



2017 Rate Renewal Exclusively for

Quote #: 337133
 MESSA Field Rep: Viola Collin
 Date Created: 03/17/2017

Good health. Good business. Great schools.
 1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

Traverse City Area Schools

Renewal Effective 07/01/2017

PAK B - 242A Teach, Coun, Soc Worker, Nurs	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Dental:	\$28.70	Single: 17	\$28.02	\$28.50
Class I: 90%	\$56.93	2-Person: 9	\$56.02	\$56.98
Class II: 70%	\$100.63	Family: 51	\$101.88	\$103.63
Class III: 70%				
Annual Max: \$1,500				
Class IV: 0%				
Lifetime Max: \$ 0				
Riders: 2 Cleanings, Sealants				
<hr/>				
Vision:	VSP 2	Single: 17	\$3.66	\$3.74
		2-Person: 9	\$7.87	\$8.04
		Family: 51	\$11.83	\$12.08
<hr/>				
Life Insurance:	\$25,000	77		\$0.09
Rate/\$1000				\$1,925,000.00
Volume				\$2.25
Composite:	\$2.50	75		\$0.03
AD&D Coverage:	\$25,000			\$1,875,000.00
Rate/\$1000				\$0.75
Volume				\$0.75
Composite:	\$0.75			
<hr/>				
LTD Benefit	66 2/3% Max \$5,000	76		\$0.41
Max Monthly Salary:	\$7,500			\$372,696.00
Waiting Period:	90 CDMF			\$20.11
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.41
Covered Salary				\$372,696.00
Composite:	\$19.91			\$20.11
<hr/>				
Total Monthly Rate per Member - Single	\$56.33			\$55.35
Total Monthly Rate per Member - 2-Person	\$89.71			\$88.13
Total Monthly Rate per Member - Family	\$138.26			\$138.82

COBRA
Dental

COBRA
Vision

PAK B COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.

PAK B

The above rates are effective 07/01/2017 through 12/31/2018 and based on plans and enrollment as of 03/17/2017. Rates will be effective for 18 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



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**Quote Summary Exclusively for
 Traverse City Area Schools
 Quote Effective 07/01/2017**

Requested: 04/10/2017
 Quote Request ID: 223246
 MESSA Field Rep: Viola Collin

Quoted Group(s): 242A-Teach, Coun, Soc Worker, Nurs

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 337722			Quote ID 337723		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical:	PAK A			PAK A			PAK A		
IN Deductible:	Choices	\$632.65	S: 25	Choices	\$619.30	\$632.65	Choices	\$619.30	\$632.65
IN Coinsurance:	\$300/\$600	\$1,421.57	2P: 24	\$300/\$600	\$1,391.55	\$1,421.57	\$300/\$600	\$1,391.55	\$1,421.57
OV/UC/ER Copay:	0%	\$1,768.71	F: 54	0%	\$1,731.34	\$1,768.71	0%	\$1,731.34	\$1,768.71
Rx Coverage:	\$10/\$25/\$50			\$10/\$25/\$50			\$10/\$25/\$50		
Riders Included:	Saver Rx			Saver Rx			Saver Rx		
	None			None			None		
Dental:		\$29.74	S: 25		\$33.44	\$ 34.02		\$33.44	\$ 34.02
Diag & Prev:	90% (X-Rays)	\$58.74	2P: 24	100% (X-Rays)	\$66.04	\$ 67.18	100% (X-Rays)	\$66.04	\$ 67.18
Basic Services:	70%	\$102.84	F: 54	80%	\$115.43	\$117.42	80%	\$115.43	\$117.42
Major Services:	70%			70%			70%		
Annual Max:	\$1500			\$1500			\$1500		
Orthodontics:									
Lifetime Max:	\$0			\$0			\$0		
Riders Included:	2 Clean, Sealants			2 Clean, Sealants			2 Clean, Sealants		
Vision:	VSP 2			VSP 2 S			VSP 3		
		\$3.74	S: 25		\$4.11	\$ 4.20		\$5.09	\$ 5.20
		\$8.04	2P: 24		\$8.83	\$ 9.02		\$10.94	\$11.17
		\$12.08	F: 54		\$13.29	\$13.58		\$16.45	\$16.80
Life Ins:	\$10,000		103	\$10,000			\$10,000		
Volume:					1,030,000.00			1,030,000.00	
Rate/\$1,000:					\$ 0.09			\$ 0.09	
Composite Rate:		\$0.90			\$ 0.90			\$ 0.90	
AD&D Ins:	\$10,000		103	\$10,000			\$10,000		
Volume:					1,030,000.00			1,030,000.00	
Rate/\$1,000:					\$ 0.03			\$ 0.03	
Composite Rate:		\$0.30			\$ 0.30			\$ 0.30	
LTD:	66 2/3% Max \$5,000		103	66 2/3% Max \$5,000			66 2/3% Max \$5,000		
Waiting Period:	90 CDMF			90 CDMF			90 CDMF		
Alcohol/Drug:	2 Year Limitation			2 Year Limitation			2 Year Limitation		
Mental/Nervous:	2 Year Limitation			2 Year Limitation			2 Year Limitation		
Soc. Sec. Offset:	Family			Family			Family		
Own-Occupation:	2 years			2 years			2 years		
Pre-Exist Condition:	Yes			Yes			Yes		
COLA:	No			No			No		
SS Freeze:	Yes			Yes			Yes		
Volume:					505,101.00			505,101.00	
Rate/\$100:					\$ 0.41			\$ 0.41	
Composite Rate:		\$20.11			\$ 20.11			\$ 20.11	
Total Monthly Rate/Member - S	\$ 687.44			\$ 692.18			\$ 693.18		
Total Monthly Rate/Member - 2P	\$1,509.66			\$1,519.08			\$1,521.23		
Total Monthly Rate/Member - F	\$1,904.94			\$1,921.02			\$1,924.24		

