



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

**Quote Summary Exclusively for  
 Fowler Public Schools  
 Rates Effective 01/01/2019 through 12/31/2019**

Quote Request ID: 226610  
 MESSA Field Rep: Abby Zarimba

**Quoted Group(s): 526E-Full & Part Time Teachers**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 342959		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical: IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders Included:	PAK A Choices \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	\$761.34 \$1,711.14 \$2,129.05	S: 0 2P: 1 F: 2	PAK A <i>Essentials by MESSA</i> \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	\$534.19 \$1,200.05 \$1,493.04	\$542.41 \$1,218.56 \$1,516.07
Dental: Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders Included:	100% 100% (X-Rays) 50% \$1500 50% \$1000 2 Clean	\$45.75 \$84.22 \$154.75	S: 0 2P: 1 F: 2	100% 100% (X-Rays) 50% \$1500 50% \$1000 2 Clean	\$45.75 \$84.22 \$154.75	\$ 45.75 \$ 84.22 \$154.75
Vision:	VSP 3	\$6.80 \$14.63 \$22.00	S: 0 2P: 1 F: 2	VSP 3	\$6.74 \$14.49 \$21.79	\$ 6.80 \$14.63 \$22.00
Life Ins: Volume: Rate/\$1,000: Composite Rate:	\$25,000	\$3.50	3	\$25,000		75,000.00 \$ 0.14 \$ 3.50
AD&D Ins: Volume: Rate/\$1,000: Composite Rate:	\$25,000	\$0.75	3	\$25,000		75,000.00 \$ 0.03 \$ 0.75
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Condition: COLA: SS Freeze: Volume: Rate/\$100: Composite Rate:	66 2/3% Max \$3,000 60 CDMF Same as any other illness Same as any other illness Family 2 years Yes No Yes	\$23.07	3	66 2/3% Max \$3,000 60 CDMF Same as any other illness Same as any other illness Family 2 years Yes No Yes		13,057.00 \$ 0.53 \$ 23.07
Total Monthly Rate/Member - S					\$ 841.21	\$ 622.28
Total Monthly Rate/Member - 2P					\$1,837.31	\$1,344.73
Total Monthly Rate/Member - F					\$2,333.12	\$1,720.14

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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				Quoted Benefits	Rate Without Taxes	Rate With Taxes
<b>PAK B</b>				<b>PAK B</b>		
Dental:						
Diag & Prev:	100%	\$43.32	S: 9	100%	\$43.32	<b>\$ 43.32</b>
Basic Services:	100% (X-Rays)	\$78.11	2P: 3	100% (X-Rays)	\$78.11	<b>\$ 78.11</b>
Major Services:	50%	\$131.93	F: 1	50%	\$131.93	<b>\$131.93</b>
Annual Max:	\$1500			\$1500		
Orthodontics:	50%			50%		
Lifetime Max:	\$1000			\$1000		
Riders Included:	2 Clean			2 Clean		
Vision:	VSP 3			VSP 3		
		\$6.80	S: 9		\$6.74	<b>\$ 6.80</b>
		\$14.63	2P: 3		\$14.49	<b>\$14.63</b>
		\$22.00	F: 1		\$21.79	<b>\$22.00</b>
Life Ins:	\$25,000		13	\$25,000		
Volume:						<b>325,000.00</b>
Rate/\$1,000:						<b>\$ 0.14</b>
Composite Rate:		\$3.50				<b>\$ 3.50</b>
AD&D Ins:	\$25,000		13	\$25,000		
Volume:						<b>325,000.00</b>
Rate/\$1,000:						<b>\$ 0.03</b>
Composite Rate:		\$0.75				<b>\$ 0.75</b>
LTD:	66 2/3% Max \$3,000		13	66 2/3% Max \$3,000		
Waiting Period:	60 CDMF			60 CDMF		
Alcohol/Drug:	Same as any other illness			Same as any other illness		
Mental/Nervous:	Same as any other illness			Same as any other illness		
Soc. Sec. Offset:	Family			Family		
Own-Occupation:	2 years			2 years		
Pre-Exist Condition:	Yes			Yes		
COLA:	No			No		
SS Freeze:	Yes			Yes		
Volume:						<b>56,581.00</b>
Rate/\$100:						<b>\$ 0.53</b>
Composite Rate:		\$23.07				<b>\$ 23.07</b>
Total Monthly Rate/Member - S		\$ 77.44				<b>\$ 77.44</b>
Total Monthly Rate/Member - 2P		\$ 120.06				<b>\$ 120.06</b>
Total Monthly Rate/Member - F		\$ 181.25				<b>\$ 181.25</b>

