

MESSA ABC Plan 1 (Family)
My HealthEquity Account
In-Network Deductible: \$2700
In-Network Out-of-Pocket Cap: \$4700
Out-of-Network Deductible: \$5400
Out-of-Network Coinsurance: 20% of approved amount after deductible is met
Out-of-Network Out-of-Pocket Cap: \$9400
Prescription Coverage: MESSA ABC Rx
Dent100/90S/90/90:4000/2500:2 (Family)
VSP 3 Plus P (Family)
Vision Plan Year Each 07/01
Neg LTD 66 2/3% Max \$5,000
\$30,000 PAK Life
\$30,000 PAK AD&D
Basic Term Life w/Med \$5,000
Optional Dependent Life
\$40,000 STL + AD&D

PAK
C

Do you wish to view benefits for another employee?