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The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.



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**Quote Summary Exclusively for
 Traverse City Area Schools
 Quote Effective 07/01/2017**

Requested: 04/10/2017
 Quote Request ID: 223246
 MESSA Field Rep: Viola Collin

Quoted Group(s): 242A-Teach, Coun, Soc Worker, Nurs

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 337722			Quote ID 337723		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical:	PAK C ABC Plan 1	\$525.68	S: 44	PAK C ABC Plan 1	\$514.59	\$525.68	PAK C ABC Plan 1	\$514.59	\$525.68
IN Deductible:	\$1300/\$2600	\$1,180.90	2P: 65	\$1300/\$2600	\$1,155.97	\$1,180.90	\$1300/\$2600	\$1,155.97	\$1,180.90
IN Coinsurance:	0%	\$1,469.20	F: 245	0%	\$1,438.17	\$1,469.20	0%	\$1,438.17	\$1,469.20
OV/UC/ER Copay:	N/A			N/A			N/A		
Rx Coverage:	ABC Rx			ABC Rx			ABC Rx		
Riders Included:	HEQ			HEQ			HEQ		
Dental:		\$29.74	S: 44		\$33.44	\$ 34.02		\$33.44	\$ 34.02
Diag & Prev:	90% (X-Rays)	\$58.74	2P: 71	100% (X-Rays)	\$66.04	\$ 67.18	100% (X-Rays)	\$66.04	\$ 67.18
Basic Services:	70%	\$102.84	F: 239	80%	\$115.43	\$117.42	80%	\$115.43	\$117.42
Major Services:	70%			70%			70%		
Annual Max:	\$1500			\$1500			\$1500		
Orthodontics:									
Lifetime Max:	\$0			\$0			\$0		
Riders Included:	2 Clean, Sealants			2 Clean, Sealants			2 Clean, Sealants		
Vision:	VSP 2		S: 44	VSP 2 S			VSP 3		
		\$3.74	2P: 71		\$4.11	\$ 4.20		\$5.09	\$ 5.20
		\$8.04	F: 239		\$8.83	\$ 9.02		\$10.94	\$11.17
		\$12.08			\$13.29	\$13.58		\$16.45	\$16.80
Life Ins:	\$10,000		354	\$10,000			\$10,000		
Volume:						3,540,000.00			3,540,000.00
Rate/\$1,000:						\$ 0.09			\$ 0.09
Composite Rate:	\$0.90					\$ 0.90			\$ 0.90
AD&D Ins:	\$10,000		353	\$10,000			\$10,000		
Volume:						3,530,000.00			3,530,000.00
Rate/\$1,000:						\$ 0.03			\$ 0.03
Composite Rate:	\$0.30					\$ 0.30			\$ 0.30
LTD:	66 2/3% Max \$5,000		354	66 2/3% Max \$5,000			66 2/3% Max \$5,000		
Waiting Period:	90 CDMF			90 CDMF			90 CDMF		
Alcohol/Drug:	2 Year Limitation			2 Year Limitation			2 Year Limitation		
Mental/Nervous:	2 Year Limitation			2 Year Limitation			2 Year Limitation		
Soc. Sec. Offset:	Family			Family			Family		
Own-Occupation:	2 years			2 years			2 years		
Pre-Exist Condition:	Yes			Yes			Yes		
COLA:	No			No			No		
SS Freeze:	Yes			Yes			Yes		
Volume:						1,735,979.00			1,735,979.00
Rate/\$100:						\$ 0.41			\$ 0.41
Composite Rate:	\$20.11					\$ 20.11			\$ 20.11
Total Monthly Rate/Member - S	\$ 580.47			\$ 585.21			\$ 586.21		
Total Monthly Rate/Member - 2P	\$1,268.99			\$1,278.41			\$1,280.56		
Total Monthly Rate/Member - F	\$1,605.43			\$1,621.51			\$1,624.73		

