

# Benefit Summary

## Member cost-share for in-network medical services.

Deductible	\$375 individual/\$750 family
Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications	Free
Annual out-of-pocket maximums	2023: \$9,100 individual/\$18,200 family 2024: \$9,450 individual/\$18,900 family
Blue Cross online visit copayment	\$10
Office visit copayment (e.g., primary care physician, obstetrics and gynecology, and pediatric visits)	\$25
Outpatient mental health and substance use copayment	\$25
Chiropractic and osteopathic manipulations	\$25 copayment – Maximum of 12 visits (combined) per calendar year.
Specialist visit copayment	\$50
Urgent care copayment	\$50
Emergency room copayment	\$200
Coinsurance	20% for services and appointments that do not have copayments.
Ambulance services	20% coinsurance
Hospitalization	20% coinsurance
Surgery	20% coinsurance
Diagnostic laboratory, pathology and radiology	20% coinsurance
Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor	20% coinsurance. Maximum of 30 visits (combined) per calendar year.
Inpatient mental health and substance use disorder care	20% coinsurance. Preapproval is required. Services, admissions and lengths of stay that are not pre-approved will not be covered. Services must be medically necessary and provided by a payable provider.

<b>Durable medical equipment (DME)</b>	20% coinsurance. Must be prescribed by a physician and purchased from a payable DME provider. Purchases made online or from a retail store are not covered.
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#### Essentials by MESSA Rx coverage

<b>Essentials by MESSA Rx coverage</b>	
<b>Retail and optional mail order delivery</b>	34-day supply; 90 days if prescribed.
<b>Specific preventive medications mandated by federal law are covered 100%. Age and gender limits apply.</b>	Free
<b>Generic medications</b>	\$10 34-day/\$30 90-day
<b>Brand name - Preferred</b>	20% coinsurance 34-day supply \$40 min./\$80 max. 90-day supply \$120 min./\$240 max.
<b>Brand name - Nonpreferred</b>	20% coinsurance 34-day supply \$60 min./\$100 max. 90-day supply \$180 min./\$300 max.
<b>Prior authorization</b>	Required for some medications to ensure compliance with FDA approved safe prescribing guidelines. Your doctor will submit documentation to support the need for the prescription.
<b>Quantity limits</b>	Applies to some medications to ensure patient safety and appropriate use.
<b>Step therapy</b>	Required for some medications. Step therapy helps keep costs down while making sure you get the safest, most effective and reasonably priced medication available.

Affordable, quality care with a low deductible