



An exceptional, high-quality
health plan from MESSA

messa

ACCOUNT-BASED CHOICES

ABC

SAFETY & SECURITY THAT COSTS LESS

MESSA ABC:

An exceptional health plan that costs less

A smart choice

MESSA ABC is a lower-premium, higher-deductible health plan that's compatible with a health savings account (HSA). It features quality coverage, peace of mind, and outstanding personalized member service.

With MESSA ABC, you receive:

- A large choice of doctors, hospitals and other providers
- Superb wellness and member education support
- In-network discounts
- A HealthEquity HSA

If you've never had a lower-premium, higher-deductible health plan like MESSA ABC before, study the plan's features to maximize the benefits of having a health savings account. Our goal is to ensure members are satisfied with MESSA ABC and HealthEquity — and we're here to help you learn how to effectively use and manage your plan.

Medical coverage

MESSA ABC includes coverage features that add value for members:

1. Access to the largest statewide provider network and the benefit of discounted provider fees when paying for in-network medical services.
2. FREE in-network preventive care services such as adult and child immunizations as recommended by the U.S. Preventive Services Taskforce, well-baby visits and annual physicals.
3. Hundreds of FREE preventive prescriptions with no deductible or copayment, including contraceptives for women, prenatal vitamins, medications for high cholesterol and high blood pressure, and medications for weight loss and smoking cessation.

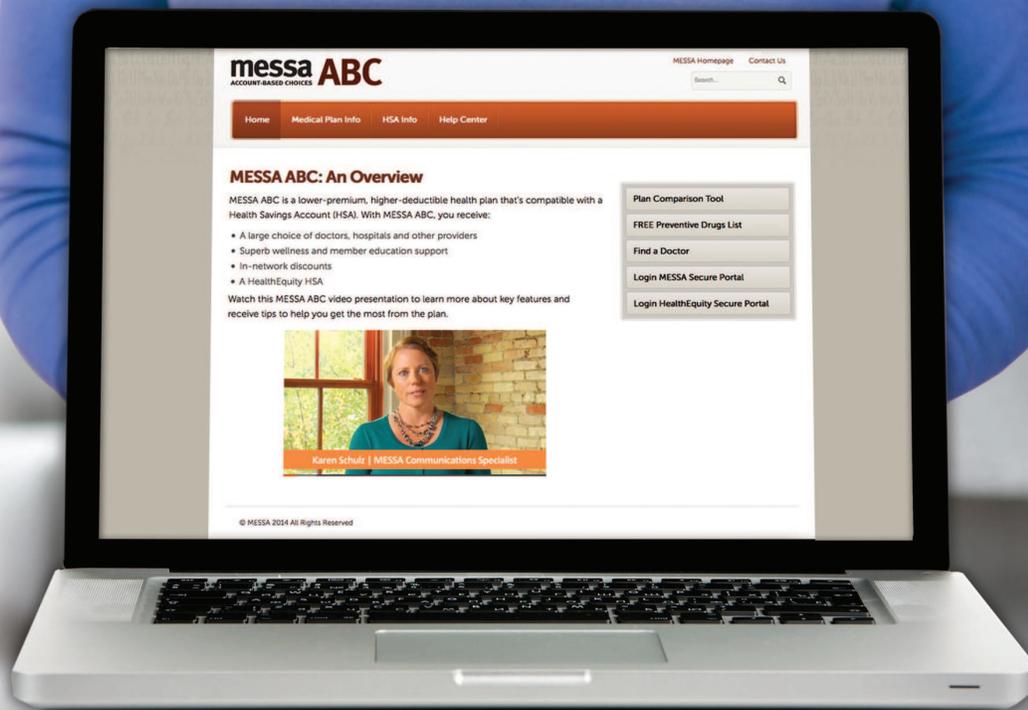
› *Taking an active role in managing your health care and HSA will help you get the most from your plan.*

We urge members to take time every month to review medical claims and HSA account transactions.



**Click.
Read.
Learn.**

› *Helpful tips and videos at
www.messa.org/MESSAABCs*



HealthEquity HSA

A HealthEquity HSA account is included with MESSA ABC for each member. Think of an HSA as a “tax-free” zone that allows members and employers to set aside money for the members’ health care. An HSA can be used to pay for qualified medical care expenses, including deductible expenses.

Three facts about HSAs:

1. HSA accounts are portable — the member owns the account forever.
2. All unspent money carries over from year to year; there’s no “use it or lose it” rule.
3. With an HSA, members can enjoy a triple tax advantage: Save money with pre-tax payroll contributions, earn tax-free interest and investment income, and access tax-free withdrawals for qualified medical expenses.

› *Attend benefit and enrollment meetings when they’re offered. If you cannot attend, ask a colleague to pick up copies of materials distributed—and call your MESSA Field Representative at 800.292.4910 with questions.*

What’s next?

Members who enroll in MESSA ABC will receive:

- A new MESSA insurance card and a welcome packet with key plan details.
- A special “Welcome to MESSA” packet — for groups new to MESSA — with information and tips so you can familiarize yourself with our organization.
- A HealthEquity Visa HSA card to use to help pay for qualified medical expenses if you have money in the account.

If you want to learn more:

- Attend local benefit or enrollment meetings offered by your MESSA Field Representative.
- Go to www.messa.org/MESSAABCs or call MESSA’s East Lansing-based Member Service Center at 800.336.0013 for questions about the MESSA ABC medical plan.
- Go to www.healthequity.com or call HealthEquity’s Member Services department at 877.218.3432 for questions about the HealthEquity HSA.





