

Bronson Community School Medical Rate & Benefit Comparison

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		OPTION I		OPTION II		OPTION III		OPTION IV	
	MESSA		WMHIP		WMHIP		WMHIP		WMHIP	
CARRIER	MESSA		WMHIP		WMHIP		WMHIP		WMHIP	
Effective Date	July 1-2016		July 1-2016		July 1-2016		July 1-2016		July 1-2016	
PLAN(S)	MESSA Choices II		PPO		PPO		PPO		PPO	
NETWORK(S)	BCBS		BCBS		BCBS		BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$500	\$1,000	\$500	\$1,000	\$250	\$500	\$500	\$1,000	\$1,300	\$2,500
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$500	\$1,000	\$1,000	\$2,000	\$2,600	\$5,000
Coinsurance Level	100%	80%	100%	80%	90%	70%	100%	80%	100%	80%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	\$1,000	\$2,500	NA	\$2,000	\$1,000	\$2,000
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	\$2,000	\$5,000	NA	\$4,000	\$2,000	\$4,000
Other Plan Details										
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care (waived if admitted)	\$50		\$25		\$25		\$25		100% after Ded	80% after Ded
Office Visits	\$10	80% after Ded	\$10	80% after Ded	\$20	70% after Ded	\$20	80% after Ded	100% after Ded	80% after Ded
Prescription Drugs										
Generic	\$10		\$10		\$10		\$10		\$10 after Ded	
Formulary Brand	\$40		\$40		\$40		\$40		\$40 after Ded	
Non-Formulary Brand	NA		NA		NA		NA		NA	
Mail Order Prescriptions (90 Days)	2x		2x		2x		2x		2x	
Rates										
Single	\$703.16		\$620.09		\$569.70		\$614.78		\$528.47	
2 Person	\$1,580.17		\$1,394.30		\$1,281.00		\$1,382.37		\$1,188.30	
Family	\$1,966.06		\$1,735.12		\$1,594.12		\$1,720.27		\$1,478.75	
Monthly Employee Payment Under CAP										
2015 PA 152 Caps	2016 PA 152 Caps									
\$5,992.30	\$6,142.11		\$108.25		\$57.86		\$102.94		\$16.63	
\$12,531.75	\$12,845.04		\$323.88		\$210.58		\$311.95		\$117.88	
\$16,342.66	\$16,751.23		\$339.18		\$198.18		\$324.33		\$82.82	
Enrollment										
Single	13		13		13		13		13	
2 Person	29		29		29		29		29	
Family	32		32		32		32		32	
Monthly Premium	\$117,879.86		\$104,019.74		\$95,566.94		\$103,129.57		\$88,650.84	
Annual Premium	\$1,414,558.34		\$1,248,236.92		\$1,146,803.28		\$1,237,554.85		\$1,063,810.03	
\$ Variance to Current	NA		(\$166,321.42)		(\$267,755.06)		(\$177,003.49)		(\$350,748.31)	
% Variance to Current	NA		-11.8%		-18.9%		-12.5%		-24.8%	

Notes

Added 1.93% to MESSA current rates for taxes not included in rates
 Added 3.41% to MESSA renewal rates for taxes not included in rates

**BRONSON COMMUNITY SCHOOLS
HEALTH INSURANCE OPTIONS**

	MESSA CHOICES II			UNITED HEALTHCARE PLAN D M H			PRIORITY HEALTH POS COPAY ALIGNED		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
	2016		26 PAY	2016		26 PAY	2016		26 PAY
SINGLE	\$703.16	\$511.84	\$88.30	\$609.27	\$511.84	\$44.97	\$654.11	\$511.84	\$65.66
TWO PERSON	\$1,580.17	\$1,070.42	\$235.27	\$1,368.99	\$1,070.42	\$137.80	\$1,469.91	\$1,070.42	\$184.38
FAMILY	\$1,966.06	\$1,395.94	\$263.13	\$1,703.27	\$1,395.94	\$141.84	\$1,828.89	\$1,395.94	\$199.82
ACA TAXES 3.41%	INCLUDED			INCLUDED			INCLUDED		