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				Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
PAK B				PAK B			PAK B		
Dental:		\$28.50	S: 17		\$32.04	\$ 32.59		\$32.04	\$ 32.59
Diag & Prev:	90% (X-Rays)	\$56.98	2P: 9	100% (X-Rays)	\$64.04	\$ 65.14	100% (X-Rays)	\$64.04	\$ 65.14
Basic Services:	70%	\$103.63	F: 51	80%	\$116.30	\$118.30	80%	\$116.30	\$118.30
Major Services:	70%			70%			70%		
Annual Max:	\$1500			\$1500			\$1500		
Orthodontics:									
Lifetime Max:	\$0			\$0			\$0		
Riders Included:	2 Clean, Sealants			2 Clean, Sealants			2 Clean, Sealants		
Vision:	VSP 2			VSP 2 S			VSP 3		
		\$3.74	S: 17		\$4.11	\$ 4.20		\$5.09	\$ 5.20
		\$8.04	2P: 9		\$8.83	\$ 9.02		\$10.94	\$11.17
		\$12.08	F: 51		\$13.29	\$13.58		\$16.45	\$16.80
Life Ins:	\$25,000		77	\$25,000			\$25,000		
Volume:						1,925,000.00			1,925,000.00
Rate/\$1,000:						\$ 0.09			\$ 0.09
Composite Rate:		\$2.25				\$ 2.25			\$ 2.25
AD&D Ins:	\$25,000		75	\$25,000			\$25,000		
Volume:						1,875,000.00			1,875,000.00
Rate/\$1,000:						\$ 0.03			\$ 0.03
Composite Rate:		\$0.75				\$ 0.75			\$ 0.75
LTD:	66 2/3% Max \$5,000		76	66 2/3% Max \$5,000			66 2/3% Max \$5,000		
Waiting Period:	90 CDMF			90 CDMF			90 CDMF		
Alcohol/Drug:	2 Year Limitation			2 Year Limitation			2 Year Limitation		
Mental/Nervous:	2 Year Limitation			2 Year Limitation			2 Year Limitation		
Soc. Sec. Offset:	Family			Family			Family		
Own-Occupation:	2 years			2 years			2 years		
Pre-Exist Condition:	Yes			Yes			Yes		
COLA:	No			No			No		
SS Freeze:	Yes			Yes			Yes		
Volume:						372,696.00			372,696.00
Rate/\$100:						\$ 0.41			\$ 0.41
Composite Rate:		\$20.11				\$ 20.11			\$ 20.11
Total Monthly Rate/Member - S	\$ 55.35					\$ 59.90			\$ 60.90
Total Monthly Rate/Member - 2P	\$ 88.13					\$ 97.27			\$ 99.42
Total Monthly Rate/Member - F	\$ 138.82					\$ 154.99			\$ 158.21

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PAK A - 242A Teach, Coun, Soc Worker, Nurs		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical:	MESSA Choices	\$577.13	Single: 25 <i>vr</i>	\$619.30	\$632.65
IN Deductible:	\$300/\$600	\$1,296.67	2-Person: 24 <i>zfn</i>	\$1,391.55	\$1,421.57
IN Coinsurance:	N/A	\$1,613.28	Family: 54 <i>gwh</i>	\$1,731.34	\$1,768.71
IN Copay (OV/UC/ER):	\$10/\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
Dental:		\$29.24	Single: 25	\$29.24	\$29.74
Class I:	90%	\$57.43	2-Person: 24	\$57.75	\$58.74
Class II:	70%	\$99.35	Family: 54	\$101.10	\$102.84
Class III:	70%				
Annual Max:	\$1,500				
Class IV:	0%				
Lifetime Max:	\$0				
Riders:	2 Cleanings, Sealants				
Vision:	VSP 2	\$4.47	Single: 25	\$3.66	\$3.74
		\$9.62	2-Person: 24	\$7.87	\$8.04
		\$14.47	Family: 54	\$11.83	\$12.08
Life Insurance:	\$10,000		103		\$0.09
Rate/\$1000					\$1,030,000.00
Volume					\$0.90
Composite:	\$1.00		103		\$0.03
AD&D Coverage:	\$10,000				\$1,030,000.00
Rate/\$1000					\$0.30
Volume					\$0.30
Composite:	\$0.30				
LTD Benefit	66 2/3% Max \$5,000		103		\$0.41
Max Monthly Salary:	\$7,500				\$505,101.00
Waiting Period:	90 CDMF				\$20.11
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100					\$0.41
Covered Salary					\$505,101.00
Composite:	\$19.91				\$20.11
Total Monthly Rate per Member - Single		\$632.05			\$687.44
Total Monthly Rate per Member - 2-Person		\$1,384.93			\$1,509.66
Total Monthly Rate per Member - Family		\$1,748.31			\$1,904.94

PAK A COBRA RATES:

Medical	Single	2-Person	Family
	\$617.80	\$1,390.05	\$1,729.84
	\$631.15	\$1,420.07	\$1,767.21

The COBRA rates for Dental and Vision are the same as the rates above.

