

- Essentials by MESSA provides affordable, quality care supported by MESSA's outstanding personal service and the largest network of providers.
- For simplicity and ease in administration, only one deductible, copayment, coinsurance and prescription drug plan are available.
- This plan features a low deductible (\$375 individual/\$750 family maximum) and a significantly lower premium than other products.
- In exchange for a lower premium, Essentials by MESSA includes the following in-network features:
 - Coinsurance at 20%.
 - Copayments for office visits (e.g., primary care physician, obstetrics and gynecology, pediatric visits) and chiropractic and osteopathic manipulations are \$25.
 - A \$25 copayment for outpatient mental health and substance use disorder treatment.
 - A \$50 copayment for specialist visits.
 - A \$50 copayment for urgent care.
 - A \$200 emergency room copayment, if not admitted.
 - An out-of-pocket maximum set at the federal limit.
- Teladoc Health provides convenient virtual care with the following copayments:
 - \$10 for Teladoc 24/7 Care visit for minor illnesses and injuries.
 - \$10 for Teladoc Mental Health visit.
 - \$25 Teladoc Virtual Primary Care visit (must be 18 or older).
- Chiropractic and osteopathic manipulations are allowed 12 visits, combined, per year. Therapeutic massage is covered when performed by a chiropractor, MD, DO, independent physical therapist, occupational therapist, nurse practitioner, or athletic trainer.
 - Occupational, speech and physical therapy, including therapeutic massage performed by a chiropractor, are limited to a combined 30 visits per year.
 - Some services are excluded from coverage, including acupuncture, hearing aids, bariatric surgery, services from non-participating facilities and therapeutic massage by a massage therapist.
- Durable medical equipment such as crutches, breast pumps and blood pressure monitors must be prescribed by a physician and purchased from a payable durable medical equipment provider.
- Annual checkups, cancer screenings and certain immunizations are covered at no cost when provided by an in-network provider. Specific preventive prescriptions are also covered at no charge.

A f f o r d a b l e , q u a l i t y c a r e w i t h a l o w d e d u c t i b l e



What you pay for a prescription from an in-network pharmacy

	Up to 34-day supply	90-day supply
Specific preventive medications mandated by federal law are covered 100%. Age and gender limits apply.	No cost to you	No cost to you
Generics (Tier 1) Generics	\$10 copayment	\$30 copayment
Preferred brand (Tier 2) Most brand-name drugs with no generic equivalent or therapeutic alternative	20% coinsurance \$40 minimum - \$80 maximum	20% coinsurance \$120 minimum - \$240 maximum
Non-preferred brand (Tier 3) Brand-name drugs for which there's a more cost-effective generic alternative or preferred brand name drug	20% coinsurance \$60 minimum - \$100 maximum	20% coinsurance \$180 minimum - \$300 maximum

The amount you pay for brand-name medications can vary because coinsurance is based on the price of the drug when it is filled. Prescription types (generic, brand-name and specialty) are subject to change without notice. Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from an in-network provider.

Specialty medications may be handled separately. We reserve the right to limit the initial quantity of select specialty drugs. Your copay/coinsurance will be reduced by one-half for this reduced initial fill. Additional fills for specialty drugs are limited up to a 30-day supply and must be obtained from a retail pharmacy or by mail through AllianceRx Walgreens Pharmacy.

Money-saving features of this plan

This prescription plan includes a number of money-saving features including prior authorization, step therapy and quantity limits.

To help keep your costs down, some expensive prescription drugs are not covered by this plan. These excluded drugs have preferred alternatives with similar effectiveness, quality and safety, at a lower cost to you and your plan. If you fill a prescription for an excluded drug, you will pay the full retail price.

This is a brief overview of the Essentials by MESSA plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800-336-0013.