This is your HealthEquity Visa® HSA card. You must have money in your account before you can pay for qualified medical expenses.

This is your MESSA insurance card. You need to show it at the pharmacy and every time you get medical care. Failure to use your insurance card may lead to delays in claims processing and result in unnecessary expenses for you.

5 tips: Get the most from MESSA ABC

1. Present your MESSA insurance card to every provider, including pharmacies.
2. Take advantage of free in-network preventive care, free physicals, and free preventive prescriptions.
3. Learn how the deductible works so you can budget accordingly. Pay deductible expenses with money from your health savings account (HSA) — don't forget to set aside pre-tax dollars to help cover expenses, if needed.
4. Activate your account at www.messa.org to view and track your medical claims and go to www.healthequity.com to manage your HSA.
5. Call MESSA with questions. We're here to help! 800.336.0013.

messa ABC
ACCOUNT-BASED CHOICES

1475 Kendale Boulevard, P.O. Box 2560, East Lansing, MI 48826-2560

MESSA ABC Plan Options

Medical Plan Highlights

All services must be **medically necessary**, performed by a qualified provider, and covered under the plan.

	In-Network		Out-of-Network		
	Single Coverage	2-Person & Family	Single Coverage	2-Person & Family	
Annual Deductible Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. By federal law, when two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.	MESSA ABC Plan 1*	2014 - \$1,250 2015 - \$1,300	2014 - \$2,500 2015 - \$2,600	2014 - \$2,500 2015 - \$2,600	2014 - \$5,000 2015 - \$5,200
	MESSA ABC Plan 2	\$2,000	\$4,000	\$4,000	\$8,000
MESSA ABC Plan 3**	\$3,500	\$7,000	\$7,000	\$14,000	

*The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 in order to remain HSA-compatible according to IRS rules governing HSAs.

**After the deductible is met, MESSA ABC Plan 3 includes a member coinsurance responsibility of 10% of the approved amount on in-network services and 30% of the approved amount on out-of-network services.

	In-Network		Out-of-Network	
	Single Coverage	2-Person & Family	Single Coverage	2-Person & Family
Annual Out-of-pocket Maximum The out-of-pocket maximum includes copayments and coinsurance plus the deductible. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum.	Deductible plus \$1,000	Deductible plus \$2,000	Deductible plus \$2,000	Deductible plus \$4,000

Lifetime Benefit Maximum	In-Network	Out-of-Network
	Unlimited	Unlimited

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Office Visits	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Free Preventive Prescriptions MESSAABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	100% coverage No deductible, No copayment	Not covered
Other Prescription Drug Coverage (See reverse for details) Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, MESSA ABC Rx coverage and copayments apply.	After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum	75% of approved amount
Inpatient Hospital ■ Semi-private room and board (includes supplies and services) ■ Physician charges	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Surgical Services Includes: surgeon, assistant surgeon and anesthesiologist	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Emergency Care ■ Emergency room facility and physician charges ■ Urgent care	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Preventive Care – www.messa.org/FreePreventiveCare Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a Public Health Department or at a MESSA-sponsored event are considered in-network.	100% coverage Not subject to deductible	Not Covered (except for mammograms which are covered Plans 1 & 2: 80% Plan 3: 70% of approved amount after deductible)
Chiropractic Services including Modalities Up to 38 visits (combination of in-network and out-of-network visits) per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits.	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount

Type of Service	In-Network Provider (after deductible)	Out-of-Network Provider (after deductible)
Diagnostic Lab and X-Ray, Radiation, and Chemotherapy	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Allergy Testing and Therapy	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Additional Covered Services <ul style="list-style-type: none"> ■ Medical supplies and equipment ■ Ambulance ■ Hearing care (<i>plan limits apply</i>) ■ Skilled nursing facility (<i>120 day annual limit applies</i>) ■ Hospice (<i>limits apply</i>) ■ Home health care 	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Same as in-network
Human Organ Transplant	Plans 1 & 2: 100% Plan 3: 90% when authorized and performed at a BCBSM-approved facility (<i>plan limits apply</i>)	Not covered
Mental Health and Substance Abuse <i>Inpatient and Outpatient Care</i> <ul style="list-style-type: none"> ■ Mental health care ■ Substance abuse treatment 	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount
Outpatient Physical, Occupational, and Speech Therapy Up to a combined benefit maximum of 60 visits per individual per calendar year, whether obtained from an in-network or out-of-network provider.	Plans 1 & 2: 100% Plan 3: 90% of approved amount	Plans 1 & 2: 80% Plan 3: 70% of approved amount

■ **Free Preventive Prescription Drugs – A MESSA Value Added Benefit**

Before members pay anything toward their deductible, MESSA provides 100% coverage for an extensive list of prescription drugs including cholesterol and blood pressure medications, prenatal vitamins, contraceptives, weight loss medications, smoking cessation products and many more. No deductible. Zero copayment. Members pay **nothing** for these preventive prescriptions.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. **After applicable deductible is met**, there is a \$2 copayment for generic maintenance medications for specific chronic conditions and diseases. There is a \$10 copayment for all other generics. There is also a \$10 copayment for listed Over-the-Counter (OTC) medications used to treat heartburn and seasonal allergies. There is a \$20 copayment (reduced from \$40) for specific brand name maintenance drugs used to treat diabetes and asthma. There is a \$40 copayment for brand name drugs when no generic product exists. Please refer to your Plan Coverage Booklet for full details, limits and exclusions.

