

MESSA In-Network Plan Comparison - Effective 1/1/2025
Upper Peninsula Area Purchasing Agreement (UP APA)

	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx	MESSA Choices \$1,000/\$2,000 0% MESSA Saver Rx	MESSA ABC Plan 1 \$1,650/\$3,300 0% MESSA ABC Rx HSA	MESSA ABC Plan 2 \$2,000/\$4,000 20% MESSA ABC Rx HSA	MESSA Balance+ \$1,650/\$3,300 20% Balance+ Rx HSA
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In-Network Cost Share After Deductible

Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,650/\$3,300	\$2,000/\$4,000	\$1,650/\$3,300
Coinsurance	0%	0%	0%	20%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	\$20	0%	20%	\$10
Teladoc Health virtual primary care	\$20	\$20	0%	20%	\$25
Office visit	\$20	\$20	0%	20%	\$25
Specialist visit	\$20	\$20	0%	20%	\$50
Urgent care	\$25	\$25	0%	20%	\$50
Emergency room	\$50	\$50	0%	20%	\$200
Total out-of-pocket maximum	\$2,500/\$5,000	\$3,000/\$6,000	\$2,650/\$5,300	\$4,000/\$8,000	\$4,050/\$8,100

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; 80% after ded.	12 visits combined per calendar year; \$25 copay applies
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; 80% 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; 80% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	100% after ded.	100% after ded.	100% after ded.	80% after ded.	Not covered
Acupuncture	100% after ded.	100% after ded.	100% after ded.	80% after ded.	Not covered
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.	80% up to a max. benefit after ded.	Not covered