BENEFIT SUMMARY

DEDUCTIBLE	\$500 SINGLE, \$1,000 FAMILY	\$500 SINGLE, \$1,000 FAMILY	\$500 SINGLE, \$1,000 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$1,500 SINGLE, \$3,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$3,000 SINGLE, \$6,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$6,850 SINGLE, \$13,700 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CALLS	DEDUCTIBLE APPLIES FIRST \$20 CO-PAY PRIMARY OR SPECIALISTS	DEDUCTIBLE DOES NOT APPLY \$20 PRIMARY, \$40 SPECIALIST	DEDUCTIBLE DOES NOT APPLY \$10 PRIMARY, \$25 SPECIALISTS
URGENT CARE	DEDUCTIBLE THEN \$25 CO-PAY	\$75 CO-PAY	\$75 CO-PAY
EMERGENCY ROOM	DEDUCTIBLE THEN \$50 CO-PAY	\$250 CO-PAY	\$150 CO-PAY
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC SERVICES	100% AFTER DEDUCTIBLE	100% NO DEDUCTIBLE OR CO-PAYS	100% AFTER DEDUCTIBLE
MRI'S CT SCAN, PET SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
REHAB SERVICES OCC, PHYSICAL, ETC	100% AFTER DEDUCTIBLE 60 COMBINED VISITS	\$20 CO-PAY 20 VISITS EACH THERAPY TYPE	\$10 CO-PAY 60 COMBINED VISITS
CHIROPRACTIC CARE	100% AFTER DEDUCTIBLE 38 VISITS/YEAR	\$20 CO-PAY 20 VISITS/YEAR	INCLUDED IN REHAB SERVICES
PRESCRIPTIONS	SAVER RX PLAN	\$10/\$35/\$60	\$10/\$40/\$80
		www.myuhc.com Use this website to locate participating providers Also to locate prescription formulary	www.priorityhealth.com www.phcs.com PHCS network out of State providers Use this website to locate participating providers Also to locate prescription formulary

**BRONSON COMMUNITY SCHOOLS
HEALTH INSURANCE OPTIONS**

	MESSA CHOICES II			UNITED HEALTHCARE PLAN DMI			UNITED HEALTHCARE PLAN DML		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
	2016		26 PAY	2016		26 PAY	2016		26 PAY
SINGLE	\$703.16	\$511.84	\$88.30	\$566.14	\$511.84	\$25.06	\$519.06	\$511.84	
TWO PERSON	\$1,580.17	\$1,070.42	\$235.27	\$1,272.08	\$1,070.42	\$93.07	\$1,166.29	\$1,070.42	
FAMILY	\$1,966.06	\$1,395.94	\$263.13	\$1,582.70	\$1,395.94	\$86.20	\$1,451.08	\$1,395.94	
ACA TAXES 3.41%	INCLUDED			INCLUDED			INCLUDED		

BENEFIT SUMMARY

DEDUCTIBLE	\$500 SINGLE, \$1,000 FAMILY	\$1,000 SINGLE, \$2,000 FAMILY	\$2,500 SINGLE, \$5,000 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$1,500 SINGLE, \$3,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$4,000 SINGLE, \$8,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$5,000 SINGLE, \$10,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CALLS	DEDUCTIBLE APPLIES FIRST \$20 CO-PAY PRIMARY OR SPECIALISTS	DEDUCTIBLE DOES NOT APPLY \$30 CO-PAY PRIMARY \$60 SPECIALIST	DEDUCTIBLE DOES NOT APPLY \$30 CO-PAY PRIMARY \$60 SPECIALIST
URGENT CARE	DEDUCTIBLE THEN \$25 CO-PAY	\$75 CO-PAY	\$75 CO-PAY
EMERGENCY ROOM	DEDUCTIBLE THEN \$50 CO-PAY	\$250 CO-PAY	\$250 CO-PAY
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC SERVICES	100% AFTER DEDUCTIBLE	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
MRI'S CT SCAN, PET SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
REHAB SERVICES OCC, PHYSICAL, ETC	100% AFTER DEDUCTIBLE 60 COMBINED VISITS	\$30 CO-PAY 20 VISITS EACH THERAPY TYPE	\$30 CO-PAY 20 VISITS EACH THERAPY TYPE
CHIROPRACTIC CARE	100% AFTER DEDUCTIBLE 38 VISITS/YEAR	\$30 CO-PAY 20 VISITS/YEAR	\$30 CO-PAY 20 VISITS/YEAR
PRESCRIPTIONS	SAVER RX PLAN	\$10/\$35/\$60	\$10/\$35/\$60
		www.myuhc.com Use this website to locate participating providers Also to locate prescription formulary	www.myuhc.com Use this website to locate participating providers Also to locate prescription formulary

