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

**2012 Rate Renewal Exclusively for**  
**Onekama Consolidated Schools**  
**Renewal Effective 07/01/2012**

Quote #: 317954  
MESSA Field Rep: Carol Barrett  
Date Created: 04/09/2012

NON-PAK - 784A Admin., Secretaries, Custodian	2011-12 Rates	Enrollment	2012-13 Rates
Vision:	VSP 3 Gold	Single: 1 2-Person: 1 Family: 3	\$8.20 \$17.62 \$26.50
Life Insurance:	\$50,000	5	\$0.16
Rate/\$1000			\$0.14
Volume			\$250,000.00
AD&D Coverage:	\$50,000	5	\$0.03
Rate/\$1000			\$0.03
Volume			\$250,000.00
LTD Benefit	66 2/3% Max \$5,000	5	\$1.30
Max Monthly Salary:	\$7,500		
Waiting Period:	60 CDMF		
Alcohol/Drug:	Same as any other illness		
Mental/Nervous:	Same as any other illness		
Soc. Sec. Offset:	Family		
Pre-Exist Cond.:	Waived		
COLA:	No		
Rate/\$100			\$1.43
Covered Salary			\$19,977.00

NON-PAK COBRA RATES:

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

The above rates are based on plans and enrollment as of 04/03/2012. Rates will be guaranteed 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. These rates do not include the Michigan Claims Tax Assessment or other Federal Taxes under consideration that may be included on your invoice.



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<b>NON-PAK - 784C Part Time Employees</b>		<b>2011-12 Rates</b>	<b>Enrollment</b>	<b>2012-13 Rates</b>
Life Insurance:	\$7,500	\$0.16	14	
Rate/\$1000				\$0.14
Volume				\$105,000.00
AD&D Coverage:	\$7,500	\$0.03	14	
Rate/\$1000				\$0.03
Volume				\$105,000.00
Dependent Life:	\$2,000	\$0.29	13	
Rate/\$1000				\$0.23
Volume				\$26,000.00
LTD Benefit	66 2/3% Max \$2,500	\$3.06	14	
Max Monthly Salary:	\$3,750			
Waiting Period:	60 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	Yes			
Rate/\$100				\$2.90
Covered Salary				\$17,413.00

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**PAK A - 784D Teachers & Counselors**

		2011-12 Rates	Enrollment	2012-13 Rates
Medical:	MESSA Super Care 1	\$794.52	Single: 0	\$743.34
OV/UC/ER Copay:	N/A	\$1,785.78	2-Person: 0	\$1,670.63
RX Drug Copay:	\$10/\$20	\$1,984.04	Family: 0	\$1,856.09
Deductible:	\$ 50/\$100			
Riders Included:	None			
Dental:		\$39.28	Single: 0	\$40.48
Class I:	100%	\$72.92	2-Person: 0	\$75.03
Class II:	90%	\$129.15	Family: 0	\$134.39
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	90%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 3 Gold	\$8.20	Single: 0	\$8.20
		\$17.62	2-Person: 0	\$17.62
		\$26.50	Family: 0	\$26.50
Life Insurance:	\$50,000		0	
Rate/\$1000				\$0.14
Volume				\$0.00
Composite:		\$8.00		\$7.00
AD&D Coverage:	\$50,000		0	
Rate/\$1000				\$0.03
Volume				\$0.00
Composite:		\$1.50		\$1.50
LTD Benefit	66 2/3% Max \$5,000		0	
Max Monthly Salary:	\$7,500			
Waiting Period:	60 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$1.00
Covered Salary				\$0.00
Composite:		\$47.33		\$44.16
Total Monthly Rate per Member - Single		\$898.83		\$844.68
Total Monthly Rate per Member - 2-Person		\$1,933.15		\$1,815.94
Total Monthly Rate per Member - Family		\$2,196.52		\$2,069.64

**PAK A COBRA RATES:**

Medical	Single	\$741.84
	2-Person	\$1,669.13
	Family	\$1,854.59

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

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PAK B - 784D Teachers & Counselors		2011-12 Rates	Enrollment	2012-13 Rates
Dental:		\$39.78	Single: 0	\$40.95
Class I:	100%	\$73.86	2-Person: 2	\$75.90
Class II:	90%	\$130.13	Family: 5	\$135.28
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	90%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
<hr/>				
Vision:	VSP 3 Gold	\$8.20	Single: 0	\$8.20
		\$17.62	2-Person: 2	\$17.62
		\$26.50	Family: 5	\$26.50
<hr/>				
Life Insurance:	\$50,000		7	
Rate/\$1000				\$0.14
Volume				\$350,000.00
Composite:		\$8.00		\$7.00
AD&D Coverage:	\$50,000		7	
Rate/\$1000				\$0.03
Volume				\$350,000.00
Composite:		\$1.50		\$1.50
<hr/>				
LTD Benefit	66 2/3% Max \$5,000		7	
Max Monthly Salary:	\$7,500			
Waiting Period:	60 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$1.00
Covered Salary				\$30,300.00
Composite:		\$46.52		\$43.29
<hr/>				
Total Monthly Rate per Member - Single		\$104.00		\$100.94
Total Monthly Rate per Member - 2-Person		\$147.50		\$145.31
Total Monthly Rate per Member - Family		\$212.65		\$213.57

PAK B COBRA RATES:

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

The above rates are based on plans and enrollment as of 04/03/2012. Rates will be guaranteed 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. These rates do not include the Michigan Claims Tax Assessment or other Federal Taxes under consideration that may be included on your invoice.



