



MESSA
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**MESSA Choices and MESSA Choices II
\$200/\$400 Panel (In-Network)
\$400/\$800 Non-Panel (Out-of-Network)
Deductible Amendment
And Adult Immunizations Amendment**

The “**What You Must Pay**” section of your Plan Coverage Booklet is amended to add a panel (in-network) deductible requirement and increase the non-panel (out-of-network) deductible as follows:

“Panel Providers (In-Network)

Deductible Requirements

You are required to pay the following deductible each calendar year for covered services obtained from in-network providers:

\$200 for one member

\$400 for the family (when two or more members are covered under your contract)

- Two or more members must meet the family deductible
- If the one member deductible has been met but not the family deductible, we will pay covered services only for that member who has met the deductible
- Covered services for the remaining family members will be paid when the full family deductible has been met

NOTE: All services are subject to the in-network deductible except for the following:

- Preventive Care
- Cancer Screenings
- Prescription Drugs

Carryover provision – Eligible expenses incurred and applied toward your in-network deductible during the last three months of any calendar year will be applied toward the following year's in-network deductible.”

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\$200/\$400 Panel;
\$400/\$800 Non-Panel Deductible
With Adult Immunizations

“Non-Panel (Out-of-Network Providers)

Deductible Requirements

You are required to pay the following deductible each calendar year for covered services provided by out-of-network providers:

\$400 for one member

\$800 for the family (when two or more members are covered under your contract)

- Two or more members must meet the family deductible.
- If the one member deductible has been met but not the family deductible, we will pay covered services only for that member who has met the deductible
- Covered services for the remaining family members will be paid when the full family deductible has been met

NOTE: Out-of-Network deductibles paid in one calendar year are not applied to the deductible you must pay the following year.

When an in-network provider refers you to an out-of-network provider you will not be required to pay an out-of-network deductible. However, you may be required to pay an in-network deductible and any amounts above the MESSA/BCBSM Approved Amount if the provider is a non-participating provider. This is known as balance billing. Charges in excess of the Approved Amount are not applied to your deductible or annual co-payment maximum.”

The **Preventive Care** section in the **“Coverage for Physician and Other Professional Provider Services”** section of your Plan Coverage Booklet is amended to add the following:

“Adult Immunizations

We pay 100 percent for adult immunizations provided by an in-network provider. Covered immunizations provided by a public health department or at a MESSA-sponsored event will also be covered at 100 percent. Covered immunizations will not be subject to the annual deductible or co-payment requirements.

Immunizations must follow the recommendations of the Advisory Committee on Immunization Practices. Immunizations obtained from an out-of-network or nonparticipating provider will not be covered.”