



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

**2017 Rate Renewal Exclusively for
 Mattawan Consolidated Schools
 Renewal Effective 07/01/2017**

Quote #: 337070
 MESSA Field Rep: Jacqueline Mast
 Date Created: 03/15/2017

| NON-PAK - 152A Admns,Trns,Maint,OfficePers | | 2016-17 Rates without Taxes | Enrollment | 2017-18 Rates without Taxes | 2017-18 Rates with Taxes |
|--|-------------------------|--------------------------------|--------------|--------------------------------|-----------------------------|
| Medical: | MESSA ABC Plan 1 | \$574.21 | Single: 12 | \$585.91 | \$598.54 |
| IN Deductible: | \$1300 1P; \$2600 2P&FF | \$1,290.11 | 2-Person: 9 | \$1,316.43 | \$1,344.84 |
| IN Coinsurance: | N/A | \$1,605.10 | Family: 22 | \$1,637.86 | \$1,673.21 |
| IN Copay (OV/UC/ER): | N/A | | | | |
| Rx Coverage: | ABC Rx | | | | |
| Riders Included: | None | | | | |
| Medical: | MESSA Choices | \$759.15 | Single: 1 | \$780.86 | \$797.70 |
| IN Deductible: | \$100/\$200 | \$1,706.20 | 2-Person: 0 | \$1,755.06 | \$1,792.94 |
| IN Coinsurance: | N/A | \$2,122.90 | Family: 1 | \$2,183.70 | \$2,230.84 |
| IN Copay (OV/UC/ER): | \$20/\$25/\$50 | | | | |
| Rx Coverage: | \$10/\$20 | | | | |
| Riders Included: | None | | | | |
| Vision: | VSP 3 G | \$7.72 | Single: 16 | \$6.84 | \$6.99 |
| | | \$16.58 | 2-Person: 19 | \$14.69 | \$15.01 |
| | | \$24.93 | Family: 35 | \$22.09 | \$22.56 |

NON-PAK COBRA RATES:

| | | | |
|------------------|----------|------------|------------|
| MESSA ABC Plan 1 | Single | \$584.41 | \$597.04 |
| | 2-Person | \$1,314.93 | \$1,343.34 |
| | Family | \$1,636.36 | \$1,671.71 |
| MESSA Choices | Single | \$779.36 | \$796.20 |
| | 2-Person | \$1,753.56 | \$1,791.44 |
| | Family | \$2,182.20 | \$2,229.34 |

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

The above rates are effective 07/01/2017 through 12/31/2018 and based on plans and enrollment as of 03/15/2017. 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 #: 337070
MESSA Field Rep: Jacqueline Mast
Date Created: 03/15/2017

| NON-PAK - 152B Teacher | | 2016-17 Rates without Taxes | Enrollment | 2017-18 Rates without Taxes | 2017-18 Rates with Taxes |
|------------------------|-------------------------|--------------------------------|--------------|--------------------------------|-----------------------------|
| Medical: | MESSA ABC Plan 1 | \$574.21 | Single: 25 | \$585.91 | \$598.54 |
| IN Deductible: | \$1300 1P; \$2600 2P&FF | \$1,290.11 | 2-Person: 21 | \$1,316.43 | \$1,344.84 |
| IN Coinsurance: | N/A | \$1,605.10 | Family: 89 | \$1,637.86 | \$1,673.21 |
| IN Copay (OV/UC/ER): | N/A | | | | |
| Rx Coverage: | ABC Rx | | | | |
| Riders Included: | None | | | | |
| Medical: | MESSA Choices | \$759.15 | Single: 0 | \$780.86 | \$797.70 |
| IN Deductible: | \$100/\$200 | \$1,706.20 | 2-Person: 0 | \$1,755.06 | \$1,792.94 |
| IN Coinsurance: | N/A | \$2,122.90 | Family: 2 | \$2,183.70 | \$2,230.84 |
| IN Copay (OV/UC/ER): | \$20/\$25/\$50 | | | | |
| Rx Coverage: | \$10/\$20 | | | | |
| Riders Included: | None | | | | |
| Vision: | VSP 3 G | \$7.72 | Single: 39 | \$6.84 | \$6.99 |
| | | \$16.58 | 2-Person: 33 | \$14.69 | \$15.01 |
| | | \$24.93 | Family: 134 | \$22.09 | \$22.56 |

NON-PAK COBRA RATES:

| | | | |
|------------------|----------|------------|------------|
| MESSA ABC Plan 1 | Single | \$584.41 | \$597.04 |
| | 2-Person | \$1,314.93 | \$1,343.34 |
| | Family | \$1,636.36 | \$1,671.71 |
| MESSA Choices | Single | \$779.36 | \$796.20 |
| | 2-Person | \$1,753.56 | \$1,791.44 |
| | Family | \$2,182.20 | \$2,229.34 |