PAK A

The above rates are effective 07/01/2017 through 12/31/2018 and based on plans and enrollment as of 03/17/2017. Rates will be effective for 18 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



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PAK C - 242A Teach, Coun, Soc Worker, Nurs		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical:	MESSA ABC Plan 1	\$483.43	Single: 44	\$514.59	\$525.68
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,085.85	2-Person: 65	\$1,155.97	\$1,180.90
IN Coinsurance:	N/A	\$1,350.92	Family: 245	\$1,438.17	\$1,469.20
IN Copay (OV/UC/ER):	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:		\$29.24	Single: 44	\$29.24	\$29.74
Class I:	90%	\$57.43	2-Person: 71	\$57.75	\$58.74
Class II:	70%	\$99.35	Family: 239	\$101.10	\$102.84
Class III:	70%				
Annual Max:	\$1,500				
Class IV:	0%				
Lifetime Max:	\$ 0				
Riders:	2 Cleanings, Sealants				
Vision:	VSP 2	\$4.47	Single: 44	\$3.66	\$3.74
		\$9.62	2-Person: 71	\$7.87	\$8.04
		\$14.47	Family: 239	\$11.83	\$12.08
Life Insurance:	\$10,000		354		\$0.09
Rate/\$1000					\$3,540,000.00
Volume					\$0.90
Composite:	\$1.00				\$0.03
AD&D Coverage:	\$10,000		353		\$0.03
Rate/\$1000					\$3,530,000.00
Volume					\$0.30
Composite:	\$0.30				\$0.30
LTD Benefit	66 2/3% Max \$5,000		354		\$0.41
Max Monthly Salary:	\$7,500				\$1,735,979.00
Waiting Period:	90 CDMF				\$20.11
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100					\$0.41
Covered Salary					\$1,735,979.00
Composite:	\$19.91				\$20.11
Total Monthly Rate per Member - Single		\$538.35			\$580.47
Total Monthly Rate per Member - 2-Person		\$1,174.11			\$1,268.99
Total Monthly Rate per Member - Family		\$1,485.95			\$1,605.43

PAK C COBRA RATES:

Medical	Single	2-Person	Family
	\$513.09	\$1,154.47	\$1,436.67
	\$524.18	\$1,179.40	\$1,467.70

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HDHP

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NON-PAK - 242G CAPSA Working Less Than 7 Hour		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical:	MESSA ABC Plan 1	\$493.27	Single: 1	\$525.07	\$536.37
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,107.98	2-Person: 4	\$1,179.53	\$1,204.97
IN Coinsurance:	N/A	\$1,378.45	Family: 5	\$1,467.49	\$1,499.16
IN Copay (OV/UC/ER):	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Medical:	MESSA Choices	\$578.30	Single: 4	\$620.55	\$633.92
IN Deductible:	\$300/\$600	\$1,299.29	2-Person: 1	\$1,394.36	\$1,424.45
IN Coinsurance:	N/A	\$1,616.53	Family: 3	\$1,734.84	\$1,772.28
IN Copay (OV/UC/ER):	\$20/\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
NON-PAK COBRA RATES:					
	MESSA ABC Plan 1		Single	\$523.57	\$534.87
			2-Person	\$1,178.03	\$1,203.47
			Family	\$1,465.99	\$1,497.66
	MESSA Choices		Single	\$619.05	\$632.42
			2-Person	\$1,392.86	\$1,422.95
			Family	\$1,733.34	\$1,770.78

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MESSA Field Rep: Viola Collin

Date Created: 03/17/2017

NON-PAK - 242D Transportation		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical:	MESSA Choices	\$547.91	Single: 10	\$587.94	\$600.61
IN Deductible:	\$500/\$1000	\$1,230.92	2-Person: 14	\$1,320.99	\$1,349.49
IN Coinsurance:	N/A	\$1,531.44	Family: 4	\$1,643.52	\$1,678.99
IN Copay (OV/UC/ER):	\$20/\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
Medical:	MESSA Choices	\$595.10	Single: 9	\$638.58	\$652.34
IN Deductible:	\$200/\$400	\$1,337.09	2-Person: 12	\$1,434.93	\$1,465.90
IN Coinsurance:	N/A	\$1,663.57	Family: 7	\$1,785.32	\$1,823.86
IN Copay (OV/UC/ER):	\$20/\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
NON-PAK COBRA RATES:					
	MESSA Choices		Single	\$586.44	\$599.11
			2-Person	\$1,319.49	\$1,347.99
			Family	\$1,642.02	\$1,677.49
	MESSA Choices		Single	\$637.08	\$650.84
			2-Person	\$1,433.43	\$1,464.40
			Family	\$1,783.82	\$1,822.36

The above rates are effective 07/01/2017 through 12/31/2018 and based on plans and enrollment as of 03/17/2017. Rates will be effective for 18 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.

