



Good health. Good business. Great schools.

1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

2018 Rate Renewal Exclusively for

Decatur Public Schools (056)
 (Part of Van Buren County Consortium)

Renewal Effective 01/01/2018

Quote #: 340326

MESSA Field Rep: Jacqueline Mast

Date Created: 09/25/2017

NON-PAK - VBCC ACA ELIGIBLE VBCC ACA Eligible		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$646.39	\$660.31
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,452.50	\$1,483.84
IN Coinsurance:	N/A	Family: 0	\$1,807.17	\$1,846.16
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$614.64	\$627.88
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,381.09	\$1,410.88
IN Coinsurance:	20%	Family: 0	\$1,718.30	\$1,755.37
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$723.60	\$739.19
IN Deductible:	\$500/\$1000	2-Person: 0	\$1,626.23	\$1,661.31
IN Coinsurance:	N/A	Family: 0	\$2,023.37	\$2,067.03
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Medical:	MESSA ABC Plan 3	Single: 0	\$545.35	\$557.09
IN Deductible:	\$3500 1P; \$7000 2P&FF	2-Person: 0	\$1,225.17	\$1,251.59
IN Coinsurance:	10%	Family: 0	\$1,524.27	\$1,557.16
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			

NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$644.89	\$658.81
	2-Person	\$1,451.00	\$1,482.34
	Family	\$1,805.67	\$1,844.66
MESSA Choices	Single	\$613.14	\$626.38
	2-Person	\$1,379.59	\$1,409.38
	Family	\$1,716.80	\$1,753.87
MESSA Choices	Single	\$722.10	\$737.69
	2-Person	\$1,624.73	\$1,659.81
	Family	\$2,021.87	\$2,065.53
MESSA ABC Plan 3	Single	\$543.85	\$555.59
	2-Person	\$1,223.67	\$1,250.09
	Family	\$1,522.77	\$1,555.66

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/25/2017. 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

Decatur Public Schools (056) (Part of Van Buren County Consortium)

Renewal Effective 01/01/2018

Quote #: 340326

MESSA Field Rep: Jacqueline Mast

Date Created: 09/25/2017

NON-PAK - VBCC ALL EMPLOYEES VBCC All Employees		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Life Insurance:	\$100,000	0		
Rate/\$1000				\$0.10
Volume				\$0.00
AD&D Coverage:	\$100,000	0		
Rate/\$1000				\$0.03
Volume				\$0.00

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/25/2017. 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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Renewal Effective 01/01/2018

Quote #: 340326
 MESSA Field Rep: Jacqueline Mast
 Date Created: 09/25/2017

PAK A - VBCC ALL EMPLOYEES VBCC All Employees		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA Choices	Single: 1	\$602.38	\$615.36
IN Deductible:	\$1000/\$2000	2-Person: 1	\$1,353.50	\$1,382.70
IN Coinsurance:	20%	Family: 0	\$1,683.97	\$1,720.30
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Dental:	6486-0069, 0071, 0073, 0075	Single: 1	\$29.81	\$30.31
Class I:	80%	2-Person: 1	\$59.27	\$60.27
Class II:	80%	Family: 0	\$109.19	\$111.03
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,200			
Riders:	2 Cleanings			
Vision:	VSP 3	Single: 1	\$5.11	\$5.22
		2-Person: 1	\$10.98	\$11.22
		Family: 0	\$16.53	\$16.88
Life Insurance:	\$20,000	2		\$0.10
Rate/\$1000				\$40,000.00
Volume				\$2.29
Composite:				\$0.03
AD&D Coverage:	\$20,000	2		\$0.69
Rate/\$1000				\$40,000.00
Volume				\$0.69
Composite:				\$0.69
LTD Benefit	66 2/3% Max \$5,000	2		\$0.60
Max Monthly Salary:	\$7,500			\$5,516.00
Waiting Period:	90 CDMF			\$23.80
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.60
Covered Salary				\$5,516.00
Composite:				\$23.80
Total Monthly Rate per Member - Single				\$677.67
Total Monthly Rate per Member - 2-Person				\$1,480.97
Total Monthly Rate per Member - Family				\$1,874.99