■ **Medical Case Management (MCM)**

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through these difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ **MESSA Help Lines – NurseLine and Healthy Expectations**

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specially trained Registered Nurse who can answer your medical questions and provide health-related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

■ **Covered Services and Approved Amounts**

In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for deductibles, and **amounts that are in excess of the approved amount** for the service. **These amounts may be substantial.**

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Additional Benefits for You

Life Insurance	\$5,000
Accidental Death & Dismemberment Insurance (AD&D)	\$5,000

Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment terminates, whichever happens last.

Life and AD&D insurance underwritten by Life Insurance Company of North America.

This is a brief summary of the MESSA ABC Plans. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.

MESSA ABC Rx Coverage

An overview

In-network pharmacies

1. Most Michigan retail pharmacies are in-network with your MESSA ABC plan. When you travel out-of-state, ask if the pharmacy is considered in-network with Blue Cross Blue Shield before purchasing a prescription.
2. As required by federal law, prescriptions are subject to the plan deductible with the exception of certain preventive prescriptions when prescribed for specific diagnoses. Member costs for each prescription are limited to the charge that Blue Cross Blue Shield of Michigan has negotiated with the pharmacy.
3. MESSA ABC covers hundreds of free preventive prescriptions at no charge to the member. There is no copayment or deductible charge. For a complete list, visit the MESSA ABC area at www.messa.org/MESSAABCs.
4. Once the in-network plan deductible is met, member costs are limited to the following schedule of copayments for each covered drug or refill when obtained from a network pharmacy:
 - \$2 for certain generic drugs used to treat specific chronic conditions (asthma, coronary artery disease, diabetes, high blood pressure and high cholesterol).
 - \$10 for all other generic drugs.
 - \$10 for specific, over-the-counter medications for the treatment of seasonal allergies and heartburn (requires written prescription). Covered medications include Allegra[®], Allegra D[®], Claritin[®], Claritin D[®], Zyrtec[®], Zyrtec D[®], Prevacid[®], Prilosec[®], and Zegerid[®].
 - \$20 (instead of \$40) for specific brand name maintenance drugs used to treat diabetes and asthma, including insulin, glucagon emergency kits, fast-acting and long-lasting inhalers, and the drugs Zyflo[®] and Zyflo CR[®].
 - \$40 for all other brand name drugs, including single-source drugs where no generic is available. **Members will face additional cost if they insist on a brand-name drug when a less expensive generic is available and medically appropriate.** The additional costs do not apply to your annual deductible or out-of-pocket maximum.
 - Compounded medications and other drugs that are not FDA-approved are not a covered benefit.
5. After the in-network deductible is met for the calendar year, out-of-pocket costs for the rest of the calendar year are \$1,000 for Single coverage plans and \$2,000 for 2-Person and Family coverage plans.
6. With all three plans, if you reach the in-network out-of-pocket cap, your in-network prescriptions and medical services are fully covered at 100% by your MESSA ABC health plan for the remainder of the calendar year.
7. You can fill prescriptions for maintenance medications and receive a 90-day supply for just two copays instead of three.

Out-of-network pharmacies

1. Prescription drug purchases from an out-of-network pharmacy are subject to the MESSA ABC out-of-network deductible.
2. MESSA's free preventive prescription benefit is not available when using an out-of-network pharmacy.
3. If you purchase a prescription from an out-of-network pharmacy, you must pay the pharmacy and submit a claim form and proof-of-purchase to MESSA. Once your applicable out-of-network deductible has been met, MESSA will reimburse you for 75% of the approved amount for the drug (100% for emergency pharmacy services) minus your copayment (if any).

For additional information about your MESSA ABC prescription drug coverage, review your plan coverage booklet at www.messa.org/MESSAABCs or call MESSA's Member Service Center at 800.336.0013.

Health savings account: Can I have one and how can I use it?

HSA eligibility

Federal law governing tax-free savings accounts restricts who is eligible to have a tax-free health savings account (HSA). The law also defines the “qualified medical expenses” that can be covered or reimbursed from an HSA. Additionally, there are restrictions on which family members an account holder can spend HSA dollars to cover or reimburse for their qualified medical expenses. In order to qualify to have an HSA and make tax-free contributions to it, an employee:

- Must be covered by an HSA-qualified high deductible plan (MESSA ABC plans are HSA-qualified).
- Cannot be claimed as a dependent on someone else's tax return.
- Cannot be covered by another person's health plan if the other person's plan is not HSA-qualified.
- Can still be eligible for an HSA if her spouse has a non-HSA-qualified health plan, provided the employee is not covered by the spouse's plan.
- Cannot be enrolled in Medicare or Medicaid.
- Cannot have utilized VA benefits in the three months leading up to enrollment in the HSA plan.
- Generally cannot make contributions to an HSA if she has a medical Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA) that reimburses qualified medical expenses (even if the employee is covered by a high deductible health plan).

Whose expenses can your HSA cover?

Under federal tax law, HSA expenditures are tax-free if used for qualified medical expenses for you and your spouse, any dependents you claim on your tax return, and, with certain exceptions, any person you could have claimed as a dependent.

- You and your spouse: This is true whether or not your spouse or dependent is covered by a high deductible health plan. Even if both spouses have an HSA, one spouse can pay for qualified medical expenses for the other.
- Any dependents you claim on your tax return. In general, you can pay qualified medical expenses for your child if he/she lived with you for more than half of the year and is under 19, or under 26 if a full-time student. In certain instances, you can use HSA funds to pay qualified medical expenses of other family members who you claim as a dependent for income tax purposes.
- You can use HSA funds for qualified medical expenses for any person you could have claimed as a dependent on your return except when the person filed a joint return, had a gross income of \$3,700 or more, or if you or your spouse, if filing jointly, can be claimed as a dependent on someone else's return.

