

MESSA In-Network Plan Comparison - Effective 1/1/2025
Chippewa Valley Schools - 433J Support Staff hired aft 7/1/13

	MESSA Choices \$500/\$1,000 0% 3-Tier Rx	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 3 \$3,500/\$7,000 HSA 10% MESSA ABC Rx
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In-Network Cost Share After Deductible

Deductible	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000
Coinsurance	0%	0%	0%	10%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	\$20	0%	10%
Teladoc Health virtual primary care	\$20	\$20	0%	10%
Office visit	\$20	\$20	0%	10%
Specialist visit	\$20	\$20	0%	10%
Urgent care	\$25	\$25	0%	10%
Emergency room	\$50	\$50	0%	10%
Total out-of-pocket maximum	\$3,500/\$7,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,500/\$9,000

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.	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; 100% 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; 100% after ded.	60 visits combined per calendar year; 90% after ded.
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.	90% after ded.
Acupuncture	100% after ded.	100% after ded.	100% after ded.	90% 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.	90% up to a max. benefit after ded.

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Prescription Drugs	3-Tier Rx	5-Tier Rx	5-Tier Rx (after deductible)	MESSA ABC Rx (after deductible)
Up to a 34-day supply				
Generic	\$10	Free or \$10	Free or \$10	Free, \$2 or \$10
Preferred brand	20% coinsurance (\$40 min - \$80 max)	\$40	\$40	\$20 or \$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)	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	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	2x 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. 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	Not included

ACA = Affordable Care Act

~ For Saver Rx and ABC Rx, the reduced cost generic drugs at \$2 and brand name drugs at \$20, include medications for asthma, diabetes, coronary artery disease, high blood pressure and high cholesterol.

If you have any questions, please contact your MESSA Field Representative, Heather Scott, 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.