essentials by messa℠

Benefit Summary

Member cost-share for in-network medical services.	
Deductible	$375 individual/$750 family
Coinsurance	20%
Blue Cross online visit copayment	$10
Office visit copayment (e.g., primary care physician, obstetrics and gynecology, and pediatric visits)	$25
Specialist visit copayment	$50
Urgent care copayment	$50
Emergency room copayment	$200
Annual out-of-pocket maximum	$7,900 individual/$15,800 family
Ambulance services	20% coinsurance
Surgery	20% coinsurance
Hospitalization	20% coinsurance
Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications	Free
Outpatient mental health and substance abuse copayment	$25
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.
Chiropractic and osteopathic manipulations	$25 copayment – Maximum of 12 visits (combined) per calendar year.
Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor	Maximum of 30 visits (combined) per calendar year.
Diagnostic laboratory, pathology and radiology	20% coinsurance
Durable medical equipment (DME)	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.
Common exclusions	
Hearing Aids	Not covered
Massage therapy performed by a massage therapist	Not covered
Bariatric surgery	Not covered
Acupuncture	Not covered
BCBSM non-participating facilities	Not covered
Nutritional counseling performed by a registered dietitian	Not covered
4th-quarter carryover	Not covered

Essentials by MESSA Rx coverage

Retail and optional mail order delivery	34-day supply; 90 days if prescribed.
Specific preventive medications mandated by federal law are covered 100%. Age and gender limits apply.	Free
Generic medications	$10 34-day/$30 90-day
Brand name - Preferred	20% coinsurance 34-day supply $40 min./$80 max. 90-day supply $120 min./$240 max.
Brand name - Nonpreferred	20% coinsurance 34-day supply $60 min./$100 max. 90-day supply $180 min./$300 max.
Prior authorization	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.
Quantity limits	Applies to some medications to ensure patient safety and appropriate use.
Step therapy	Required for some medications. Step therapy helps keep costs down while making sure you get the safest, most effective and reasonably priced medication available.
Excluded drugs	Drugs that are excluded from coverage include, but are not limited to, brand-name drugs that have generic equivalents, erectile dysfunction drugs, weight loss drugs, heartburn and acid reflux medications (specific generics are covered), drugs that treat colds and coughs (including most antihistamines), and prenatal vitamins.