If you have questions about your eligibility to have an HSA, review IRS Publication 969 at [irs.gov/publications/p969](https://www.irs.gov/publications/p969). For questions on who will qualify as your dependent for purposes of reimbursing medical expenses from your HSA, review IRS Publication 502, *Medical and Dental Expenses*, at [irs.gov/publications/p502/](https://www.irs.gov/publications/p502/). Also, for specific questions or concerns, consult with your tax preparer or a tax attorney.

Questions?

If you have questions about your MESSA ABC medical plan, go to www.messa.org/MESSAABCs or call MESSA's East Lansing-based Member Service Center at 800.336.0013.

If you have questions about your HealthEquity HSA, go to www.healthequity.com or call HealthEquity's Member Services department at 877.218.3432.

HSA eligibility and opting out of your HealthEquity® HSA

HSA eligibility

Under federal law, contributions to a Health Savings Account (HSA) from eligible individuals and contributions made on behalf of eligible individuals by their employers are not taxed. Interest, investment earnings and disbursements from the HSA for eligible medical expenses are also not subject to taxes. In order to enjoy the tax-free benefits of an HSA, employees must be eligible under IRS rules.

To be considered an eligible individual and qualify for an HSA, an employee must meet the following requirements:

- Employee must be covered by an HSA-qualified high deductible plan (MESSA ABC plans are HSA-qualified).
- Employee cannot be claimed as a dependent on someone else's tax return.
- Employee with an HSA-qualified high deductible health plan cannot be covered by another person's health plan that is not HSA-qualified.
- If an employee's spouse has a non-HSA-qualified health plan, that employee can still be eligible for an HSA provided the employee is not covered by the spouse's plan.
- Employee cannot be enrolled in Medicare or Medicaid.
- Employee cannot have utilized VA benefits in the three months leading up to enrollment in the HSA plan.
- An employee covered by a high deductible health plan and a medical Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA) that reimburses qualified medical expenses generally cannot make contributions to an HSA.

For additional information on eligibility, review IRS Publication 969 at www.irs.gov/publications/p969.

Your HealthEquity HSA:

When MESSA receives your enrollment information for MESSA ABC, we will inform HealthEquity to activate your free HSA account. Soon after enrollment you should receive a welcome kit and Visa® Health Account card directly from HealthEquity. In order to use your Visa® Health Account card to pay for qualified medical expenses, the HSA account must contain adequate funds. Please note: Some employee groups may bargain or choose to use a different HSA administrator than HealthEquity. If you are unsure about your group, check with your association leadership or employer's business office.

Opting out of your HealthEquity HSA:

If you are enrolled in a MESSA ABC plan and aren't sure you are eligible to make contributions to an HSA, check with your tax adviser or legal counsel. If you want to opt-out and close your HealthEquity HSA account, call HealthEquity's Member Services department at 877.218.3432.

Questions?

If you have questions about your MESSA ABC medical plan, go to www.messa.org/MESSAABCs or call MESSA's East Lansing-based Member Service Center at 800.336.0013.

If you have questions about your HealthEquity HSA, go to www.healthequity.com or call HealthEquity's Member Services department at 877.218.3432.

Medicare and HSA eligibility

I am:

A.

- 65 years-old and Medicare eligible
- Not enrolled in Medicare
- Single or married
- Enrolled in single, two person or full family MESSA ABC
- Not receiving Social Security

Medicare eligibility alone does not disqualify you from contributing, or receiving employer contributions, to an HSA. If you are actively employed and are not receiving Social Security you will not be automatically enrolled in Medicare.

B.

- 65 years-old and Medicare eligible
- Single or married
- Enrolled in single, two person or full family MESSA ABC
- Receiving Social Security, and therefore: Automatically enrolled in Medicare Part A

You cannot contribute, or receive employer contributions, to an HSA. When you receive Social Security you are automatically enrolled in Medicare at age 65. You cannot decline the automatic enrollment in hopes of participating in an HSA. **NOTE:** Although no further funds can be contributed to your HSA once you are enrolled in Medicare, any funds that remain in your HSA can still be used to pay for eligible medical expenses on a tax-advantaged basis.

C.

- 65 years-old and Medicare eligible
- Married to a spouse who is retired and receiving Social Security and Medicare
- Enrolled in full family MESSA ABC

Your spouse's receipt of Medicare benefits does not disqualify you from contributing, or receiving employer contributions, to an HSA. You may also contribute, or receive contributions, up to the two person limit.

D.

- 65 years-old and Medicare eligible
- Enrolled in Medicare (either voluntarily or automatically)
- Married to a spouse who is not Medicare eligible
- Enrolled in full family MESSA ABC

You cannot contribute, or receive employer contributions, to an HSA. However, as long as he is otherwise eligible, your spouse can establish and contribute to an HSA, up to the two person limit. Your spouse's contributions will be on an after-tax basis and he cannot accept contributions from your employer. But your spouse can use the HSA funds to pay your eligible expenses (except Medicare Part B & D premiums) even though you are not HSA-eligible. **NOTE:** Although no further funds can be contributed to your HSA once you are enrolled in Medicare, any funds that remain in your HSA can still be used to pay for eligible medical expenses on a tax-advantaged basis.