MESSA 3-Tier Rx

MESSA 3-Tier Rx plans cover thousands of safe and effective medications. By encouraging the use of generic and lower-cost brand drugs, 3-Tier Rx helps lower health plan premiums.

To help protect your health and minimize your costs, drugs that have proven track records and are the least expensive are in the lowest tiers.

We offer **MESSA 3-Tier Rx** or **MESSA 3-Tier Rx with mandatory mail**.

Switching to MESSA 3-Tier Rx with mandatory mail from MESSA Saver Rx can reduce a group's total medical premium by about 5 percent.

MESSA 3-Tier Rx

Where to get your medication depends on the plan you have

Rx plan	Up to 34-day Rx	90-day Rx	Up to 30-day specialty Rx
3-Tier Rx	Retail pharmacy	Retail pharmacy or Express Scripts Pharmacy (optional home delivery by mail)	Retail pharmacy or Mail order through Walgreens Specialty Pharmacy
3-Tier Rx with mandatory mail*	Retail pharmacy	Express Scripts Pharmacy (required home delivery by mail)	

**The 3-Tier Rx with mandatory mail plan requires you to obtain certain long-term maintenance medications through Express Scripts. If a drug is on the list of medications requiring home delivery, it will not be covered if you obtain it from a retail pharmacy. You can go to a local pharmacy for short-term prescriptions, such as antibiotics or medications that have a limited supply.*

What you pay for a prescription from an in-network pharmacy

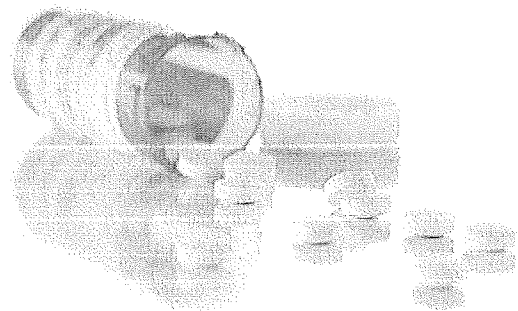
MESSA 3-Tier Rx plans split brand name prescriptions into two tiers. The addition of a third tier for more expensive brand drugs or drugs that have a generic equivalent reduces the plan cost.

The amount you pay for a prescription varies depending on its tier.

	Up to 34-day supply	90-day supply
Specific preventive medications mandated by federal law are covered 100 percent with no deductible required. Age and gender limits apply.	No cost to you	No cost to you
Tier 1 Generics	\$10 copayment	\$25 copayment
Tier 2 Most brand drugs with no generic equivalent	20 percent coinsurance \$40 minimum- \$80 maximum	20 percent coinsurance \$100 minimum- \$200 maximum
Tier 3 Most brand drugs with a generic equivalent or therapeutic alternative	20 percent coinsurance \$60 minimum- \$100 maximum	20 percent coinsurance \$150 minimum- \$250 maximum

Note: The amount you pay for brand name medications varies because coinsurance is based on the price of the drug when it is filled. If you obtain a Tier 3 drug when a Tier 1 drug is available, you will pay the Tier 3 coinsurance plus the difference in cost between the Tier 1 drug and the Tier 3 drug. A drug may switch from one tier to another.

About 85 percent of drugs filled by MESSA members and their dependents are generic



Money-saving features

Prior authorization

To ensure compliance with FDA-approved safe prescribing guidelines, certain drugs require prior authorization before MESSA will cover them. Your doctor must submit documentation to support the need for the prescription.

This program manages the use of certain medications for which there are equally effective, less costly alternatives available.

Typically, drugs requiring prior authorization are:

- Associated with dangerous side effects
- Harmful when combined with other drugs
- Used only for certain health conditions
- Often misused or abused
- Prescribed when less expensive drugs might work better

If a prior authorization is not obtained for a drug that requires one, MESSA will not cover the medication.

Step therapy

The 3-Tier Rx plans include step therapy, which helps keep costs down while still making sure you get the safest, most effective and reasonably-priced drug available.

Drugs subject to step therapy require previous treatment with one or more preferred drugs before coverage is approved. This ensures all clinically sound and cost-effective treatment options are tried before more expensive drugs are prescribed.

If you just moved to the 3-Tier Rx plan and you are currently taking a drug requiring step therapy, you can continue on your medication as-is.