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PAK C - 784D Teachers & Counselors		2011-12 Rates	Enrollment	2012-13 Rates
Medical:	MESSA Choices	\$581.69	Single: 1	\$544.25
OV/UC/ER Copay:	\$20/\$25/\$50	\$1,306.94	2-Person: 5	\$1,222.69
RX Drug Copay:	\$10/\$20	\$1,451.98	Family: 8	\$1,358.38
Deductible:	In-\$500/\$1000, Out-\$1000/\$2000			
Riders Included:	None			
Dental:		\$39.28	Single: 1	\$40.48
Class I:	100%	\$72.92	2-Person: 5	\$75.03
Class II:	90%	\$129.15	Family: 8	\$134.39
Class III:	90%			
Annual Max:	\$1,000			
Class IV:	90%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 3 Gold	\$8.20	Single: 1	\$8.20
		\$17.62	2-Person: 5	\$17.62
		\$26.50	Family: 8	\$26.50
Life Insurance:	\$50,000		14	
Rate/\$1000				\$0.14
Volume				\$700,000.00
Composite:		\$8.00		\$7.00
AD&D Coverage:	\$50,000		14	
Rate/\$1000				\$0.03
Volume				\$700,000.00
Composite:		\$1.50		\$1.50
LTD Benefit	66 2/3% Max \$5,000		14	
Max Monthly Salary:	\$7,500			
Waiting Period:	60 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$1.00
Covered Salary				\$61,826.00
Composite:		\$47.33		\$44.16
Total Monthly Rate per Member - Single		\$686.00		\$645.59
Total Monthly Rate per Member - 2-Person		\$1,454.31		\$1,368.00
Total Monthly Rate per Member - Family		\$1,664.46		\$1,571.93

PAK C COBRA RATES:

Medical	Single	\$542.75
	2-Person	\$1,221.19
	Family	\$1,356.88

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

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<b>NON-PAK - 784H PT Emp Wkg 173 Days or More</b>		<b>2011-12 Rates</b>	<b>Enrollment</b>	<b>2012-13 Rates</b>
Life Insurance:	\$25,000	\$0.16	1	
Rate/\$1000				\$0.14
Volume				\$25,000.00
AD&D Coverage:	\$25,000	\$0.03	1	
Rate/\$1000				\$0.03
Volume				\$25,000.00
Dependent Life:	\$2,000	\$0.29	1	
Rate/\$1000				\$0.23
Volume				\$2,000.00
LTD Benefit	66 2/3% Max \$2,500	\$2.06	1	
Max Monthly Salary:	\$3,750			
Waiting Period:	60 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	Yes			
Rate/\$100				\$1.52
Covered Salary				\$2,091.00

The above rates are based on plans and enrollment as of 04/03/2012. Rates will be guaranteed 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. These rates do not include the Michigan Claims Tax Assessment or other Federal Taxes under consideration that may be included on your invoice.



## **Statewide Pooled Groups**

### **Medical Renewal Report**

### **Comparison to MESSA Average**

#### **Claims Incurred Over Rating Periods:**

**Year 1: October 1, 2009 – September 30, 2010**

**Year 2: October 1, 2010 – September 30, 2011**

**Both Years: Paid through December 31, 2011**

## TABLE OF CONTENTS

Introduction	1
Demographics	2
Average Age	4
Distribution of Costs	5
Inpatient Admissions	6
Office Visits	8
Emergency Room	10
Prescription Drugs	12
Providers	15
Recommendations	16



## Introduction

This report is intended to provide an analysis of the cost and utilization of health care services to help explain the 2012 rates for Statewide Pooled Groups.

**IMPORTANT: The analysis is based only on individuals enrolled in MESSA's medical plan for Year 1 (10/1/2009 – 9/30/2010) or Year 2 (10/1/2010 – 9/30/2011) in the Statewide Pool.**

The report contains claims **incurred** for Years 1 and 2. In both years, data includes claims **paid** through December 31, 2011.

