

PROPOSED MESSA In-Network Plan Comparison - Effective 1/1/2025
Jackson County Consortium

	MESSA Choices \$1,000/\$2,000 0% 5-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 5-Tier Rx	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 0% 3-Tier Rx
In-Network Cost Share After Deductible			
Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	0%	0%
Teladoc Health virtual primary care	\$20	0%	0%
Office visit	\$20	0%	0%
Specialist visit	\$20	0%	0%
Urgent care	\$25	0%	0%
Emergency room	\$50	0%	0%
Total out-of-pocket maximum	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
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; 100% 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; 100% 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; 100% after ded.
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.
Acupuncture	100% after ded.	100% after ded.	100% after ded.
Hearing aids	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.

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Prescription Drugs	5-Tier Rx	5-Tier Rx (after deductible)	3-Tier Rx (after deductible)
Up to a 34-day supply			
Generic	Free or \$10	Free or \$10	Free or \$10
Preferred brand	\$40	\$40	20% coinsurance (\$40 min - \$80 max)
Nonpreferred brand	\$80	\$80	20% coinsurance (\$60 min - \$100 max)
Preferred specialty (generic specialty and brand specialty)	20% coinsurance (\$0 min - \$150 max)	20% coinsurance (\$0 min - \$150 max)	Pricing included in one of the above categories
Nonpreferred specialty	20% coinsurance (\$0 min - \$300 max)	20% coinsurance (\$0 min - \$300 max)	
90-day supply			
Generic, Preferred brand, Nonpreferred brand	3x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	2.5x 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

If you have any questions, please contact your MESSA Field Representative at 800-292-4910.

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.