MESSA In-Network Plan Comparison - Effective 1/1/2025

Rockford Public Schools - All Employees

	MESSA Choices $1,000/$2,000 10% 5-Tier Rx w/MM	MESSA ABC Plan 1 $1,650/$3,300 0% 5-Tier Rx HSA w/MM	MESSA ABC Plan 2 $2,000/$4,000 0% 5-Tier Rx HSA w/MM	MESSA ABC Plan 2 $2,000/$4,000 10% 3-Tier Rx HSA w/MM	MESSA ABC Plan 2 $2,000/$4,000 10% 5-Tier Rx HSA w/MM	MESSA Balance+ $1,650/$3,300 20% Balance+ Rx HSA
Employee Monthly Premium Share - 2025 Hard Cap and 1% Medical plan discount						
Single	-$16.82	-$9.13	-$57.98	-$72.16	-$100.43	-$55.61
2person	$62.34	$79.65	-$30.27	-$62.16	-$125.78	-$24.94
Family	-$3.02	$18.51	-$118.27	-$157.96	-$237.13	-$111.64
In-Network Cost Share After Deductible						
Deductible	$1,000/$2,000	$1,650/$3,300	$2,000/$4,000	$2,000/$4,000	$2,000/$4,000	$1,650/$3,300
Coinsurance	10%	0%	0%	10%	10%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	$20	0%	0%	10%	10%	$10
Teladoc Health virtual primary care	$20	0%	0%	10%	10%	$25
Office visit	$20	0%	0%	10%	10%	$25
Specialist visit	$20	0%	0%	10%	10%	$50
Urgent care	$25	0%	0%	10%	10%	$50
Emergency room	$50	0%	0%	10%	10%	$200
Total out-of-pocket maximum	$5,000/$10,000	$3,650/$7,300	$4,000/$8,000	$5,000/$8,300	$5,000/$8,300	$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; 90% 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; 90% after ded.	38 visits per calendar year, including therapeutic massage; 90% after ded.	12 visits combined per calendar year; $25 copay applies
Osteopathic manipulations	38 visits per calendar year; 90% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 90% after ded.	38 visits per calendar year; 90% after ded.	
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 90% 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; 90% after ded.	60 visits combined per calendar year; 90% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	90% after ded.	100% after ded.	100% after ded.	90% after ded.	90% after ded.	Not covered
Acupuncture	90% after ded.	100% after ded.	100% after ded.	90% after ded.	90% after ded.	Not covered
Hearing aids	90% up to a max. benefit after ded.	100% up to a max. benefit after ded.	100% up to a max. benefit after ded.	90% up to a max. benefit after ded.	90% up to a max. benefit after ded.	Not covered

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Prescription Drugs	**5-Tier Rx with Mandatory Mail**	**5-Tier Rx with Mandatory Mail (after deductible)**	**5-Tier Rx with Mandatory Mail (after deductible)**	**3-Tier Rx with Mandatory Mail (after deductible)**	**5-Tier Rx with Mandatory Mail (after deductible)**	**MESSA Balance+ Rx (after deductible)**
Up to a 34-day supply						
Generic	Free or $10	Free or $10	Free or $10	Free or $10	Free or $10	Free or $10
Preferred brand	$40	$40	$40	20% coinsurance ($40 min - $80 max)	$40	$40
Nonpreferred brand	$80	$80	$80	20% coinsurance ($60 min - $100 max)	$80	$80
Preferred specialty (generic specialty and preferred specialty)	20% coinsurance ($0 min - $150 max)	20% coinsurance ($0 min - $150 max)	20% coinsurance ($0 min - $150 max)	Pricing included in one of the above categories	20% coinsurance ($0 min - $150 max)	20% coinsurance ($0 min - $150 max)
Nonpreferred specialty	20% coinsurance ($0 min - $300 max)	20% coinsurance ($0 min - $300 max)	20% coinsurance ($0 min - $300 max)		20% coinsurance ($0 min - $300 max)	20% coinsurance ($0 min - $300 max)
90-day supply						
Generic, Preferred brand, Nonpreferred brand	3x 1-month supply; Mail order only	3x 1-month supply; Mail order only	3x 1-month supply; Mail order only	2.5x 1-month supply; Mail order only	3x 1-month supply; Mail order only	3x 1-month supply; Retail or mail order
Additional Information						
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Idemnity plans

ACA = Affordable Care Act

~ The MESSA rates include the $1.50 cost of the Basic Term Life insurance.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Reneé Szurna, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.