Learn more at www.messa.org/MESSAABCs or call MESSA's Member Service Center at 800.336.0013.

Understanding deductibles

Health plan deductibles are similar to the deductibles on your auto and homeowners' insurance. A deductible is a fixed amount of money you must pay before the plan covers approved services. MESSA ABC plan deductibles apply to medically approved services and prescription drug purchases except certain preventive care and preventive prescriptions which are covered for free in-network (with no deductible, copayment, or coinsurance charge to the member).

Plan options	In-network		Out-of-network	
	Single coverage	2-Person & Family	Single Coverage	2-Person & Family
MESSA ABC Plan 1*	2014 - \$1,250 2015 - \$1,300	2014 - \$2,500 2015 - \$2,600	2014 - \$2,500 2015 - \$2,600	2014 - \$5,000 2015 - \$5,200
MESSA ABC Plan 2	\$2,000	\$4,000	\$4,000	\$8,000
MESSA ABC Plan 3	\$3,500	\$7,000	\$7,000	\$14,000

*The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 in order to remain HSA-compatible according to IRS rules governing HSAs.

Tips to understanding your deductible:

- Use your MESSA insurance card every time you go to the pharmacy or any other medical provider to ensure out-of-pocket expenses you incur will be credited by MESSA toward your deductible. By using your MESSA insurance card, you will save money by receiving the discounted approved amount for in-network services.
- Deductibles reset each Jan. 1.
- If you have 2-Person or Family coverage, you must pay the entire family deductible before claims are paid for any individuals, as required by federal law for an HSA-qualified plan.
- If a service, medication or supply is not a covered benefit, it will NOT count toward your deductible.
- You pay the full cost of a prescription until your deductible is met, but you can use HSA funds to pay for a prescription. If you choose a brand name drug when a less expensive generic is available and medically appropriate, the additional costs for the brand name do not count toward the annual deductible or out-of-pocket maximum.
- Specific preventive care services and preventive prescriptions are not subject to your deductible.



MESSA and HealthEquity can help

If you have questions about your MESSA ABC medical plan, go to www.messa.org/MESSAABCs or call MESSA's East Lansing-based Member Service Center at 800.336.0013.

If you have questions about your HealthEquity HSA, go to www.healthequity.com or call HealthEquity's Member Services department at 877.218.3432.



MESSA ABC health plans include coverage for Free Preventive Prescriptions

MESSA ABC health plans include coverage for an extensive list of free preventive prescriptions that are covered at no charge to MESSA ABC members (no copayment *and* no deductible charge). This coverage gives members who enroll in MESSA ABC additional ways to stretch their health care dollars and helps them limit their out-of-pocket costs.

Given the rapidly changing prescription drug market, this list is frequently updated. For the most accurate and up-to-date listing, visit the MESSA ABC area at messa.org or call MESSA's Member Service Center at 800.336.0013.

Preventive prescriptions that are covered for free under this MESSA ABC benefit include hundreds of generics and numerous "single-source" brand name drugs (single-source brand name drugs are drugs for which no generic options have been brought to market yet).

Covering these important preventive prescriptions helps keep down the cost of MESSA ABC. Making preventive services and preventive prescriptions more affordable (and in many cases, free) for patients means they are more likely to go see their doctor and follow their doctor's guidance. This helps MESSA members stay healthier and avoid higher cost services, such as emergency room visits and hospitalizations.

In order to be eligible for free preventive prescription coverage under this benefit, a prescription drug must be an FDA-approved drug therapy from one of the following standard preventive drug categories and it must be prescribed for the condition specified by the category:

- Alcohol dependence
- Breast cancer prevention
- Cholesterol-lowering agents
- Contraceptives for women
- Fluoride preparations
- High blood pressure-lowering agents (Hypertension)
- Prenatal vitamins
- Smoking cessation
- Weight loss

IMPORTANT

Because the prescription drug market changes rapidly, this list is updated frequently. This version is current as of December 18, 2014. For the most accurate and up-to-date listing, visit the MESSA ABC area at messa.org or call MESSA's Member Service Center at 800.336.0013.

Standard Preventive Drug List

Alcohol Dependence

Acamprosate
Disulfiram

Aspirin*

(generic OTC - 81mg and 325 mg)

Breast Cancer Prevention

Tamoxifen
Raloxifene

Cholesterol-lowering

Advicor
Altoprev
Atorvastatin
Atorvastatin/Amlodipine
Cholestyramine
Cholestyramine Light
Colestipol
Crestor
Fenofibrate
Fenofibric Acid
Fenofibrate
Fluvastatin
Gemfibrozil
Juvisyng
Lescol XL
Lipofen
Livalo
Lovastatin
Lovaza
Niacin ER
Niacor
Pravastatin
Prevalite
Simcor
Simvastatin
Triglide
Trilipix
Vascepa
Vytorin
Welchol
Zetia

Contraceptives

Altavera
Amethia
Amethia Lo
Amethyst
Apri
Aranelle
Aviane
Azurette
Balziva
Beyaz
Briellyn
Camila
Camrese
Camrese Lo
Caziant
Cryselle
Cyclafem 1/35
Cyclafem 7/7/7
Cyclessa
Ella
Emoquette
Enpresse-28
Errin
Generess FE
Gianvi
Gildess FE
Heather
Introvale
Jolissa
Jolivette
Junel
Junel FE
Kariva
Kelnor 1/35
Leena
Lessina 28
Levonorgestrel
Levonorg-Eth Estrad
Levora-28
Lo Minastrin FE
Loryna
Low-Ogestrel 28
Lutera
Medroxyprogesterone (Injection)
Microgestin

