

Benefit Summary

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 \$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 Ungatient mental health and substance abuse copayment \$25 Inpatient mental health and substance abuse care. \$25 Inpatient mental health and substance abuse care. \$25 Chiropractic and osteopathic manipulations \$25 copayment - Maximum of 12 visits (combined) per calendar year. Physical therapy, occupational therapy, spector therapy and massage therapy serformed by a chiropractor Maximum of 30 visits (combined) per calendar year. 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. <th colspan="2">Member cost-share for in-network medical services.</th>	Member cost-share for in-network medical services.	
Blue Cross online visit copayment Office visit copayment (e.g., primary care physician, obstetrics and gynecology, and pediatric visits) Specialist visit copayment Specialist visit vi	Deductible	\$375 individual/\$750 family
Office visit copayment (e.g., primary care physician, obstetrics and gynecology, and pediatric visits) 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 Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Outpatient mental health and substance abuse copayment Sabse copayment Chiropractic and osteopathic manipulations Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor Diagnostic laboratory, pathology and radiology. Common exclusions Massage therapy performed by a massage therapist Massage therapy performed by a massage therapist Massage therapy performed by a registered dietitian Not covered Not covered Covered	Coinsurance	20%
obstetrics and gynecology, and pediatric visits) \$25 Specialist visit copayment \$50 Urgent care copayment \$200 Annual out-of-pocket maximum \$7,900 individual/\$15,800 family Annual out-of-pocket maximum \$7,900 individual/\$15,800 family Ambulance services 20% coinsurance Surgery 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 abuse care. \$25 Inpatient mental health and substance abuse care. \$25 copayment - Maximum of 12 visits (combined) per calendar year. 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. Durable medical equipment (DME) 20% coinsurance User the 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 Not covered	Blue Cross online visit copayment	\$10
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 Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Outpatient mental health and substance abuse capayment \$25 Inpatient mental health and substance abuse care. Chiropractic and osteopathic manipulations 220 copayment — Maximum of 12 visits (combined) per calendar year. Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor Diagnostic laboratory, pathology and radiology. Common exclusions Massage therapy performed by a massage therapist Not covered Bariatric surgery Not covered Course Course must be prescribed by a payable DME provider. Purchases made online or from a retail store are not covered. Not covered		\$25
Emergency room copayment Annual out-of-pocket maximum \$7,900 individual/\$15,800 family Ambulance services 20% coinsurance Surgery 20% coinsurance Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Outpatient mental health and substance abuse copayment 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. 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 Diagnostic laboratory, pathology and radiology. Durable medical equipment (DME) Durable medical equipment (DME) Assage therapy performed by a massage therapist Not covered Massage therapy performed by a massage therapist Not covered Acupuncture Not covered	Specialist visit copayment	\$50
Annual out-of-pocket maximum \$7,900 individual/\$15,800 family Ambulance services 20% coinsurance Surgery 20% coinsurance Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Outpatient mental health and substance abuse copayment \$25 Inpatient mental health and substance abuse care. Inpatient mental health and substance abuse care. Childropractic and osteopathic manipulations \$25 copayment - Maximum of 12 visits (combined) per calendar year. Chiropractic and osteopathic manipulations Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor Diagnostic laboratory, pathology and radiology. Durable medical equipment (DME) Durable medical equipment (DME) Maximum of 30 visits (combined) per calendar year. Physical therapy and massage therapy performed by a chiropractor Diagnostic laboratory, pathology and radiology. 20% coinsurance. Durable medical equipment (DME) Not covered Massage therapy performed by a massage therapist Not covered Massage therapy performed by a massage therapist Not covered Acupuncture Not covered	Urgent care copayment	\$50
Ambulance services Surgery 20% coinsurance 20% coinsurance Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Outpatient mental health and substance abuse copayment Inpatient mental health and substance abuse care. Inpatient mental health and substance abuse care. Chiropractic and osteopathic manipulations Chiropractic and osteopathic manipulations Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor Diagnostic laboratory, pathology and radiology. Durable medical equipment (DME) Durable medical equipment (DME) Common exclusions Hearing Aids Not covered Massage therapy performed by a massage therapist Not covered Acupuncture BCBSM non-participating facilities Not covered	Emergency room copayment	\$200
Surgery 20% coinsurance Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Outpatient mental health and substance abuse copayment Inpatient mental health and substance abuse care. Inpatient mental health and substance abuse care. Chiropractic and osteopathic manipulations Chiropractic and osteopathic manipulations S25 copayment — Maximum of 12 visits (combined) per calendar year. Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor Diagnostic laboratory, pathology and radiology. Durable medical equipment (DME) Common exclusions Hearing Aids Not covered Massage therapy performed by a massage therapist Not covered Acupuncture Not covered	Annual out-of-pocket maximum	\$7,900 individual/\$15,800 family
Hospitalization 20% coinsurance Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications. Outpatient mental health and substance abuse copayment Inpatient mental health and substance abuse care. Inpatient mental health and substance abuse care. Chiropractic and osteopathic manipulations Chiropractic and osteopathic manipulations Physical therapy, occupational therapy, speech therapy and massage therapy performed by a chiropractor Diagnostic laboratory, pathology and radiology. Diagnostic laboratory, pathology and radiology. Common exclusions Hearing Aids Mot covered Massage therapy performed by a massage therapist Not covered Acupuncture Not covered	Ambulance services	20% coinsurance
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Common exclusions Hearing Aids Massage therapy performed by a massage therapist Massage therapy performed by a massage therapist Massage therapy performed by a massage therapist Mot covered Acupuncture Not covered		admissions and lengths of stay that are not pre-approved will not be covered. Services must be medically necessary
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Hearing Aids Massage therapy performed by a massage therapist Not covered Bariatric surgery Not covered Acupuncture Not covered BCBSM non-participating facilities Not covered Not covered Not covered Not covered	Durable medical equipment (DME)	purchased from a payable DME provider. Purchases made
Massage therapy performed by a massage therapist Bariatric surgery Not covered Acupuncture Not covered BCBSM non-participating facilities Not covered Not covered Not covered Not covered	Common exclusions	
Bariatric surgery Not covered Acupuncture Not covered BCBSM non-participating facilities Not covered Not covered Not covered Not covered	Hearing Aids	Not covered
Acupuncture Not covered BCBSM non-participating facilities Not covered Nutritional counseling performed by a registered dietitian Not covered	Massage therapy performed by a massage therapist	Not covered
BCBSM non-participating facilities Not covered Nutritional counseling performed by a registered dietitian Not covered	Bariatric surgery	Not covered
Nutritional counseling performed by a registered dietitian Not covered	Acupuncture	Not covered
	BCBSM non-participating facilities	Not covered
4th-quarter carryover 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 (antitussives), and prenatal vitamins.

