| Hospital Emergency Room (ER) | | |
| admitted or due to accidental injury | | |
| <ul style="list-style-type: none"> Hospital Charges ER Physician Charges | \$25 co-payment | \$25 co-payment |
| Urgent Care – Co-payment waived if services are required to treat a medical emergency or accidental injury | \$10 co-payment | 80% of the approved amount |
| Allergy Testing & Therapy | 100% | 80% of the approved amount |
| Chiropractic Services including Modalities | | |
| Up to 38 visits (combination of in-network and out of network visits) per calendar year | 100% | 80% of the approved amount |
| Diagnostic Lab & X-Ray | 100% | 80% of the approved amount |
| Radiation & Chemotherapy | 100% | 80% of the approved amount |

| SERVICE | MESSA CHOICES II PPO IN-NETWORK | MESSA CHOICES II PPO OUT-OF-NETWORK |
|--|---|---|
| <p>Preventive Care</p> <ul style="list-style-type: none"> Well baby and well child care visits: <ul style="list-style-type: none"> *6 visits from birth through 12 months *6 visits from 13 months through 23 months *2 visits from 24 months through 35 months *2 visits from 36 months through 47 months *1 visit per birth year for children 40 months through age 15 Childhood and Adult Immunizations – As recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics Cancer Screenings Health Maintenance Exams – age 16 through adult, 1 per calendar year | <p>100% No deductible (Adult immunizations Are covered)</p> | <p>Not covered (except for mammograms)</p> |
| <p>Additional Covered Services</p> <ul style="list-style-type: none"> Medical Supplies and Equipment Ambulance Hearing Care (<i>plan limits apply</i>) Skilled Nursing Facility Hospice Home Health Care Human Organ Transplant – when authorized and performed at an approved facility | <p>100%</p> | <p>100% of the approved amount* In-network deductible applies when there is no network for services</p> |
| <p>Mental Health and Substance Abuse Outpatient Care</p> <ul style="list-style-type: none"> Mental health care – combined limit of 50 in-network and out-of-network visits per member, per calendar year Substance abuse treatment – care must be provided in a licensed substance abuse facility | <p>90%</p> | <p>80% of the approved amount</p> |
| <p>Mental Health and Substance Abuse Inpatient – Pre-authorization required</p> <p>Outpatient Physical and Speech Therapy</p> <p>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</p> | <p>100%</p> | <p>80% of the approved amount</p> |

TROY – TEACHERS

THOSE **WITH** DENTAL COVERAGE THROUGH ANOTHER SOURCE

MESSA DENTAL PLAN – DELTA DENTAL PLAN OF MICHIGAN

(COORDINATION OF BENEFITS)

| Class I Diagnostic 50% | Class II Basic Services 50% | Class III Bridges and Dentures 50% | Class IV Orthodontics 50% |
|--|--|---|---|
| <ul style="list-style-type: none"> ❖ Oral Examination ❖ Cleanings ❖ Topical Fluoride ❖ Emergency Pain Relief | <ul style="list-style-type: none"> ❖ X-rays ❖ Filling ❖ Crowns Jackets ❖ Oral Surgery: extractions ❖ Root canals and other endodontic Services ❖ Gingivectomies and other periodontal Services | <ul style="list-style-type: none"> ❖ Fixed bridgework ❖ Partial and complete dentures | <ul style="list-style-type: none"> ❖ Necessary treatment and procedures required for the correction of malposed teeth to age 19 ❖ Initial exam, radiographs and extractions are covered under Class I |
| \$1,000 Class I, II & III Annual Maximum Per Person | | | \$1000 Class IV Lifetime Maximum Per person |

Class 1, 2 and 3 benefits renew annually on July 1. Each family member has a \$1,000 annual maximum that will be paid by the MESSA/Delta Dental plan.

Dependents include children who are (1) unmarried and (2) dependent on you for more than 50% of their support. These children can be covered through the calendar year they turn 25 years old, as long as they meet conditions 1 and 2 above. If they are full-time students beyond age 25 and still meet conditions 1 and 2, they **may** be eligible for coverage longer.

THOSE **WITHOUT** DENTAL COVERAGE THROUGH ANOTHER SOURCE

MESSA DENTAL PLAN – DELTA DENTAL PLAN OF MICHIGAN

| Class I Diagnostic 100% | Class II Basic Services 90% | Class III Bridges and Dentures 90% | Class IV Orthodontics 90% |
|--|--|---|---|
| <ul style="list-style-type: none"> ❖ Oral Examination ❖ Cleanings ❖ Topical Fluoride ❖ Emergency Pain Relief | <ul style="list-style-type: none"> ❖ X-rays ❖ Filling ❖ Crowns Jackets ❖ Oral Surgery: extractions ❖ Root canals and other endodontic Services ❖ Gingivectomies and other periodontal Services | <ul style="list-style-type: none"> ❖ Fixed bridgework ❖ Partial and complete dentures | <ul style="list-style-type: none"> ❖ Necessary treatment and procedures required for the correction of malposed teeth to age 19 ❖ Initial exam, radiographs and extractions are covered under Class I |
| \$1,000 Class I, II & III Annual Maximum Per Person | | | \$1500 Class IV Lifetime Maximum Per person |