Quantity limits

Another way we help keep costs lower for you is through our quantity limit program.

A quantity limit program limits the amount of medication that will be covered. Medications are limited based on FDA guidelines for appropriate and safe use.

If you are new to the 3-Tier plan and you have already received prior authorization that allows you a higher quantity of a prescribed and approved drug, you may continue to take your medication as-is until the prior authorization expires.

What's not covered – excluded drugs

To help keep the cost of your plan down, a limited list of expensive prescription drugs is not covered. These excluded drugs have preferred alternatives with similar effectiveness, quality and safety but at a fraction of the cost to you and your plan.

If you fill a prescription for an excluded drug, you'll pay the full retail price.

For a list of excluded drugs, go to messa.org.

Tip: If you are concerned about the cost of your prescription medication, ask your doctor or pharmacist if there is a less expensive and just as effective alternative.



Learn more

Call the MESSA Member Service Center at
800.336.0013 or TTY 888.445.5614



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Product	IN Deductible	IN Copay (OV/UC/ER)	IN	IN Rx Coverage	NON-PAK MEDICAL RATES			PAK MEDICAL RATES		
					Single	2-Person	Family	Single	2-Person	Family
1 ABC Plan 3	\$3500 ¹ ; \$7000 ²	None	20%	ABC Rx	\$428.33	\$961.87	\$1,196.62	\$419.79	\$942.66	\$1,172.72
2 ABC Plan 3	\$3500 ¹ ; \$7000 ²	None	10%	ABC Rx	\$447.02	\$1,003.93	\$1,248.97	\$438.11	\$983.88	\$1,224.02
3 ABC Plan 2	\$2000 ¹ ; \$4000 ²	None	20%	ABC Rx	\$459.35	\$1,031.67	\$1,283.49	\$450.19	\$1,011.07	\$1,257.85
4 ABC Plan 2	\$2000 ¹ ; \$4000 ²	None	10%	ABC Rx	\$468.98	\$1,053.35	\$1,310.47	\$459.63	\$1,032.31	\$1,284.29
5 ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	20%	ABC Mail	\$480.26	\$1,078.72	\$1,342.04	\$470.69	\$1,057.18	\$1,315.23
6 ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	20%	ABC Rx	\$486.64	\$1,093.05	\$1,359.87	\$476.93	\$1,071.22	\$1,332.71
7 ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	10%	ABC Mail	\$493.01	\$1,107.38	\$1,377.72	\$483.18	\$1,085.27	\$1,350.19
8 ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	10%	ABC Rx	\$499.47	\$1,121.92	\$1,395.80	\$489.51	\$1,099.51	\$1,367.92
9 ABC Plan 2	\$2000 ¹ ; \$4000 ²	None	0%	ABC Rx	\$502.08	\$1,127.79	\$1,403.11	\$492.06	\$1,105.27	\$1,375.08
10 ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	0%	ABC Mail	\$529.81	\$1,190.20	\$1,480.77	\$519.24	\$1,166.42	\$1,451.18
11 ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	0%	ABC Rx	\$536.37	\$1,204.97	\$1,499.15	\$525.68	\$1,180.90	\$1,469.20
12 Choices	\$3000/\$6000	\$20/\$25/\$50	20%	Saver Rx	\$470.01	\$1,055.63	\$1,313.31	\$460.64	\$1,034.55	\$1,287.07
13 Choices	\$3000/\$6000	\$20/\$25/\$50	10%	Saver Rx	\$478.39	\$1,074.51	\$1,336.80	\$468.85	\$1,053.05	\$1,310.09
14 Choices	\$1000/\$2000	\$20/\$25/\$50	20%	3Tier Mail	\$478.71	\$1,075.23	\$1,337.69	\$469.17	\$1,053.75	\$1,310.96
15 Choices	\$2000/\$4000	\$20/\$25/\$50	20%	Saver Rx	\$485.58	\$1,090.68	\$1,356.93	\$475.90	\$1,068.89	\$1,329.82
16 Choices	\$1000/\$2000	\$20/\$25/\$50	20%	3Tier	\$487.97	\$1,096.06	\$1,363.62	\$478.24	\$1,074.17	\$1,336.38
17 Choices	\$1000/\$2000	\$20/\$25/\$50	10%	3Tier Mail	\$492.48	\$1,106.20	\$1,376.24	\$482.66	\$1,084.11	\$1,348.75
18 Choices	\$2000/\$4000	\$20/\$25/\$50	10%	Saver Rx	\$496.96	\$1,116.30	\$1,388.80	\$487.05	\$1,094.00	\$1,361.05
19 Choices	\$1000/\$2000	\$20/\$25/\$50	10%	3Tier	\$501.75	\$1,127.06	\$1,402.19	\$491.74	\$1,104.54	\$1,374.18
20 Choices	\$1000/\$2000	\$20/\$25/\$50	20%	SRX Mail	\$503.80	\$1,131.69	\$1,407.95	\$493.76	\$1,109.08	\$1,379.82
21 Choices	\$500/\$1000	\$20/\$25/\$50	20%	3Tier Mail	\$505.07	\$1,134.53	\$1,411.49	\$495.00	\$1,111.87	\$1,383.29
22 Choices	\$1000/\$2000	\$20/\$25/\$50	20%	Saver Rx	\$511.34	\$1,148.63	\$1,429.04	\$501.14	\$1,125.68	\$1,400.49
23 Choices	\$3000/\$6000	\$20/\$25/\$50	0%	Saver Rx	\$512.53	\$1,151.32	\$1,432.40	\$502.31	\$1,128.33	\$1,403.78
24 Choices	\$500/\$1000	\$20/\$25/\$50	20%	3Tier	\$514.34	\$1,155.38	\$1,437.44	\$504.08	\$1,132.30	\$1,408.72
25 Choices	\$1000/\$2000	\$20/\$25/\$50	10%	SRX Mail	\$517.58	\$1,162.67	\$1,446.51	\$507.26	\$1,139.45	\$1,417.61

