Central Michigan University
2024 Coverage Comparison: MESSA Choices and MESSA ABC
See plan booklets for a complete description of benefits

Benefits	MESSA Choices 10/20 $20 Office Visit, $10/$20 Rx In-Network	MESSA Choices 10/20 $10/$20 Rx Out-of-Network	MESSA Choices 200/400 $20 Office Visit, SaverRx In-Network	MESSA Choices 200/400 SaverRx Out-of-Network	MESSA Choices 500/1000 $20 Office Visit, SaverRx In-Network	MESSA Choices 500/1000 SaverRx Out-of-Network	MESSA ABC Plan 1 ABC Rx Plan In-Network	MESSA ABC Plan 1 ABC Rx Plan Out-of-Network
DEDUCTIBLE APPLICATION	**All claims are subject to plan deductibles except for In-network preventive services and prescription drugs.**		**Same as the Other Choices Option**		**Same as the Other Choices Option**		**All claims - INCLUDING PRESCRIPTION DRUGS - are subject to plan deductibles except for In-network preventive services and certain preventive prescription drugs.**	
Deductible	Per Individual: $100 / Family Maximum: $200	Per Individual: $250 / Family Maximum: $500	Per Individual: $200 / Family Maximum: $400	Per Individual: $400 / Family Maximum: $800	Per Individual: $500 / Family Maximum: $1,000	Per Individual: $1,000 / Family Maximum: $2,000	2024 Single: $1,600 2-person / Family: $3,200	2024 Single: $3,200 2-person / Family: $6,400
Total Out-of-Pocket Maximum (incl. deductible, medical/rx co-payments and co-insurance)	Per Individual: $2,100 / Family Maximum: $4,200	Per Individual: $4,250 / Family Maximum: $8,500	Per Individual: $2,200 / Family Maximum: $4,400	Per Individual: $4,400 / Family Maximum: $8,800	Per Individual: $2,500 / Family Maximum: $5,000	Per Individual: $5,000 / Family Maximum: $10,000	Single: $2,500 2-person / Family: $5,000	Single: $5,000 2-person / Family: $10,000
Lifetime Benefit Maximum	Unlimited		Same as Other Choices Option		Same as Other Choices Option		Same as Choices Options	
Preventive Care Services such as annual exams, screenings, childhood and adult immunizations, and certain PPACA preventive drugs.	100% covered For a complete list visit: www.messa.org/FreePreventiveCare	Not Covered Except for mammograms which are covered at 80% after deductible	Same as Other Choices Option	Same as Other Choices Option	Same as Other Choices Option	Same as Other Choices Option	Same as Choices Options	Same as Choices Options
Physician Office Visits	After $20 copay, 100% covered	80% covered	After $20 copay, 100% covered	80% covered	After $20 copay, 100% covered	80% covered	100% covered	80% covered
Online Physician Visits	After $20 copay, 100% covered	80% covered	After $20 copay, 100% covered	80% covered	After $20 copay, 100% covered	80% covered	100% covered	80% covered
Pre-natal & Post-natal Care	100% covered, not subject to deductible	80% covered, not subject to deductible	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	100% covered, Pre-natal not subject to deductible	80% covered, Pre-natal not subject to deductible
Emergency Room for Medical Emergency	100% covered and copay waived for emergency or accidental injury	If not an emergency $50 copay, then 80% covered	Same as Other Choices		Same as Other Choices		100% covered for emergency or accidental injury	If not an emergency 80% covered
Urgent Care for Non-emergency Treatment	After $25 copay, 100% covered	After $25 copay, 80% covered	Same as Other Choices Option	Same as Other Choices Option	Same as Other Choices Option	Same as Other Choices Option	100% covered	80% covered
Hospital Services, including Semi-private Room & Physician Services	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Skilled Nursing Care (120 days annually)	100% covered		Same as Other Choices Option		Same as Other Choices Option		Same as Choices Options	
Hospice Care (Four 90-day periods)	100% covered		Same as Other Choices Option		Same as Other Choices Option		Same as Choices Options	
Home Health Care Services	100% covered		Same as Other Choices Option		Same as Other Choices Option		Same as Choices Options	
Ambulance Services	100% covered (medically necessary)		Same as Other Choices Option		Same as Other Choices Option		Same as Choices Options	
Diagnostic Lab, Pathology & Radiology	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Physical, Speech, & Occupational Therapy (60 visit annual maximum)	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Cardiac Rehabilitation & Pulmonary Rehabilitation	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Chemotherapy, Radiation & Hemodialysis	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Surgeries, including all related surgical services & Anesthesia	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Human Organ Transplants (Except Bone Marrow, Kidney, Cornea, and Skin)	100% covered, not subject to deductible	Not covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Bone Marrow, Kidney, Cornea and Skin Transplants	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Allergy Testing and Therapy	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Inpatient Mental Health & Substance Abuse Care	100% covered	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Outpatient Mental Health & Substance Abuse Care	After $20 copay, 100% covered	80% covered	After $20 copay, 100% covered	80% covered	After $20 copay, 100% covered	80% covered	100% covered	80% covered
Durable Medical Equipment, Prosthetics and Orthotics	100% covered		Same as Other Choices Option		Same as Other Choices Option		Same as Choices Options	
Chiropractic Spinal Manipulation (Must be medically necessary)	100% covered (Up to 38 visits per calendar year)	80% covered	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Other Choices	Same as Choices Options	Same as Choices Options
Prescription Drug Benefits	**$10/$20 Rx Plan In-Network**	**$10/$20 Rx Plan Out-of-Network**	**Saver Rx In-Network**	**Saver Rx Out-of-Network**	**Saver Rx In-Network**	**Saver Rx Out-of-Network**	**ABC Rx In-Network**	**ABC Rx Out-of-Network**
Copays / Coinsurance 1-34 Day Supply	$10 generic/$20 brand (90 Day Supply for Two Copays)	75% covered, minus applicable In-Network copay	Depending on Rx, $2 or $10 for generics / $20 or $40 for brands. $10 for specific OTC. See MESSA.org for SaverRx details. (90 Day Supply for Two Copays)	After In-Network copay, 75% covered	Depending on Rx, $2 or $10 for generics / $20 or $40 for brands. $10 for specific OTC. See MESSA.org for SaverRx details. (90 Day Supply for Two Copays)	After In-Network copay, 75% covered	After Deductible, depending on Rx, $0, $2 or $10 for generics, $0, $20 or $40 for brands, $10 for specific OTC. See MESSA.org for ABC Rx details. (90 Day Supply for Two Copays)	After Deductible and In-Network Rx copay, 75% covered
Prescription Copay & Coinsurance Annual Out-of-Pocket Maximum	Included in "Total Out-of-Pocket Maximum"	Included in "Total Out-of-Pocket Maximum"	Included in "Total Out-of-Pocket Maximum"	Included in "Total Out-of-Pocket Maximum"	Included in "Total Out-of-Pocket Maximum"	Included in "Total Out-of-Pocket Maximum"	Included in "Total Out-of-Pocket Maximum"	Included in "Total Out-of-Pocket Maximum"
Extensive Listing of Free Preventive Prescriptions - In-Network	Extensive Listing Not Available. Under PPACA a limited number of preventive prescriptions are available. See www.MESSA.org/FreePreventiveCare		Same as Other Choices Option		Same as Other Choices Option		Before members pay anything toward their deductible, MESSA provides 100% coverage for an extensive list of prescription drugs including cholesterol and blood pressure medications, prenatal vitamins, contraceptives, weight loss medications, smoking cessation products and many more. No deductible. Zero copay.	