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

The above rates are effective 07/01/2017 through 12/31/2018 and based on plans and enrollment as of 03/15/2017. 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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**2018 Rate Renewal Exclusively for
Mattawan Consolidated Schools
Renewal Effective 01/01/2018**

Quote #: 339870
MESSA Field Rep: Jacqueline Mast
Date Created: 09/13/2017

| NON-PAK - 152A Admns,Trns,Maint,OfficePers | | Enrollment | 2018 Rates without Taxes | 2018 Rates with Taxes |
|---|-------------------------|-------------------|-------------------------------------|----------------------------------|
| Medical: | MESSA ABC Plan 1 | Single: 11 | \$585.91 | \$598.54 |
| IN Deductible: | \$1350 1P; \$2700 2P&FF | 2-Person: 10 | \$1,316.43 | \$1,344.84 |
| IN Coinsurance: | N/A | Family: 19 | \$1,637.86 | \$1,673.21 |
| IN Copay (OV/UC/ER): | N/A | | | |
| Rx Coverage: | ABC Rx | | | |
| Riders Included: | None | | | |
| Medical: | MESSA Choices | Single: 1 | \$780.86 | \$797.70 |
| IN Deductible: | \$100/\$200 | 2-Person: 0 | \$1,755.06 | \$1,792.94 |
| IN Coinsurance: | N/A | Family: 1 | \$2,183.70 | \$2,230.84 |
| IN Copay (OV/UC/ER): | \$20/\$25/\$50 | | | |
| Rx Coverage: | \$10/\$20 | | | |
| Riders Included: | None | | | |
| Vision: | VSP 3 G | Single: 14 | \$6.84 | \$6.99 |
| | | 2-Person: 21 | \$14.69 | \$15.01 |
| | | Family: 32 | \$22.09 | \$22.56 |

NON-PAK COBRA RATES:

| | | | |
|------------------|----------|------------|------------|
| MESSA ABC Plan 1 | Single | \$584.41 | \$597.04 |
| | 2-Person | \$1,314.93 | \$1,343.34 |
| | Family | \$1,636.36 | \$1,671.71 |
| MESSA Choices | Single | \$779.36 | \$796.20 |
| | 2-Person | \$1,753.56 | \$1,791.44 |
| | Family | \$2,182.20 | \$2,229.34 |

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

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/13/2017. Rates will be effective for 12 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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**2018 Rate Renewal Exclusively for
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 Renewal Effective 01/01/2018**

Quote #: 339870
 MESSA Field Rep: Jacqueline Mast
 Date Created: 09/13/2017

| NON-PAK - 152B Teacher | | Enrollment | 2018 Rates without Taxes | 2018 Rates with Taxes |
|------------------------|-------------------------|--------------|-----------------------------|--------------------------|
| Medical: | MESSA ABC Plan 1 | Single: 28 | \$585.91 | \$598.54 |
| IN Deductible: | \$1350 1P; \$2700 2P&FF | 2-Person: 20 | \$1,316.43 | \$1,344.84 |
| IN Coinsurance: | N/A | Family: 95 | \$1,637.86 | \$1,673.21 |
| IN Copay (OV/UC/ER): | N/A | | | |
| Rx Coverage: | ABC Rx | | | |
| Riders Included: | None | | | |
| Medical: | MESSA Choices | Single: 0 | \$780.86 | \$797.70 |
| IN Deductible: | \$100/\$200 | 2-Person: 0 | \$1,755.06 | \$1,792.94 |
| IN Coinsurance: | N/A | Family: 2 | \$2,183.70 | \$2,230.84 |
| IN Copay (OV/UC/ER): | \$20/\$25/\$50 | | | |
| Rx Coverage: | \$10/\$20 | | | |
| Riders Included: | None | | | |
| Vision: | VSP 3 G | Single: 41 | \$6.84 | \$6.99 |
| | | 2-Person: 32 | \$14.69 | \$15.01 |
| | | Family: 138 | \$22.09 | \$22.56 |

NON-PAK COBRA RATES:

| | | | |
|------------------|----------|------------|------------|
| MESSA ABC Plan 1 | Single | \$584.41 | \$597.04 |
| | 2-Person | \$1,314.93 | \$1,343.34 |
| | Family | \$1,636.36 | \$1,671.71 |
| MESSA Choices | Single | \$779.36 | \$796.20 |
| | 2-Person | \$1,753.56 | \$1,791.44 |
| | Family | \$2,182.20 | \$2,229.34 |

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

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/13/2017. Rates will be effective for 12 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.