Microgestin FE
Minastrin 24 FE
Mononessa
Natazia
Necon
Next Choice
Nora-Be
Norethindrone
Norethindrone-Ethin Estradiol
Norgestimate and Ethinyl Estradiol
Norgestrel/Ethinyl Estradiol
Nortrel
Nuvaring
Ocella
Ogestrel-28
Orsythia
Ortho Tri-Cyclen Lo
OTC Contraceptives (with a prescription)
Ovral
Portia 28
Previfem
Quasense
Reclipsen
Safyral
Sprintec
Sronyx
Syeda
Tilia FE
Tri-Ligest FE 28
Trinessa
Tri-Previfem
Tri-Sprintec 28
Trivora-28
Velivet
Wymzya FE
Xulane
Zarah
Zenchent
Zenchent FE
Zeosa
Zovia

Fluoride Preparations

Clinpro 5000
Denta 5000 Plus

*Certain age and gender requirements apply. If you have questions about your eligibility for this coverage, call our Member Service Center at 800.336.0013.

messa ABC

ACCOUNT-BASED CHOICES

Fluoride Preparations (cont.)

Dentagel
 Ethedent
 Fluor-a-Day
 Fluoride
 Fluoritab
 Flura-Drops
 Prevident 5000
 Prevident 5000 Enamel Protect
 Prevident 5000 Sensitive
 SF 5000 Plus
 Sodium Fluoride
 Stannous Fluoride

Folic Acid*

(generic only - 0.4 mg and 0.8 mg)

Hypertension

Acebutolol
 Afeditab CR
 Aldactazide 50/50
 Amiloride
 Amiloride/Hydrochlorothiazide (HCTZ)
 Amlodipine
 Amlodipine/Benazepril
 Atacand
 Atenolol
 Atenolol/Chlorthalidone
 Azor
 Benazepril
 Benazepril/Hydrochlorothiazide (HCTZ)
 Benicar
 Benicar HCT
 Betaxolol
 Bisoprolol
 Bisoprolol/Hydrochlorothiazide (HCTZ)
 Bumetanide
 Bystolic
 Candesartan
 Candesartan/Hydrochlorothiazide (HCTZ)
 Captopril
 Captopril/Hydrochlorothiazide (HCTZ)
 Cardene SR
 Cardura XL
 Cartia XT
 Carvedilol
 Chlorothalidone

Chlorothiazide
 Clonidine
 Clorpres
 Coreg CR
 Demser
 Dibenzyliline
 Dilt-CD
 Diltiazem
 Diltiazem 24 ER
 Diltiazem ER
 Dilt-XR
 Diltzac ER
 Diuril
 Doxazosin
 Dyrenium
 Edarbi
 Edarbyclor
 Edecrin
 Enalapril
 Enalapril/Hydrochlorothiazide (HCTZ)
 Eplerenone
 Eprosartan
 Exforge
 Exforge HCT
 Felodipine ER
 Fosinopril
 Fosinopril/Hydrochlorothiazide (HCTZ)
 Furosemide
 Guanabenz
 Guanfacine
 Hydralazine
 Hydrochlorothiazide (HCTZ)
 Indapamide
 Inderal LA
 Innopran XL
 Irbesartan
 Irbesartan/Hydrochlorothiazide (HCTZ)
 Isradipine
 Labetalol
 Levatol
 Lisinopril
 Lisinopril-HCTZ
 Losartan
 Losartan HCT
 Matzim LA
 Methylothiazide
 Methyldopa
 Methyldopa/Hydrochlorothiazide

(HCTZ)
 Metolazone
 Metoprolol Succinate
 Metoprolol Tartrate
 Metoprolol/Hydrochlorothiazide (HCTZ)
 Minoxidil
 Moexipril
 Moexipril/Hydrochlorothiazide (HCTZ)
 Nadolol
 Nadolol/Bendroflumethiazide
 Nicardipine
 Nifediac CC
 Nifedical XL
 Nifedipine
 Nifedipine ER
 Nimodipine
 Nisoldipine
 Perindopril
 Pindolol
 Prazosin
 Propranolol
 Propranolol/Hydrochlorothiazide (HCTZ)
 Quinapril
 Quinapril/Hydrochlorothiazide (HCTZ)
 Ramipril
 Reserpine
 Sorine
 Sotalol
 Sotalol AF
 Spironolactone
 Spironolactone/Hydrochlorothiazide (HCTZ) 25/25
 Tarka
 Taztia XT
 Tekturna
 Tekturna HCT
 Telmisartan
 Telmisartan/Hydrochlorothiazide (HCTZ)
 Terazosin
 Teveten (except 600 mg)
 Teveten HCT
 Timolol
 Torsemide
 Trandolapril
 Trandolapril/Verapamil
 Triamterene/Hydrochlorothiazide (HCTZ)
 Twynsta
 Valsartan

*Certain age and gender requirements apply. If you have questions about your eligibility for this coverage, call our Member Service Center at 800.336.0013.

messa ABC

ACCOUNT-BASED CHOICES

Hypertension (cont.)