**BRONSON COMMUNITY SCHOOLS
HEALTH INSURANCE OPTIONS**

	MESSA CHOICES II			UNITED HEALTHCARE HSA OPTION		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
	2016		26 PAY	2016		26 PAYS
SINGLE	\$703.16	\$511.84	\$88.30	\$438.98	\$511.84	(\$33.63)
TWO PERSON	\$1,580.17	\$1,070.42	\$235.27	\$986.36	\$1,070.42	(\$38.80)
FAMILY	\$1,966.06	\$1,395.94	\$263.13	\$1,227.21	\$1,395.94	(\$77.88)
ACA TAXES 3.41%	INCLUDED			INCLUDED		

BENEFIT SUMMARY

DEDUCTIBLE	\$500 SINGLE, \$1,000 FAMILY	\$2,000 SINGLE, \$4,000 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$1,500 SINGLE, \$3,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$4,500 SINGLE, \$6,850 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CALLS	DEDUCTIBLE APPLIES FIRST \$20 CO-PAY PRIMARY OR SPECIALISTS	DEDUCTIBLE FIRST \$30 PRIMARY, \$60 SPECIALISTS
URGENT CARE	DEDUCTIBLE THEN \$25 CO-PAY	DEDUCTIBLE FIRST THEN \$75 CO-PAY
EMERGENCY ROOM	DEDUCTIBLE THEN \$50 CO-PAY	DEDUCTIBLE FIRST THEN \$500 CO-PAY
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC SERVICES	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MRI'S CT SCAN, PET SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
REHAB SERVICES OCC, PHYSICAL, ETC	100% AFTER DEDUCTIBLE 60 COMBINED VISITS	DEDUCTIBLE THEN \$30 CO-PAY 20 VISITS EACH THERAPY TYPE
CHIROPRACTIC CARE	100% AFTER DEDUCTIBLE 38 VISITS/YEAR	DEDUCTIBLE THEN \$30 CO-PAY 20 VISITS EACH THERAPY TYPE
PRESCRIPTIONS	SAVER RX PLAN	DEDUCTIBLE THEN \$10/\$35/\$60
		<p align="center">www.myuhc.com Use this website to locate participating providers Also to locate prescription formulary</p>

**BRONSON COMMUNITY SCHOOLS
HEALTH INSURANCE OPTIONS**

	MESSA CHOICES II			PRIORITY HEALTH COPAY ALIGNED			PRIORITY HEALTH POS H S A		
	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST	RATES	HARD CAP	STAFF COST
	2016		26 PAYS	2016		26 PAYS	2016		26 PAYS
SINGLE	\$703.16	\$511.84	\$88.30	\$614.05	\$511.84	\$44.17	\$539.91	\$511.84	\$12.96
TWO PERSON	\$1,580.17	\$1,070.42	\$235.27	\$1,379.89	\$1,070.42	\$142.83	\$1,213.29	\$1,070.42	\$65.94
FAMILY	\$1,966.06	\$1,395.94	\$263.13	\$1,716.89	\$1,395.94	\$148.13	\$1,509.59	\$1,395.94	\$52.45
ACA TAXES 3.41%	INCLUDED			INCLUDED			INCLUDED		

