

## Medical Rate Summary Exclusively for Jackson County Consortium Effective Date: 07/01/2016

Choices/Choices II \$0 \$100/\$200 \$100/\$200 \$100/\$200 \$100/\$200 \$0 \$100/\$200 \$100/\$200 80 8 \$200/\$400 \$500/\$1000 \$500/\$1000 \$200/\$400 \$200/\$400 \$300/\$600 \$300/\$600 \$200/\$400 \$300/\$600 \$200/\$400 \$200/\$400 \$500/\$1000 \$300/\$600 \$300/\$600 Deductible Ī \$10/\$25/\$50 \$10/\$25/\$50 \$10/\$25/\$50 \$10/\$25/\$50 \$10/\$25/\$50 \$20/\$25/\$50 \$10/\$25/\$50 \$5/\$10/\$25 \$10/\$25/\$50 \$20/\$25/\$50 \$5/\$10/\$25 \$5/\$10/\$25 \$5/\$10/\$25 \$20/\$25/\$50 \$20/\$25/\$50 \$10/\$25/\$50 \$5/\$10/\$25 \$20/\$25/\$50 \$5/\$10/\$25 \$20/\$25/\$50 \$10/\$25/\$50 \$5/\$10/\$25 \$20/\$25/\$50 \$5/\$10/\$25 \$5/\$10/\$25 \$20/\$25/\$50 (OV/UC/ER) **IN Copay** Coinsurance Coverage 0% 0% 0% 0% 0% 0% 0% 0% 200 % 8 0% 0% 0% 0% 0% 0% 0% 0% 0% 20% 20% % Z \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 \$10/\$20 Saver Rx Saver Rx Saver Rx \$10/\$20 Saver Rx Saver Rx Saver Rx Saver Ry \$10/\$20 Saver Rx Saver Ry Saver Ry Saver Rx Single \$709.62 \$701.69 \$603.20 \$609.58 \$610.15 \$617.13 \$620.86 \$628.09 \$628.51 \$640.26 \$648.98 \$667.93 \$670.20 \$687.25 \$689.35 \$600.65 \$610.71 \$631.77 \$642.62 \$647.85 \$649.94 \$660.27 \$662.29 \$667.50 \$679.66 \$649.56 **NON-PAK MEDICAL RATES** 2-Person \$1,369.67 \$1,370.97 \$1,395.05 \$1,438.70 \$1,500.96 \$1,506.09 \$1,527.37 \$1,544.45 \$1,549.16 \$1,594.76 \$1,349.58 \$1,355.33 \$1,372.23 \$1,386.68 \$1,411.32 \$1,412.28 \$1,419.61 \$1,444.02 \$1,455.77 \$1,458.34 \$1,459.64 \$1,460.47 \$1,483.72 \$1,488.27 \$1,499.99 \$1,576.94 \$1,725.28 \$1,867.49 \$1,921.61 \$1,984.22 \$1,704.10 \$1,705.73 \$1,707.30 \$1,735.69 \$1,755.95 \$1,757.14 \$1,766.26 \$1,790.01 \$1,796.64 \$1,811.26 \$1,814.46 \$1,817.11 \$1,846.04 \$1,866.29 \$1,873.87 \$1,900.35 \$1,927.48 \$1,962.04 \$1,679.11 \$1,816.08 \$1,851.69 Family \$695.45 \$588.66 \$591.17 \$629.79 \$654.60 \$673.54 \$687.69 \$597.41 \$597.98 \$598.53 \$604.82 \$608.47 \$615.56 \$615.97 \$619.17 \$634.92 \$636.03 \$636.60 \$636.97 \$647.09 \$649.07 \$654.18 \$656.83 \$666.10 \$675.60 \$627.48 **PAK MEDICAL RATES** 2-Person \$1,358.97 \$1,367.18 \$1,454.07 \$1,470.97 \$1,513.59 \$1,562.89 \$1,328.26 \$1,342.30 \$1,343.58 \$1,344.82 \$1,383.13 \$1,384.07 \$1,391.25 \$1,409.95 \$1,415.17 \$1,426.68 \$1,429.20 \$1,430.48 \$1,431.29 \$1,458.53 \$1,470.02 \$1,476.00 \$1,496.85 \$1,518.21 \$1,545.43 \$1,670.05 \$1,671.65 \$1,673.18 \$1,690.80 \$1,701.01 \$1,720.86 \$1,722.03 \$1,730.96 \$1,778.20 \$1,828.99 \$1,830.17 \$1,836.43 \$1,862.38 \$1,883.20 \$1,888,96 \$1,922.83 \$1,944.57 \$1,645.56 \$1,754.24 \$1,760.74 \$1,775.06 \$1,779.79 \$1,780.80 \$1,809.15 \$1,814.69 Family

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

If you have any questions, please contact your MESSA Field Representative at 800.292.4910



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	Z	IN Copay	Ž	R <sub>X</sub>	NON-PAK	AK MEDICAL RATES	RATES	PAK	PAK MEDICAL RATES	<b>NTES</b>
Product	Deductible	(OV/UC/ER)	Coinsurance	Coverage	Single	2-Person	Family	Single	2-Person	Family
Choices/Choices II	\$300/\$600	\$20/\$25/\$50	0%	Saver Rx	\$592.37	\$1,330.94	\$1,655.92	\$580.55	\$1,304.35	\$1,622.83
Choices/Choices II	\$500/\$1000	\$5/\$10/\$25	0%	Saver Rx	\$577.73	\$1,298.01	\$1,614.93	\$566.20	\$1,272.08	\$1,582.66
Choices/Choices II	\$500/\$1000	\$10/\$25/\$50	0%	Saver Rx	\$571.31	\$1,283.56	\$1,596.95	\$559.91	\$1,257.92	\$1,565.05
Choices/Choices II	\$500/\$1000	\$20/\$25/\$50	0%	Saver Rx	\$561.24	\$1,260.91	\$1,568.76	\$550.05	\$1,235.72	\$1,537.41
Choices/Choices II	\$1000/\$2000	\$20/\$25/\$50	0%	Saver Rx	\$529.33	\$1,189.12	\$1,479.42	\$518.77	\$1,165.36	\$1,449.87
ABC Plan 1	\$1300°; \$2600°	None	0%	ABC Rx	\$505.26	\$1,134.96	\$1,412.03	\$495.18	\$1,112.29	\$1,383.82
Choices/Choices II	\$2000/\$4000	\$20/\$25/\$50	0%	Saver Rx	\$499.10	\$1,121.11	\$1,394.78	\$489.15	\$1,098.72	\$1,366.92
Choices/Choices II	\$3000/\$6000	\$20/\$25/\$50	0%	Saver Rx	\$478.95	\$1,075.77	\$1,338.37	\$469.40	\$1,054.28	\$1,311.63
ABC Plan 2	\$20001, \$40002	None	0%	ABC Rx	\$472.95	\$1,062.26	\$1,321.56	\$463.52	\$1,041.05	\$1,295.16
ABC Plan 3	\$35001; \$70002 None	None	10%	ABC Rx	\$421.10	\$945.61	\$945.61 \$1,176.39	\$412.71	\$926.73	\$926.73 \$1,152.89

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<sup>1.</sup> Employees who choose a MESSA ABC health plan with coverage for a single person are subject to the single person MESSA ABC deductible.

<sup>2.</sup> 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).