Valsartan/Hydrochlorothiazide (HCTZ)
Verapamil
Verapamil ER

Iron Supplements*

(generic only - 15 mg drops)

Prenatal Vitamins

Atabex
Cal-Nate
Citranatal 90 DHA
Citranatal Assure
Citranatal DHA
Citranatal Rx
Complete Natal DHA
Completenate
Complete-RF Prenatal
Duet DHA
Duet DHA EC
Duet DHA with Ferrazone
Elite-OB
Folbecal
Folcaps Care One
Folinatal Plus B
Gentex Ade
Gesticare DHA
Inatal Advance
Inatal Ultra
Marnatal-F Plus
M-Vit
Mynatal
Mynatal Advance
Mynatal Plus
Mynatal-Z
Natachew
Natafort
Natalle One
Natalle-EZ
Nestabs
Nexa Select
Nutrinate
OB Complete
OB Complete 400
OB Complete DHA
OB Complete One
OB-Natal One
Obtrex

Obtrex DHA
O-Cal FA
O-Cal Prenatal
Optinate
Paire OB Plus DHA
PNV – DHA
PNV – DHA + Docusate
PNV – DHA Plus
PNV-Iron
PNV-Omega
PNV-Select
PNV-Total
Precare Premier
Prefera-OB
Prefera-OB One
Prefera-OB plus DHA
Prenaplus
Prenatabs FA
Prenatabs Rx
Prenatal 19
Prenatal AD
Prenatal Low Iron
Prenatal Multivitamin with Iron
Prenatal Plus
Prenatal RX 1
Prenatal U
Prenate DHA
Prenate Elite
Prenate Essential
Preque 10
PR Natal 400
PR Natal 400 – EC
PR Natal 430
PR Natal 430 EC
Select-OB + DHA
SE-Natal 19
Setonet
Setonet-EC
Taron BC
Taron - C DHA
Taron Prex Prenatal
Triadvance
Trimesis Rx
Trinatal Rx 1
Trinate
Triveen Duo DHA
Triveen 1
Triveen – PRX – RNF

Triveen Ten
Ultimatecare One
Ultimatecare One NF
Ultra Natalcare
Venatal-FA
Vinate AZ
Vinate Calcium
Vinate Care
Vinate GT
Vinate IC
Vinate II
Vinate One
Vinate PN Care
Vinate Ultra
Vinate-M
Vitafof-OB
Vitafof-OB+DHA
Vitaspire
Vol-Nate
Vol-Plus
Vol-Tab-RX
Zatean CH
Zatean – PN
Zatean – PN – DHA
Zatean – PN – Plus

Smoking Cessation Products*

Buproban (generic Zyban 150 mg only)
Bupropion ER/SR (generic Zyban 150 mg only)
Chantix
Nicotine OTC Patches and Gum
Nicotrol
Nicotrol NS

Vitamin D*

(generic only)

Weight Loss Products

Belviq
Benzphetamine
Contrave
Diethylpropion
Phendimetrazine
Phentermine
Qsymia
Suprenza
Xenical

*Certain age and gender requirements apply. If you have questions about your eligibility for this coverage, call our Member Service Center at 800.336.0013.

FAQs on MESSA ABC

Q: What is MESSA ABC?

A: MESSA ABC is a comprehensive medical plan that works with a health savings account (HSA) to give you:

- access to a large network of doctors, pharmacies and other medical providers
- outstanding MESSA service and support
- free preventive care and certain free preventive medications
- lower premiums in exchange for a higher deductible
- the opportunity to contribute pre-tax dollars to an HSA, which lowers your income taxes

Each MESSA ABC member receives a HealthEquity HSA with no setup or administration fees.

Q: Can I choose my doctor and other providers?

A: MESSA ABC uses the same large provider network as MESSA Choices/Choices II, giving you the greatest choice of doctors and access to expert medical care from the best hospitals, including the Mayo Clinic and the Cleveland Clinic.

Q: Why is the deductible higher with MESSA ABC?

A: HSA-qualified plans are governed by federal law and the IRS code, which specifies a minimum deductible level. MESSA ABC Plan 1 is set at the minimum deductible; the MESSA ABC Plan 1 deductible is subject to change each Jan. 1 in order to remain HSA-compatible according to IRS rules governing HSAs.

Q: When does the deductible start?

A: The deductible year is the calendar year, Jan. 1 to Dec. 31.

Q: Does the deductible apply to all medical expenses?

A: Under federal law, most medical expenses, including the cost of prescription drugs, are subject to the deductible. If you have 2-person or family coverage, the expenses of one person can meet the full deductible.

Q: What preventive medical services and prescriptions are covered for free?

A: Annual physicals, cancer screenings and certain lab tests are covered for free and are not subject to the plan deductible when you go to an in-network provider. MESSA ABC also covers hundreds of free preventive prescriptions to treat certain common conditions.

Q: Do I have to pay the full cost of non-preventive prescription drugs that are subject to the deductible?

A: Yes. Under federal law, all non-preventive prescriptions are subject to the deductible. MESSA's underwriter, Blue Cross Blue Shield of Michigan, caps your cost at the same amount the Blues has negotiated with the pharmacy, which saves you money. Additional out-of-pocket charges can apply if you insist on a brand name drug when a generic version is available and medically appropriate.

(continued on reverse)

Questions? Call MESSA's
Member Service Center
at 800.336.0013.

Q: Do I have to go to an in-network provider?

A: No, but it is always to your financial advantage to do so. In-network providers have agreed to accept a discounted fee for medical services from MESSA's underwriter, Blue Cross Blue Shield of Michigan. The Blues' discount and your savings can be substantial. Using in-network providers saves you money on out-of-pocket costs and lower deductibles. It also saves your MESSA health plan money, helping to hold down costs.

Q: Are there separate deductible levels for medical services received from in-network and out-of-network providers?