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**Quoted Group(s): 526E-Full & Part Time Teachers**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 342959		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes
<b>Medical:</b> ABC Plan 2 IN Deductible: \$2000/\$4000 IN Coinsurance: 0% OL/OV/SV Copay: N/A UC/ER Copay: N/A Rx Coverage: ABC Rx Riders Included: HEQ	<b>PAK C</b> ABC Plan 2 \$2000/\$4000 \$674.75 \$1,516.31 \$1,886.61 N/A N/A ABC Rx HEQ	\$674.75 \$1,516.31 \$1,886.61	S: 0 2P: 0 F: 2	<b>PAK C</b> ABC Plan 2 \$2000/\$4000 0% N/A N/A ABC Rx HEQ	\$664.51 \$1,493.28 \$1,857.95	<b>\$674.75</b> <b>\$1,516.31</b> <b>\$1,886.61</b>
<b>Dental:</b> Diag & Prev: 100% Basic Services: 100% (X-Rays) Major Services: 50% Annual Max: \$1500 Orthodontics: 50% Lifetime Max: \$1000 Riders Included: 2 Clean	100% 100% (X-Rays) 50% \$1500 50% \$1000 2 Clean	\$45.75 \$84.22 \$154.75	S: 0 2P: 0 F: 2	100% 100% (X-Rays) 50% \$1500 50% \$1000 2 Clean	\$45.75 \$84.22 \$154.75	<b>\$ 45.75</b> <b>\$ 84.22</b> <b>\$154.75</b>
<b>Vision:</b> VSP 3	VSP 3	\$6.80 \$14.63 \$22.00	S: 0 2P: 0 F: 2	VSP 3	\$6.74 \$14.49 \$21.79	<b>\$ 6.80</b> <b>\$14.63</b> <b>\$22.00</b>
<b>Life Ins:</b> Volume: \$25,000 Rate/\$1,000: Composite Rate:	\$25,000 \$3.50	\$3.50	2	\$25,000	\$3.50	<b>50,000.00</b> <b>\$ 0.14</b> <b>\$ 3.50</b>
<b>AD&amp;D Ins:</b> Volume: \$25,000 Rate/\$1,000: Composite Rate:	\$25,000 \$0.75	\$0.75	2	\$25,000	\$0.75	<b>50,000.00</b> <b>\$ 0.03</b> <b>\$ 0.75</b>
<b>LTD:</b> Waiting Period: 66 2/3% Max \$3,000 Alcohol/Drug: 60 CDMF Mental/Nervous: Same as any other illness Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Condition: Yes COLA: No SS Freeze: Yes Volume: Rate/\$100: Composite Rate:	66 2/3% Max \$3,000 60 CDMF Same as any other illness Same as any other illness Family 2 years Yes No Yes \$8,705.00 \$ 0.53 \$23.07	\$23.07	2	66 2/3% Max \$3,000 60 CDMF Same as any other illness Same as any other illness Family 2 years Yes No Yes	\$8,705.00 \$ 0.53 \$23.07	<b>8,705.00</b> <b>\$ 0.53</b> <b>\$ 23.07</b>
<b>Total Monthly Rate/Member - S</b>				<b>\$ 754.62</b>		<b>\$ 754.62</b>
<b>Total Monthly Rate/Member - 2P</b>				<b>\$1,642.48</b>		<b>\$1,642.48</b>
<b>Total Monthly Rate/Member - F</b>				<b>\$2,090.68</b>		<b>\$2,090.68</b>

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**Quoted Group(s): 526E-Full & Part Time Teachers**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 342959		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical: IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders Included:	PAK D Choices \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	\$717.45 \$1,612.38 \$2,006.15	S: 1 2P: 0 F: 7	PAK D Choices \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	\$706.56 \$1,587.89 \$1,975.67	<b>\$717.45</b> <b>\$1,612.38</b> <b>\$2,006.15</b>
Dental: Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders Included:	100% 100% (X-Rays) 50% \$1500 50% \$1000 2 Clean	\$45.75 \$84.22 \$154.75	S: 1 2P: 0 F: 7	100% 100% (X-Rays) 50% \$1500 50% \$1000 2 Clean	\$45.75 \$84.22 \$154.75	<b>\$ 45.75</b> <b>\$ 84.22</b> <b>\$154.75</b>
Vision:	VSP 3	\$6.80 \$14.63 \$22.00	S: 1 2P: 0 F: 7	VSP 3	\$6.74 \$14.49 \$21.79	<b>\$ 6.80</b> <b>\$14.63</b> <b>\$22.00</b>
Life Ins: Volume: Rate/\$1,000: Composite Rate:	\$25,000		8	\$25,000		<b>200,000.00</b> <b>\$ 0.14</b> <b>\$ 3.50</b>
AD&D Ins: Volume: Rate/\$1,000: Composite Rate:	\$25,000		8	\$25,000		<b>200,000.00</b> <b>\$ 0.03</b> <b>\$ 0.75</b>
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Condition: COLA: SS Freeze: Volume: Rate/\$100: Composite Rate:	66 2/3% Max \$3,000 60 CDMF Same as any other illness Same as any other illness Family 2 years Yes No Yes		8	66 2/3% Max \$3,000 60 CDMF Same as any other illness Same as any other illness Family 2 years Yes No Yes		<b>34,819.00</b> <b>\$ 0.53</b> <b>\$ 23.07</b>
Total Monthly Rate/Member - S	\$ 797.32					<b>\$ 797.32</b>
Total Monthly Rate/Member - 2P	\$1,738.55					<b>\$1,738.55</b>
Total Monthly Rate/Member - F	\$2,210.22					<b>\$2,210.22</b>