1. Single coverage deductible

2. 2-person and family coverage deductible (full deductible must be met before claims are paid for any individual)

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Product	IN		IN Copay (OV/UC/ER)		IN		Rx		NON-PAK MEDICAL RATES			PAK MEDICAL RATES		
	Deductible				Coinsurance		Coverage	Single	2-Person	Family	Single	2-Person	Family	
26 Choices	\$500/\$1000	\$20/\$25/\$50	10%	3Tier Mail				\$522.44	\$1,173.62	\$1,460.14	\$512.02	\$1,150.18	\$1,430.97	
27 Choices	\$1000/\$2000	\$20/\$25/\$50	10%	Saver Rx				\$525.11	\$1,179.64	\$1,467.62	\$514.64	\$1,156.08	\$1,438.30	
28 Choices	\$500/\$1000	\$20/\$25/\$50	20%	SRX Mail				\$530.16	\$1,190.98	\$1,481.75	\$519.58	\$1,167.19	\$1,452.14	
29 Choices	\$500/\$1000	\$20/\$25/\$50	10%	3Tier				\$531.71	\$1,194.47	\$1,486.09	\$521.11	\$1,170.61	\$1,456.40	
30 Choices	\$1000/\$2000	\$20/\$25/\$50	0%	3Tier Mail				\$533.83	\$1,199.23	\$1,492.01	\$523.18	\$1,175.28	\$1,462.20	
31 Choices	\$2000/\$4000	\$20/\$25/\$50	0%	Saver Rx				\$534.10	\$1,199.86	\$1,492.78	\$523.45	\$1,175.89	\$1,462.96	
32 Choices	\$500/\$1000	\$20/\$25/\$50	20%	Saver Rx				\$537.70	\$1,207.94	\$1,502.85	\$526.98	\$1,183.82	\$1,472.82	
33 Choices	\$1000/\$2000	\$20/\$25/\$50	0%	3Tier				\$543.09	\$1,220.08	\$1,517.96	\$532.26	\$1,195.71	\$1,487.63	
34 Choices	\$500/\$1000	\$20/\$25/\$50	10%	SRX Mail				\$547.53	\$1,230.08	\$1,530.39	\$536.61	\$1,205.51	\$1,499.81	
35 Choices	\$500/\$1000	\$20/\$25/\$50	10%	Saver Rx				\$555.07	\$1,247.04	\$1,551.50	\$544.00	\$1,222.13	\$1,520.50	
36 Choices	\$1000/\$2000	\$20/\$25/\$50	0%	SRX Mail				\$558.92	\$1,255.69	\$1,562.27	\$547.77	\$1,230.61	\$1,531.06	
37 Choices	\$1000/\$2000	\$20/\$25/\$50	0%	Saver Rx				\$566.46	\$1,272.65	\$1,583.37	\$555.16	\$1,247.22	\$1,551.74	
38 Choices	\$500/\$1000	\$20/\$25/\$50	0%	3Tier Mail				\$567.98	\$1,276.07	\$1,587.63	\$556.65	\$1,250.58	\$1,555.91	
39 Choices	\$500/\$1000	\$20/\$25/\$50	0%	3Tier				\$577.24	\$1,296.92	\$1,613.58	\$565.73	\$1,271.01	\$1,581.34	
40 Choices	\$500/\$1000	\$20/\$25/\$50	0%	SRX Mail				\$593.07	\$1,332.54	\$1,657.91	\$581.24	\$1,305.92	\$1,624.78	
41 Choices	\$500/\$1000	\$20/\$25/\$50	0%	Saver Rx				\$600.61	\$1,349.49	\$1,678.99	\$588.63	\$1,322.53	\$1,645.44	
42 Choices	\$500/\$1000	\$10/\$25/\$50	0%	Saver Rx				\$611.39	\$1,373.74	\$1,709.17	\$599.19	\$1,346.29	\$1,675.02	
43 Choices	\$500/\$1000	\$5/\$10/\$25	0%	Saver Rx				\$618.25	\$1,389.20	\$1,728.41	\$605.92	\$1,361.44	\$1,693.87	
44 Choices	\$300/\$600	\$20/\$25/\$50	0%	Saver Rx				\$633.92	\$1,424.45	\$1,772.28	\$621.27	\$1,395.99	\$1,736.86	
45 Choices	\$500/\$1000	\$20/\$25/\$50	0%	\$10/\$20				\$642.79	\$1,444.40	\$1,797.10	\$629.96	\$1,415.54	\$1,761.19	
46 Choices	\$300/\$600	\$10/\$25/\$50	0%	Saver Rx				\$645.53	\$1,450.55	\$1,804.77	\$632.65	\$1,421.57	\$1,768.71	
47 Choices	\$200/\$400	\$20/\$25/\$50	0%	Saver Rx				\$652.34	\$1,465.90	\$1,823.86	\$639.32	\$1,436.61	\$1,787.41	
48 Choices	\$300/\$600	\$5/\$10/\$25	0%	Saver Rx				\$652.97	\$1,467.29	\$1,825.60	\$639.94	\$1,437.98	\$1,789.12	
49 Choices	\$500/\$1000	\$10/\$25/\$50	0%	\$10/\$20				\$653.56	\$1,468.65	\$1,827.28	\$640.52	\$1,439.30	\$1,790.76	
50 Choices	\$500/\$1000	\$5/\$10/\$25	0%	\$10/\$20				\$660.44	\$1,484.10	\$1,846.52	\$647.26	\$1,454.45	\$1,809.62	