PAK A COBRA RATES:

Medical	Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
	Single	\$600.88	\$613.86
	2-Person	\$1,352.00	\$1,381.20
	Family	\$1,682.47	\$1,718.80

The COBRA rates for Dental and 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 09/25/2017. 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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Quote #: 340326
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 Date Created: 09/25/2017

PAK B - VBCC ALL EMPLOYEES VBCC All Employees		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Dental:	6486-0070, 0072, 0074, 0076	Single: 4	\$28.28	\$28.76
Class I:	80%	2-Person: 1	\$57.13	\$58.09
Class II:	80%	Family: 13	\$107.35	\$109.16
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,200			
Riders:	2 Cleanings			
<hr/>				
Vision:	VSP 3	Single: 4	\$5.11	\$5.22
		2-Person: 1	\$10.98	\$11.22
		Family: 13	\$16.53	\$16.88
<hr/>				
Life Insurance:	\$20,000	18		
Rate/\$1000				\$0.10
Volume				\$360,000.00
Composite:				\$2.29
AD&D Coverage:	\$20,000	18		
Rate/\$1000				\$0.03
Volume				\$360,000.00
Composite:				\$0.69
<hr/>				
LTD Benefit	66 2/3% Max \$5,000	18		
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.60
Covered Salary				\$66,231.00
Composite:				\$23.80
<hr/>				
Total Monthly Rate per Member - Single				\$60.76
Total Monthly Rate per Member - 2-Person				\$96.09
Total Monthly Rate per Member - Family				\$152.82

PAK B COBRA RATES:

The COBRA rates for Dental and 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 09/25/2017. 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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Renewal Effective 01/01/2018

PAK C - VBCC ALL EMPLOYEES VBCC All Employees		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA ABC Plan 3	Single: 0	\$534.47	\$545.98
IN Deductible:	\$3500 1P; \$7000 2P&FF	2-Person: 1	\$1,200.70	\$1,226.59
IN Coinsurance:	10%	Family: 2	\$1,493.82	\$1,526.05
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:	6486-0069, 0071, 0073, 0075	Single: 0	\$29.81	\$30.31
Class I:	80%	2-Person: 1	\$59.27	\$60.27
Class II:	80%	Family: 2	\$109.19	\$111.03
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,200			
Riders:	2 Cleanings			
Vision:	VSP 3	Single: 0	\$5.11	\$5.22
		2-Person: 1	\$10.98	\$11.22
		Family: 2	\$16.53	\$16.88
Life Insurance:	\$20,000	3		\$0.10
Rate/\$1000				\$60,000.00
Volume				\$2.29
Composite:				\$0.03
AD&D Coverage:	\$20,000	3		\$60,000.00
Rate/\$1000				\$0.69
Volume				
Composite:				
LTD Benefit	66 2/3% Max \$5,000	3		\$0.60
Max Monthly Salary:	\$7,500			\$13,384.00
Waiting Period:	90 CDMF			\$23.80
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
Total Monthly Rate per Member - Single				\$608.29
Total Monthly Rate per Member - 2-Person				\$1,324.86
Total Monthly Rate per Member - Family				\$1,680.74

PAK C COBRA RATES:

Medical	Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
	Single	\$532.97	\$544.48
	2-Person	\$1,199.20	\$1,225.09
	Family	\$1,492.32	\$1,524.55

