

MESSA Super Care 1 2003 Revision Plan Summary of Benefits



MESSA
www.messa.org

Health Care Benefits for You and Your Covered Dependents

All services must be **medically necessary**. Life threatening emergency care, prescription drugs, human organ transplant charges, riders and services covered at 100% are not subject to the deductible.

Plan Maximums

<ul style="list-style-type: none"> Deductible <i>(amounts incurred for services received in the last three months of the year accrue towards the following year's deductible requirement)</i> 	\$0 or \$50 individual/\$100 family or \$100 individual/\$200 family
<ul style="list-style-type: none"> Co-payment <i>(not all out-of-pocket expenses accrue towards this maximum)</i> 	\$1,000 total per calendar year (single or family)
<ul style="list-style-type: none"> Lifetime Benefit 	Unlimited

Type of Service

Coverage

Office Visits

90% of the approved amount

Inpatient Hospital - pre-authorization required

- Room and Board, supplies and medical care

100% of the approved amount

Surgical Services

Includes: surgeon, assistant surgeon and anesthesiologist charges.

100% of the approved amount

Hospital Emergency Room (ER) or Urgent Care

- Due to accidental injury
- Due to life-threatening medical condition (*deductible waived*)
- Other emergency medical care

100% of the approved amount
90% of the approved amount
90% of the approved amount

Chiropractic Services including Modalities

90% of the approved amount

Cancer Screening Exams and Tests

100% of the approved amount

Diagnostic Lab & X-Ray

100% of the approved amount

Radiation & Chemotherapy

100% of the approved amount

Allergy Testing & Therapy

- Diagnostic Laboratory Testing
- Treatment and Supplies (including scratch tests)

100% of the approved amount
90% of the approved amount

Human Organ Transplant

When authorized and performed at an approved facility (*plan limits apply*)

100% of the approved amount, up to \$1 million maximum per transplant type

Home Health Care

100% of the approved amount

Hospice Care - Limited to annually adjusted maximum

- In-patient and/or in-home hospice care
- Family Counseling

100% of the approved amount up to benefit maximum
100% of the approved amount up to benefit maximum

Type of Service

Coverage

Mental Health and Substance Abuse

Outpatient Care

- Mental health care - 50 visits per member, per calendar year
- Substance abuse treatment - care must be provided in a licensed substance abuse facility.

90% of the approved amount

Inpatient Care

- Pre-admission review required

100% of the approved amount

Outpatient Physical and Speech Therapy

90% of the approved amount

Miscellaneous Covered Services

- Medical Supplies and Equipment
- Ambulance
- Skilled Nursing Facility Room and Board

90% of the approved amount

Preventive Care (deductible waived)

Rider is available through Collective Bargaining

Hearing Care (deductible waived)

Rider is available through Collective Bargaining

■ **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.

■ **Prescription Drug Coverage**

Group prescription drug coverage is included with this plan. Check your Collective Bargaining Agreement.

■ **MESSA Help Lines**

Plan participants have access to two 24-hour, seven-days-a-week, telephone help lines: NurseLine for general medical information and Healthy Expectations which is a prenatal information program for expectant mothers. Both help lines are staffed by specially trained Registered Nurses who can answer your medical questions and provide health related information. These services are not intended to replace regular medical care by a doctor or other qualified medical professional. To access NurseLine or Healthy Expectations, call 800.414.2014.

■ **Covered Services and Approved Amounts**

BCBSM participating providers bill BCBSM and MESSA directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible and co-payment requirements.

Non-Participating providers may or may not bill BCBSM or MESSA directly. The member is responsible to the provider for any deductibles, co-payments and **amounts that are in excess of the approved amount** for the service as predetermined by MESSA and BCBSM. **These amounts may be substantial.**

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & BCS 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 Super Care 1 2003 Revision Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.292.4910.

