



**Medical Rate Summary Exclusively for Coleman Community Schools**  
**Effective Date: 01/01/2016**

Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES			PAK MEDICAL RATES		
					Single	2-Person	Family	Single	2-Person	Family
Choices/Choices II	\$300/\$600	\$20/\$25/\$50	0%	Saver Rx	\$526.41	\$1,182.54	\$1,471.23	\$515.91	\$1,158.92	\$1,441.84
Choices/Choices II	\$500/\$1000	\$20/\$25/\$50	0%	Saver Rx	\$498.76	\$1,120.32	\$1,393.80	\$488.81	\$1,097.95	\$1,365.96
ABC Plan 1	\$1300 <sup>1</sup> ; \$2600 <sup>2</sup>	None	0%	ABC Rx	\$451.28	\$1,013.49	\$1,260.86	\$442.28	\$993.25	\$1,235.68
ABC Plan 2	\$2000 <sup>1</sup> ; \$4000 <sup>2</sup>	None	0%	ABC Rx	\$422.42	\$948.58	\$1,180.09	\$414.01	\$929.64	\$1,156.52

1. Employees who choose a MESSA ABC health plan with coverage for a single person are subject to the single person MESSA ABC deductible.
2. Employees who choose 2-person or full family coverage are subject to the higher MESSA ABC family deductible (the full deductible must be met before claims are paid for any individual).

This information is based on the rates and composition of the group as of the above Effective Date. Material changes in the composition of the group could result in different rates.

**If you have any questions, please contact your MESSA Field Representative, Jacqueline Mast, at 800.292.4910.**