BENEFIT SUMMARY

DEDUCTIBLE	\$500 SINGLE, \$1,000 FAMILY	\$1,000 SINGLE, \$2,000 FAMILY	\$1,300 SINGLE, \$2,600 FAMILY
BENEFIT %	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MAXIMUM OUT OF POCKET	\$1,500 SINGLE, \$3,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$6,850 SINGLE, \$13,700 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS	\$2,000 SINGLE, \$4,000 FAMILY INCLUDES DEDUCTIBLE & CO-PAYS
WELLNESS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS	100% NO DEDUCTIBLE OR CO-PAYS
OFFICE CALLS	DEDUCTIBLE APPLIES FIRST \$20 CO-PAY PRIMARY OR SPECIALISTS	DEDUCTIBLE DOES NOT APPLY \$R20 PRIMARY, \$35 SPECIALISTS	100% AFTER DEDUCTIBLE
URGENT CARE	DEDUCTIBLE THEN \$25 CO-PAY	\$75 CO-PAY	100% AFTER DEDUCTIBLE
EMERGENCY ROOM	DEDUCTIBLE THEN \$50 CO-PAY	\$150 CO-PAY	100% AFTER DEDUCTIBLE
HOSPITAL	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
DIAGNOSTIC SERVICES	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
MRI'S CT SCAN, PET SCAN	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE	100% AFTER DEDUCTIBLE
REHAB SERVICES OCC, PHYSICAL, ETC	100% AFTER DEDUCTIBLE 60 COMBINED VISITS	\$20 CO-PAY 60 COMBINED VISITS	100% AFTER DEDUCTIBLE 60 COMBINED VISITS/YEAR
CHIROPRACTIC CARE	100% AFTER DEDUCTIBLE 38 VISITS/YEAR	INCLUDED IN REHAB SERVICES	INCLUDED IN REHAB SERVICES
PRESCRIPTIONS	SAVER RX PLAN	\$10/\$40/\$80	DEDUCTIBLE THEN \$10/\$40/\$80
		www.priorityhealth.com www.phcs.com PHCS network out of State providers Use this website to locate participating providers Also to locate prescription formulary	www.priorityhealth.com www.phcs.com PHCS network out of State providers Use this website to locate participating providers Also to locate prescription formulary

**BRONSON COMMUNITY SCHOOLS
NON MEDICAL BENEFITS**

BENEFIT	MESSA		UNUM		RELIANCE		MUTUAL OF OMAHA		LINCOLN	
	COVERAGE	RATES	COVERAGE	RATES	COVERAGE	RATES	COVERAGE	RATES	COVERAGE	RATES
GROUP LIFE										
TEACHERS	\$10,000	\$1.90	\$10,000	\$1.95	\$10,000	\$1.70	\$10,000	\$2.10	\$10,000	\$1.80
ADMIN/SUPPORT STAFF	\$10,000	\$1.90	\$10,000	\$1.95	\$10,000	\$1.70	\$10,000	\$2.10	\$10,000	\$1.80
VOLUNTARY LIFE	MUST ANSWER MEDICAL QUESTIONS		GUARANTEED ISSUE GI: \$70,000		GUARANTEED ISSUE GI: \$50,000		GUARANTEED ISSUE GI: \$50,000		GUARANTEED ISSUE GI: \$ <i>100,000</i>	

DENTAL

TEACHERS										
DEDUCTIBLE	NONE		NONE		NONE				NONE	
CLASS 1	80%	\$19.02	80%	\$43.70	80%	\$31.54			80%	\$43.76
CLASS 2	50%	\$38.54	80%	\$82.50	80%	\$62.17			80%	\$85.19
CLASS 3	50%	\$74.62	50%	\$137.30	50%	\$109.74			50%	\$146.67
ANNUAL BENEFIT	\$1,000		1,000		\$1,000				\$1,000	
ORTHO	50%		50%		50%				50%	
LIFETIME	\$1,000		\$1,000		\$1,000				\$1,000	
ADMIN/SUPPORT STAFF										
DEDUCTIBLE	NONE									
CLASS 1	80%	\$31.88								
CLASS 2	80%	\$62.82								
CLASS 3	50%	\$110.09								
ANNUAL BENEFIT	\$1,000									
ORTHO	50%									
LIFETIME	\$1,000									