PLAN OPTIONS – Medical plan highlights

All services must be medically necessary, performed by a qualified provider, and covered under the plan.

| | In-network | | Out-of-network | | |
|--|--------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Annual deductible Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. By federal law, when two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual. | Single coverage | 2-person & family | Single coverage | 2-person & family | |
| | MESSA ABC Plan 1* | 2016 - \$1,300 2017 - \$1,300 | 2016 - \$2,600 2017 - \$2,600 | 2016 - \$2,600 2017 - \$2,600 | 2016 - \$5,200 2017 - \$5,200 |
| | MESSA ABC Plan 2 | \$2,000 | \$4,000 | \$4,000 | \$8,000 |
| | MESSA ABC Plan 3** | \$3,500 | \$7,000 | \$7,000 | \$14,000 |

*The MESSA ABC Plan 1 deductible is subject to change each Jan. 1 in order to remain HSA-compatible according to IRS rules governing HSAs.

**After the deductible is met, MESSA ABC Plan 3 includes a member coinsurance responsibility of 10% of the approved amount on in-network services and 30% of the approved amount on out-of-network services.

| Annual out-of-pocket maximum The out-of-pocket maximum includes copayments and coinsurance plus the deductible. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximum. | Single coverage | 2-person & family | Single coverage | 2-person & family |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| | Deductible plus \$1,000 | Deductible plus \$2,000 | Deductible plus \$3,000 | Deductible plus \$4,000 |

| Lifetime benefit maximum Type of service | In-network (after deductible) | Out-of-network (after deductible) |
|--|---|--|
| | | Unlimited |
| Office visits | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |
| Free preventive prescriptions MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more. | 100% coverage No deductible, no copayment | Not covered |
| Other prescription drug coverage (see reverse for details) Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, MESSA ABC Rx coverage and copayments apply. | After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum | 75% of approved amount |
| Inpatient hospital <ul style="list-style-type: none"> Semi-private room and board (includes supplies and services) Physician charges | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |
| Surgical services Includes: surgeon, assistant surgeon and anesthesiologist | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |
| Emergency care <ul style="list-style-type: none"> Emergency room facility and physician charges Urgent care | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |
| Preventive care – www.messa.org/FreePreventiveCare Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives. Immunizations provided by a public health department or at a MESSA-sponsored event are considered in-network. | 100% coverage Not subject to deductible | Not covered (except for mammograms, which are covered Plans 1 & 2: 80% Plan 3: 70% of approved amount after deductible) |
| Chiropractic services including modalities Up to 38 visits (combination of in-network and out-of-network visits) per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits. | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |

PLAN OPTIONS – Medical plan highlights (Continued)

| Type of service | In-network (after deductible) | Out-of-network (after deductible) |
|--|---|--|
| Diagnostic lab and X-ray, radiation and chemotherapy | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |
| Allergy testing and therapy | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |
| Additional covered services <ul style="list-style-type: none"> • Medical supplies and equipment • Ambulance • Hearing care (<i>plan limits apply</i>) • Skilled nursing facility (<i>120-day annual limit applies</i>) • Hospice (<i>limits apply</i>) • Home health care | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Same as in-network |
| Human organ transplant | Plans 1 & 2: 100% Plan 3: 90% of approved amount when authorized and performed at a BCBSM-approved facility (<i>plan limits apply</i>) | Not covered |
| Mental health and substance abuse <i>Inpatient and outpatient care</i> <ul style="list-style-type: none"> • Mental health care • Substance abuse treatment | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |
| Outpatient physical, occupational, and speech therapy Up to a combined benefit maximum of 60 visits per individual per calendar year, whether obtained from an in-network or out-of-network provider. | Plans 1 & 2: 100% Plan 3: 90% of approved amount | Plans 1 & 2: 80% Plan 3: 70% of approved amount |

Free preventive prescription drugs

Before members pay anything toward their deductible, MESSA provides 100% coverage for an extensive list of prescription drugs, including cholesterol and blood pressure medications, prenatal vitamins, contraceptives, weight loss medications, smoking cessation products and many more. No deductible. Zero copayment. Members pay **nothing** for these preventive prescriptions.

Prescription drug coverage

Group prescription drug coverage is included with this plan. **After applicable deductible is met**, there is a \$2 copayment for generic maintenance medications for specific chronic conditions and diseases. There is a \$10 copayment for all other generics. There is also a \$10 copayment for listed over-the-counter (OTC) medications used to treat heartburn and seasonal allergies. There is a \$20 copayment (reduced from \$40) for specific brand name maintenance drugs used to treat diabetes and asthma. There is a \$40 copayment for brand name drugs when no generic product exists. Please refer to your plan coverage booklet for full details, limits and exclusions.

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.

MESSA help lines: NurseLine and Healthy Expectations

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specially trained registered nurse who can answer your medical questions and provide health-related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

Covered services and approved amounts

In-network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible and coinsurance requirements.

Out-of-network providers may or may not bill BCBSM directly. The member is responsible to the provider for deductibles, **and amounts that are in excess of the approved amount** for the service. **These amounts may be substantial.**

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever 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 and 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 ABC Plans. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.