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

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Date Created: 09/25/2017

PAK D - VBCC ALL EMPLOYEES VBCC All Employees		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA Choices	Single: 5	\$709.16	\$724.44
IN Deductible:	\$500/\$1000	2-Person: 3	\$1,593.74	\$1,628.12
IN Coinsurance:	N/A	Family: 8	\$1,982.94	\$2,025.72
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Dental:	6486-0069, 0071, 0073, 0075	Single: 5	\$29.81	\$30.31
Class I:	80%	2-Person: 3	\$59.27	\$60.27
Class II:	80%	Family: 8	\$109.19	\$111.03
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,200			
Riders:	2 Cleanings			
Vision:	VSP 3	Single: 5	\$5.11	\$5.22
		2-Person: 3	\$10.98	\$11.22
		Family: 8	\$16.53	\$16.88
Life Insurance:	\$20,000	16		\$0.10
Rate/\$1000				\$320,000.00
Volume				\$2.29
Composite:				\$0.03
AD&D Coverage:	\$20,000	16		\$0.69
Rate/\$1000				\$320,000.00
Volume				\$0.69
Composite:				\$0.69
LTD Benefit	66 2/3% Max \$5,000	16		\$0.60
Max Monthly Salary:	\$7,500			\$67,680.00
Waiting Period:	90 CDMF			\$23.80
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.60
Covered Salary				\$67,680.00
Composite:				\$23.80
Total Monthly Rate per Member - Single				\$786.75
Total Monthly Rate per Member - 2-Person				\$1,726.39
Total Monthly Rate per Member - Family				\$2,180.41

PAK D COBRA RATES:

Medical	Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
	Single	\$707.66	\$722.94
	2-Person	\$1,592.24	\$1,626.62
	Family	\$1,981.44	\$2,024.22

The COBRA rates for Dental and 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 09/25/2017. 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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Renewal Effective 01/01/2018

Quote #: 340326
 MESSA Field Rep: Jacqueline Mast
 Date Created: 09/25/2017

PAK E - VBCC ALL EMPLOYEES VBCC All Employees		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 7	\$633.49	\$647.14
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 2	\$1,423.49	\$1,454.19
IN Coinsurance:	N/A	Family: 16	\$1,771.06	\$1,809.27
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Mail			
Riders Included:	EA1			
Dental:	6486-0069, 0071, 0073, 0075	Single: 7	\$29.81	\$30.31
Class I:	80%	2-Person: 2	\$59.27	\$60.27
Class II:	80%	Family: 16	\$109.19	\$111.03
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,200			
Riders:	2 Cleanings			
Vision:	VSP 3	Single: 7	\$5.11	\$5.22
		2-Person: 2	\$10.98	\$11.22
		Family: 16	\$16.53	\$16.88
Life Insurance:	\$20,000	25		\$0.10
Rate/\$1000				\$500,000.00
Volume				\$2.29
Composite:				\$0.03
AD&D Coverage:	\$20,000	25		\$500,000.00
Rate/\$1000				\$0.69
Volume				
Composite:				
LTD Benefit	66 2/3% Max \$5,000	25		\$0.60
Max Monthly Salary:	\$7,500			\$104,305.00
Waiting Period:	90 CDMF			\$23.80
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
Total Monthly Rate per Member - Single				\$709.45
Total Monthly Rate per Member - 2-Person				\$1,552.46
Total Monthly Rate per Member - Family				\$1,963.96

PAK E COBRA RATES:

Medical	Single	2-Person	Family
	\$631.99	\$1,421.99	\$1,769.56
	\$645.64	\$1,452.69	\$1,807.77

The COBRA rates for Dental and 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 09/25/2017. 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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Decatur Public Schools (056)
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Renewal Effective 01/01/2018

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NON-PAK - VBCC COVERT VBCC Covert Adm and NU Staff		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$646.39	\$660.31
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,452.50	\$1,483.84
IN Coinsurance:	N/A	Family: 0	\$1,807.17	\$1,846.16
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$614.64	\$627.88
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,381.09	\$1,410.88
IN Coinsurance:	20%	Family: 0	\$1,718.30	\$1,755.37
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$723.60	\$739.19
IN Deductible:	\$500/\$1000	2-Person: 0	\$1,626.23	\$1,661.31
IN Coinsurance:	N/A	Family: 0	\$2,023.37	\$2,067.03
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Medical:	MESSA ABC Plan 3	Single: 0	\$545.35	\$557.09
IN Deductible:	\$3500 1P; \$7000 2P&FF	2-Person: 0	\$1,225.17	\$1,251.59
IN Coinsurance:	10%	Family: 0	\$1,524.27	\$1,557.16
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Vision:	VSP 3 G	Single: 0	\$5.74	\$5.86
		2-Person: 0	\$12.32	\$12.58
		Family: 0	\$18.51	\$18.91

NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$644.89	\$658.81
	2-Person	\$1,451.00	\$1,482.34
	Family	\$1,805.67	\$1,844.66
MESSA Choices	Single	\$613.14	\$626.38
	2-Person	\$1,379.59	\$1,409.38
	Family	\$1,716.80	\$1,753.87
MESSA Choices	Single	\$722.10	\$737.69
	2-Person	\$1,624.73	\$1,659.81
	Family	\$2,021.87	\$2,065.53
MESSA ABC Plan 3	Single	\$543.85	\$555.59
	2-Person	\$1,223.67	\$1,250.09
	Family	\$1,522.77	\$1,555.66

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 09/25/2017. 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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Quote #: 340326
 MESSA Field Rep: Jacqueline Mast
 Date Created: 09/25/2017

NON-PAK - VBCC LAWRENCE VBCC Transportation and Para		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA ABC Plan 3	Single: 0	\$545.35	\$557.09
IN Deductible:	\$3500 1P; \$7000 2P&FF	2-Person: 0	\$1,225.17	\$1,251.59
IN Coinsurance:	10%	Family: 0	\$1,524.27	\$1,557.16
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:		Single: 0	\$29.92	\$30.43
Class I:	80%	2-Person: 0	\$61.64	\$62.68
Class II:	80%	Family: 0	\$112.24	\$114.14
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	80%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Vision:	VSP 3	Single: 0	\$5.11	\$5.22
		2-Person: 0	\$10.98	\$11.22
		Family: 0	\$16.53	\$16.88

NON-PAK COBRA RATES:

Medical	Single	\$543.85	\$555.59
	2-Person	\$1,223.67	\$1,250.09
	Family	\$1,522.77	\$1,555.66

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

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Quote #: 340326

MESSA Field Rep: Jacqueline Mast

Date Created: 09/25/2017

NON-PAK - VBCC OTHER ADMSUPP VBCC OTHER ADM SUPP		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$646.39	\$660.31
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,452.50	\$1,483.84
IN Coinsurance:	N/A	Family: 0	\$1,807.17	\$1,846.16
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$614.64	\$627.88
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,381.09	\$1,410.88
IN Coinsurance:	20%	Family: 0	\$1,718.30	\$1,755.37
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$723.60	\$739.19
IN Deductible:	\$500/\$1000	2-Person: 0	\$1,626.23	\$1,661.31
IN Coinsurance:	N/A	Family: 0	\$2,023.37	\$2,067.03
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Medical:	MESSA ABC Plan 3	Single: 0	\$545.35	\$557.09
IN Deductible:	\$3500 1P; \$7000 2P&FF	2-Person: 0	\$1,225.17	\$1,251.59
IN Coinsurance:	10%	Family: 0	\$1,524.27	\$1,557.16
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			

NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$644.89	\$658.81
	2-Person	\$1,451.00	\$1,482.34
	Family	\$1,805.67	\$1,844.66
MESSA Choices	Single	\$613.14	\$626.38
	2-Person	\$1,379.59	\$1,409.38
	Family	\$1,716.80	\$1,753.87
MESSA Choices	Single	\$722.10	\$737.69
	2-Person	\$1,624.73	\$1,659.81
	Family	\$2,021.87	\$2,065.53
MESSA ABC Plan 3	Single	\$543.85	\$555.59
	2-Person	\$1,223.67	\$1,250.09
	Family	\$1,522.77	\$1,555.66

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/25/2017. 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.