A: Yes. The out-of-network deductibles are twice the in-network deductible amounts. (Please note: Out-of-network providers may charge more than the amount approved by MESSA's underwriter, Blue Cross Blue Shield of Michigan, and these costs can be significant.)

Q: What happens after I meet the deductible amount?

A: With MESSA ABC Plan 1 and Plan 2, once you meet your in-network deductible, you will be responsible for prescription drug copayments and the plan will pay 100% of the approved cost of covered in-network medical services, including doctor visits, hospitalization and surgery.

With MESSA ABC Plan 3, once you meet your in-network deductible you will be responsible for prescription drug copayments and the plan will pay 90% of the approved cost of in-network medical services.

Q: What is the difference between preventive care and diagnostic medical services?

A: Preventive care refers to specific services proven to prevent or identify problems early.

Diagnostic services start when you already have signs of a health problem; therefore, your doctor may order tests to further diagnose your condition. When this happens, these services are subject to your deductible.

Q: Where can I get a complete list of my benefits?

A: To view your benefit coverage and read your plan coverage booklet, go to www.messa.org and log into the Member Area.



FAQs on health savings accounts (HSAs)

Q: What is an HSA?

A: An HSA is a tax-favored account that allows the account holder to save and pay for qualified medical expenses tax-free. To open an HSA, you must be in an HSA-qualified health plan (such as MESSA ABC). You can use funds in your HSA to pay for out-of-pocket expenses not covered by your health plan, as well as other qualified medical expenses.

Q: I have a MESSA ABC plan now. Where do I go to start an HSA?

A: When you enroll in a MESSA ABC plan, you also receive a HealthEquity HSA. You will receive a member welcome kit directly from HealthEquity with account information. It is important that you take a few minutes to activate your account online. There are no HealthEquity setup fees or monthly administrative fees for MESSA ABC plan members. Contact your school business office if your group has negotiated another HSA provider.

Q: Who is eligible to contribute to an HSA?

A: To be eligible to open and contribute to an HSA, you must meet the following requirements:

- be covered under an HSA-qualified health plan on the first day of any month for which eligibility is claimed (*see IRS Publication 969—Health Savings Accounts and Other Tax-Favored Health Plans*)
- not be enrolled in Medicare
- not be claimed as a dependent on someone else’s tax return
- have no other insurance except what’s permitted by the IRS

Q: Who owns the HSA?

A: The money in the account belongs to you – for the rest of your life.

Q: Who can put money in my HSA?

A: Anyone can contribute to your HSA; however, only the account holder receives deductions on money contributed.

Q: How much money can I contribute to my HSA?

A: In 2015, the maximum tax-free contribution is \$3,350 for individuals and \$6,650 for those with family coverage. People over the age of 55 can make an additional “catch-up” contribution of \$1,000. These limits are the same regardless of the source of the contribution.

Q: What if I am covered under my spouse’s insurance but I want to enroll in one of the MESSA ABC plans and contribute to an HSA?

A: If you are covered under another medical plan that is not HSA-compliant, you are not eligible under IRS rules to contribute to an HSA (*see IRS Publication 969*).

(continued on reverse)

Questions about your HSA? Call HealthEquity at 877.218.3432.

Q: Can I have an HSA AND a flexible spending account?

A: In most cases, no. The IRS has specific rules for insurance plans that are allowed to coexist with an HSA and plans that would disqualify you from owning an HSA.

For specific questions, contact HealthEquity's Member Services department at 877.218.3432 or a financial or tax adviser for guidance.

Q: Can I use the money in my HSA to pay for my children's medical expenses, copayments and deductibles, even if my children are covered by my spouse's non-HSA-qualified health plan?

A: You can use money from your HSA to pay for your child's eligible out-of-pocket expenses if the child is claimed as a dependent on your tax return.

Q: What happens to the money in my HSA if I leave my job or retire?

A: It's your account, so you take that money with you. If you're on Medicare or go to another employer that doesn't have a qualified high-deductible health plan, you can still use your HSA money to pay

for copays and qualified medical expenses, but you won't be able to contribute more money to your HSA. If you have a HealthEquity HSA, you will begin paying monthly account fees.

Q: What happens to any money remaining in my HSA at the end of the year?

A: The money rolls over from year to year. You don't lose the money left in your HSA or the interest it has earned.

Q: Can I take the money out of my HSA any time I want?

A: Yes. If you use the money to pay for qualified medical expenses, then you will not be taxed or assessed a penalty. If you take money out for other purposes, however, you'll have to pay income taxes on the withdrawal, plus a 20% penalty.

Q: Does the money in my HSA earn interest?

A: Yes, and that interest is tax-free.

Q: Can the money in my HSA be invested?

A: Yes.

Q: Can I roll the money from my IRA into my HSA?

A: Yes. You can make a one-time rollover from your IRA into your HSA. You can't, however, roll money into your IRA from your HSA. Also, a rollover will count against annual contribution amounts.

Q: If my spouse is on Medicare, can I contribute to an HSA?

A: Yes.

Q: What is a qualified medical expense?

A: Qualified medical expenses are those that would generally qualify for the medical and dental expenses income tax deduction as outlined in IRS Publication 502—Medical and Dental Expenses. See www.irs.gov/publications/p502/index.html for a current complete list.

Q: Can I use my HSA dollars to pay for dental expenses, orthodontics, contacts and eyeglasses?

A: Yes, but these expenses will not apply to your MESSA ABC insurance deductible.

**Questions about MESSA ABC medical and Rx coverage?
Call MESSA's Member Service Center at 800.336.0013.**