Dental options,
see next page for
SELF FUNDED OPTIONS

VISION	VSP 2		SUPERIOR VISION		EYEMED VISION		EYEMED OR SUPERIOR	EYEMED OR SUPERIOR
PLAN FREQUENCY	12\12\12		12\12\12		12\12\12			
EXAM FEE	\$6.50	\$5.13	\$5.00	\$4.65	\$6.00	\$4.80		
FRAME ALLOWANCE	\$65	\$11.03	\$75	\$10.00	\$65	\$9.12		
CONTACT LENSES	\$90	\$16.59	\$100	\$15.04	\$90	\$13.40		
CONTACT FITTING FEE	INCLUDED IN CONTACT ALLOWANCE		SEPARATE FEE FULL CONTACT ALLOWANCE					



Medical Rate Summary Exclusively for Bronson Community Schools
Effective Date: 07/01/2016

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	\$0	\$5/\$10/\$25	0%	\$10/\$20	\$861.87	\$1,937.33	\$2,410.53	\$844.66	\$1,898.61	\$2,362.35
Choices/Choices II	\$0	\$10/\$25/\$50	0%	\$10/\$20	\$852.24	\$1,915.67	\$2,383.57	\$835.23	\$1,877.39	\$2,335.93
Choices/Choices II	\$0	\$20/\$25/\$50	0%	\$10/\$20	\$837.25	\$1,881.92	\$2,341.59	\$820.53	\$1,844.31	\$2,294.79
Choices/Choices II	\$100/\$200	\$5/\$10/\$25	0%	\$10/\$20	\$834.70	\$1,876.19	\$2,334.45	\$818.03	\$1,838.70	\$2,287.79
Choices/Choices II	\$100/\$200	\$10/\$25/\$50	0%	\$10/\$20	\$825.47	\$1,855.44	\$2,308.63	\$809.00	\$1,818.36	\$2,262.48
Choices/Choices II	\$0	\$5/\$10/\$25	0%	Saver Rx	\$813.98	\$1,829.59	\$2,276.45	\$797.73	\$1,793.03	\$2,230.95
Choices/Choices II	\$100/\$200	\$20/\$25/\$50	0%	\$10/\$20	\$811.21	\$1,823.35	\$2,268.69	\$795.02	\$1,786.92	\$2,223.35
Choices/Choices II	\$200/\$400	\$5/\$10/\$25	0%	\$10/\$20	\$810.69	\$1,822.18	\$2,267.24	\$794.51	\$1,785.77	\$2,221.92
Choices/Choices II	\$0	\$10/\$25/\$50	0%	Saver Rx	\$804.36	\$1,807.93	\$2,249.50	\$788.30	\$1,771.81	\$2,204.54
Choices/Choices II	\$200/\$400	\$10/\$25/\$50	0%	\$10/\$20	\$801.91	\$1,802.41	\$2,242.63	\$785.90	\$1,766.39	\$2,197.81
Choices/Choices II	\$0	\$20/\$25/\$50	0%	Saver Rx	\$789.36	\$1,774.17	\$2,207.49	\$773.60	\$1,738.71	\$2,163.37
Choices/Choices II	\$300/\$600	\$5/\$10/\$25	0%	\$10/\$20	\$788.90	\$1,773.16	\$2,206.24	\$773.15	\$1,737.72	\$2,162.14
Choices/Choices II	\$200/\$400	\$20/\$25/\$50	0%	\$10/\$20	\$788.20	\$1,771.57	\$2,204.26	\$772.46	\$1,736.17	\$2,160.20
Choices/Choices II	\$100/\$200	\$5/\$10/\$25	0%	Saver Rx	\$786.82	\$1,768.45	\$2,200.37	\$771.11	\$1,733.11	\$2,156.39
Choices/Choices II	\$300/\$600	\$10/\$25/\$50	0%	\$10/\$20	\$780.46	\$1,754.18	\$2,182.61	\$764.88	\$1,719.12	\$2,138.99
Choices/Choices II	\$100/\$200	\$10/\$25/\$50	0%	Saver Rx	\$777.59	\$1,747.71	\$2,174.56	\$762.07	\$1,712.78	\$2,131.10
Choices/Choices II	\$300/\$600	\$20/\$25/\$50	0%	\$10/\$20	\$767.29	\$1,724.52	\$2,145.70	\$751.97	\$1,690.06	\$2,102.82
Choices/Choices II	\$100/\$200	\$20/\$25/\$50	0%	Saver Rx	\$763.32	\$1,715.62	\$2,134.62	\$748.09	\$1,681.33	\$2,091.95
Choices/Choices II	\$200/\$400	\$5/\$10/\$25	0%	Saver Rx	\$762.81	\$1,714.45	\$2,133.17	\$747.59	\$1,680.19	\$2,090.54
Choices/Choices II	\$200/\$400	\$10/\$25/\$50	0%	Saver Rx	\$754.03	\$1,694.67	\$2,108.56	\$738.98	\$1,660.81	\$2,066.42
Choices/Choices II	\$500/\$1000	\$5/\$10/\$25	0%	\$10/\$20	\$749.50	\$1,684.50	\$2,095.91	\$734.54	\$1,650.84	\$2,054.02
Choices/Choices II	\$500/\$1000	\$10/\$25/\$50	0%	\$10/\$20	\$741.70	\$1,666.95	\$2,074.06	\$726.90	\$1,633.64	\$2,032.61
Choices/Choices II	\$300/\$600	\$5/\$10/\$25	0%	Saver Rx	\$741.02	\$1,665.42	\$2,072.16	\$726.23	\$1,632.14	\$2,030.74
Choices/Choices II	\$200/\$400	\$20/\$25/\$50	0%	Saver Rx	\$740.32	\$1,663.84	\$2,070.18	\$725.54	\$1,630.59	\$2,028.81
Choices/Choices II	\$300/\$600	\$10/\$25/\$50	0%	Saver Rx	\$732.57	\$1,646.42	\$2,048.52	\$717.95	\$1,613.52	\$2,007.57
Choices/Choices II	\$500/\$1000	\$20/\$25/\$50	0%	\$10/\$20	\$729.47	\$1,639.43	\$2,039.81	\$714.91	\$1,606.67	\$1,999.05

