

VAN BUREN COUNTY HEALTH CONSORTIUM										
APRIL 2017										
(Solicitation of medical benefit plans as required by Section 5 of the Public Employee Health Benefits Act. 2007 PA 106, MCL 124.75)										
MEDICAL ONLY										
Carrier/Vendor	MESSA PAK D	MESSA PAK A	MESSA PAK E	MESSA PAK C	WMHIP Option 1	WMHIP Option 1	WMHIP Option 1	WMHIP Option 2	WMHIP Option 1	
	\$500/\$1,000 Deductible	\$1,000/\$2,000 Deductible	ABC \$1,300/\$2,600 Deductible	ABC \$3,500/\$7,000 Deductible	\$500/\$1,000 Deductible	\$1,000/\$2,000 Deductible	\$1,300/\$2,500 Deductible	\$1,300/\$2,500 Deductible 90% Coinsurance	\$3,000/\$6,000 Deductible	
	Saver RX	Saver RX	Saver RX	Saver RX	\$10/\$40	\$10/\$40	\$10/\$40	\$10/\$40	\$10/\$40/\$80	
Single	\$ 724.44	\$ 615.36	\$ 647.14	\$ 545.98	\$ 702.15	\$ 587.32	\$ 593.92	\$ 564.22	\$ 505.55	
Two Person	\$ 1,628.12	\$ 1,382.70	\$ 4,454.19	\$ 1,226.59	\$ 1,580.04	\$ 1,321.63	\$ 1,336.49	\$ 1,269.67	\$ 1,137.63	
Full Family	\$ 2,025.72	\$ 1,720.30	\$ 1,809.27	\$ 1,526.05	\$ 1,966.28	\$ 1,644.70	\$ 1,663.19	\$ 1,580.03	\$ 1,415.72	
DENTAL ONLY										
Carrier/Vendor	MESSA	SET SEG/AND	Sunlife	Sunlife						
	Dental Only	Dental Only - Self Funded	Dental Only 100/80/80-1200/1000	Dental Only - Self Funded						
	\$ 30.31	\$ 36.45	\$ 39.79	\$ 40.28						
	\$ 60.27	\$ 68.34	\$ 75.02	\$ 76.49						
	\$ 111.03	\$ 131.25	\$ 117.84	\$ 120.49						
VISION ONLY										
Carrier/Vendor	MESSA	EYE MED	EYE MED	NVA	UNUM	UNUM	VSP	VSP	Guardian	
	Vision Only	Vision Only - GOLD	Vision Only	Vision Only	Vision Only Frames 12 mo.	Vision Only Frames 24 mo.	Vision Only - Self Funded	Vision Only	Vision Only	
	\$ 5.22	\$ 8.35	\$ 6.86	\$ 5.29	\$ 5.36	\$ 5.00	\$ 10.27	\$ 9.59	\$ 7.49	
	\$ 11.22	\$ 17.94	\$ 14.75	\$ 9.13	\$ 10.32	\$ 9.62	\$ 19.36	\$ 14.64	\$ 11.36	
	\$ 16.88	\$ 27.00	\$ 22.19	\$ 11.89	\$ 17.66	\$ 16.30	\$ 30.46	\$ 26.25	\$ 19.97	