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	Deductible						Single	2-Person	Family	Single	2-Person	Family
51 Choices	\$200/\$400		\$10/\$25/\$50	0%		Saver Rx	\$664.42	\$1,493.06	\$1,857.67	\$651.16	\$1,463.23	\$1,820.54
52 Choices	\$200/\$400		\$5/\$10/\$25	0%		Saver Rx	\$672.16	\$1,510.49	\$1,879.34	\$658.75	\$1,480.31	\$1,841.79
53 Choices	\$100/\$200		\$20/\$25/\$50	0%		Saver Rx	\$672.61	\$1,511.51	\$1,880.62	\$659.19	\$1,481.31	\$1,843.03
54 Choices	\$300/\$600		\$20/\$25/\$50	0%		\$10/\$20	\$676.11	\$1,519.36	\$1,890.39	\$662.61	\$1,489.00	\$1,852.61
55 Choices	\$100/\$200		\$10/\$25/\$50	0%		Saver Rx	\$685.18	\$1,539.78	\$1,915.81	\$671.51	\$1,509.02	\$1,877.52
56 Choices	\$300/\$600		\$10/\$25/\$50	0%		\$10/\$20	\$687.71	\$1,545.49	\$1,922.90	\$673.99	\$1,514.61	\$1,884.47
57 Choices	\$100/\$200		\$5/\$10/\$25	0%		Saver Rx	\$693.31	\$1,558.06	\$1,938.55	\$679.47	\$1,526.93	\$1,899.81
58 Choices	\$200/\$400		\$20/\$25/\$50	0%		\$10/\$20	\$694.53	\$1,560.81	\$1,941.96	\$680.67	\$1,529.62	\$1,903.15
59 Choices	\$300/\$600		\$5/\$10/\$25	0%		\$10/\$20	\$695.14	\$1,562.20	\$1,943.71	\$681.27	\$1,530.99	\$1,904.86
60 Choices	\$200/\$400		\$10/\$25/\$50	0%		\$10/\$20	\$706.60	\$1,587.97	\$1,975.78	\$692.49	\$1,556.24	\$1,936.29
61 Choices	\$200/\$400		\$5/\$10/\$25	0%		\$10/\$20	\$714.34	\$1,605.39	\$1,997.46	\$700.08	\$1,573.32	\$1,957.54
62 Choices	\$100/\$200		\$20/\$25/\$50	0%		\$10/\$20	\$714.80	\$1,606.42	\$1,998.73	\$700.53	\$1,574.32	\$1,958.78
63 Choices	\$100/\$200		\$10/\$25/\$50	0%		\$10/\$20	\$727.36	\$1,634.69	\$2,033.92	\$712.84	\$1,602.03	\$1,993.27
64 Choices	\$100/\$200		\$5/\$10/\$25	0%		\$10/\$20	\$735.48	\$1,652.97	\$2,056.66	\$720.80	\$1,619.94	\$2,015.55

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