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, Tara Wilbur, at 800.292.4910.



Medical Rate Summary Exclusively for Bronson Community Schools
Effective Date: 07/01/2016

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	\$719.41	\$1,616.78	\$2,011.63	\$705.05	\$1,584.48	\$1,971.43
Choices/Choices II	\$500/\$1000	\$5/\$10/\$25	0%	Saver Rx	\$701.62	\$1,576.77	\$1,961.83	\$687.62	\$1,545.26	\$1,922.62
Choices/Choices II	\$500/\$1000	\$10/\$25/\$50	0%	Saver Rx	\$693.82	\$1,559.21	\$1,939.99	\$679.97	\$1,528.06	\$1,901.22
Choices/Choices II	\$500/\$1000	\$20/\$25/\$50	0%	Saver Rx	\$681.59	\$1,531.69	\$1,905.73	\$667.99	\$1,501.09	\$1,867.65
Choices/Choices II	\$1000/\$2000	\$20/\$25/\$50	0%	Saver Rx	\$642.82	\$1,444.46	\$1,797.19	\$629.99	\$1,415.61	\$1,761.28
ABC Plan 1	\$1300 ¹ , \$2600 ²	None	0%	ABC Rx	\$613.57	\$1,378.67	\$1,715.31	\$601.33	\$1,351.13	\$1,681.03
Choices/Choices II	\$2000/\$4000	\$20/\$25/\$50	0%	Saver Rx	\$606.09	\$1,361.84	\$1,694.35	\$594.00	\$1,334.63	\$1,660.50
Choices/Choices II	\$3000/\$6000	\$20/\$25/\$50	0%	Saver Rx	\$581.61	\$1,306.74	\$1,625.81	\$570.01	\$1,280.64	\$1,593.32
ABC Plan 2	\$2000 ¹ , \$4000 ²	None	0%	ABC Rx	\$574.32	\$1,290.34	\$1,605.38	\$562.86	\$1,264.56	\$1,573.31
ABC Plan 3	\$3500 ¹ , \$7000 ²	None	10%	ABC Rx	\$511.32	\$1,148.61	\$1,429.00	\$501.12	\$1,125.67	\$1,400.45

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, Tara Wilbur, at 800.292.4910.