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**MESSA In-Network Plan Comparison Exclusively for  
Fowler Public Schools - Teachers  
Effective: 1/1/2019**

	<b>NEW PAK A Available 1/1/2019</b>	<b>PAK C</b>	<b>PAK D</b>
526E Full & Part Time Teachers	Essentials by MESSA \$375/\$750 20% Essentials by MESSA	MESSA ABC Plan 2 \$2000/\$4000 HSA 0% MESSA ABC Rx	MESSA Choices \$1000/\$2000 0% 3-Tier Rx with Mandatory Mail

**In-Network Cost Share After Deductible**

	NEW PAK A	PAK C	PAK D
Deductible	\$375/\$750	\$2000/\$4000	\$1000/\$2000
Coinsurance	20%	0%	0%
Blue Cross online visit copay/coinsurance	\$10	0%	\$20
Office visit copay/coinsurance	\$25	0%	\$20
Specialist visit copay/coinsurance	\$50	0%	\$20
Urgent care copay/coinsurance	\$50	0%	\$25
Emergency room copay/coinsurance	\$200	0%	\$50
Total out-of-pocket maximum	\$7900/\$15800	\$3000/\$6000	\$4000/\$8000

**Certain Benefit Differences**

	NEW PAK A	PAK C	PAK D
Chiropractic manipulations	Up to a combined 12 visits per calendar year. \$25 office visit copay applies	Up to 38 visits per calendar year, including therapeutic massage.	Up to 38 visits per calendar year, including therapeutic massage. Office visit copay may apply
Osteopathic manipulations		Up to 38 visits per calendar year.	Up to 38 visits per calendar year. Office visit copay applies
Physical, occupational, and speech therapy	Up to a combined 30 visit maximum per calendar year, including therapeutic massage by a chiropractor. Coinsurance applies	Up to a combined 60 visit maximum per calendar year.	Up to a combined 60 visit maximum per calendar year.
Bariatric surgery	Not covered	Covered	Covered
Acupuncture	Not covered	Covered	Covered
Hearing aids	Not covered	Covered up to the maximum benefit, adjusted annually	Covered up to the maximum benefit, adjusted annually
<b>Prescription Drugs</b>	<b>Essentials by MESSA</b>	<b>MESSA ABC Rx (after deductible)</b>	<b>3-Tier Rx with Mandatory Mail</b>
Retail	34-day supply	34-day supply	34-day supply
Optional mail order 90-day supply	3x copay of 34-day supply	2x copay of 34-day supply	N/A
Mandatory mail rider 90-day supply	N/A	N/A	2.5x copay of 34-day supply
Generic drug 34-day supply	\$10	Free, \$2 or \$10	\$10
Brand drug - preferred 34-day supply	20% coinsurance (\$40 min - \$80 max)	Free, \$20 or \$40	20% coinsurance (\$40 min - \$80 max)
Brand drug - non-preferred 34-day supply	20% coinsurance (\$60 min - \$100 max)		20% coinsurance (\$60 min - \$100 max)
Rx information	Prior authorization Quantity limits Step therapy Excluded drugs	An extensive list of FREE preventive drugs. These are FREE before you pay your deductible.	Prior authorization Quantity limits Step therapy Excluded drug list

~ Information on this document is a general overview. Please refer to the plan booklet for more detailed information.

~ The Essentials by MESSA Rx plan has several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, lifestyle drugs (drugs for erectile dysfunction or weight loss), drugs used to treat heartburn and acid reflux (except select generic versions), drugs that treat coughs and colds, including most antihistamines and prenatal vitamins.

~ For Saver Rx and ABC Rx, the reduced cost Generic drugs at \$2 and Brand Name drugs at \$20, include medications for Asthma, Diabetes, Coronary Artery Disease, High Blood Pressure and High Cholesterol.

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