### **Please Note:**

1. Data for this report is NOT the same as what is provided under the Public Employees Health Benefit Act (PA 106). The reports for PA 106 contain **paid** claims/claimant information from March 1, 2009 through February 29, 2012. **Paid** claims in that report are likely to be from an earlier time period – i.e. a time period that is not relevant for calculating current rates. This rate report contains data on an **incurred** period which means that these claims actually took place in the given time period and do factor into rate calculations. Similar to the PA 106 reports, however, this report does not identify claims on an individual level and maintains MESSA's commitment to member privacy.
2. Rates are calculated using a comparison of your group's claims experience this year to your group's experience last year. All of the analysis done in this report compares your group to the MESSA average, simply to give an indication of how your group utilizes health care relative to the rest of MESSA. Rates are **NOT** calculated based on your group's experience compared to the MESSA average.
3. The extent to which this report is relevant to your district depends on your group size. Larger groups have more of their rate determined by their own claims experience. Smaller groups, however, have some of their rate determined by their claims, but a significant portion may be determined by their pooled group. For example, in the 100-499 rating group, those groups closer to 100 members will have most of their rate determined by the entire 100-499 group, rather than their own claims. Those groups closer to 499 members will have more of their rate determined by their own claims.

We hope you find this report useful, but please keep in mind - rates are calculated based on a number of factors, and not all factors are weighted equally. The data from this report alone cannot be used to determine rates.

## DEMOGRAPHICS

	<b>Year 1</b>	<b>Year 2</b>
Number of Employees:	13,709	12,826

*Please Note: This number is based on the average number of employees enrolled in MESSA's medical plan during Years 1 or 2. This may not match the number of employees reported in the census for renewal calculations.*

Number of Covered Lives:	40,776	38,991
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Ratio of Covered Lives to Employees:	<b>Year 1</b>	<b>Year 2</b>
Statewide Pooled Groups:	3.0	3.0
Total MESSA:	2.9	3.0

Percent Male (of all Covered Lives):	<b>Year 1</b>	<b>Year 2</b>
Statewide Pooled Groups:	48.8%	48.9%
Total MESSA:	48.0%	48.0%

Percent Female (of all Covered Lives):	<b>Year 1</b>	<b>Year 2</b>
Statewide Pooled Groups:	51.2%	51.1%
Total MESSA:	52.0%	52.0%

Average Age:	<u>Statewide Pooled Groups</u>		<u>Total MESSA</u>	
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 1</b>	<b>Year 2</b>
Employees:	45.2	44.3	45.4	44.7
Spouses:	46.2	45.4	46.2	45.6
Children:	12.4	12.4	12.3	12.4

Age Gender Breakdown:

**Statewide Pooled Groups**

<b>Age Group</b>	<b>Percent Male</b>	<b>Percent Female</b>	<b>Percent of Total Covered Lives</b>
0 - 14	50.8%	49.2%	23.9%
15 - 19	51.8%	48.2%	8.9%
20 - 24	49.5%	50.5%	8.0%
25 - 29	43.4%	56.6%	5.8%
30 - 34	44.5%	55.5%	6.8%
35 - 39	47.8%	52.2%	7.8%
40 - 44	46.5%	53.5%	9.2%
45 - 49	46.3%	53.7%	8.5%
50 - 54	45.4%	54.6%	8.8%
55 - 59	48.8%	51.2%	7.8%
60 - 64	57.5%	42.5%	3.6%
65 +	70.9%	29.1%	0.9%

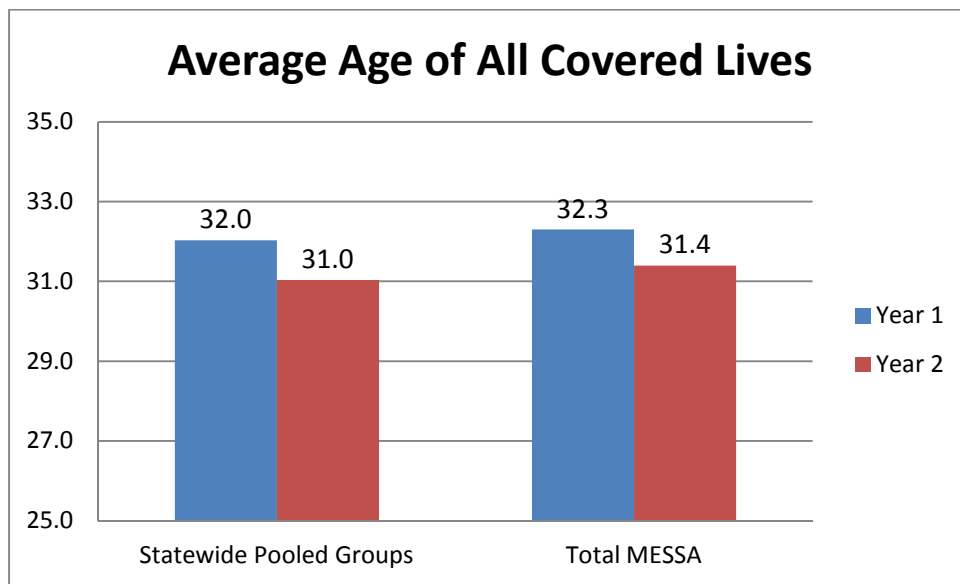
**Total MESSA**

<b>Age Group</b>	<b>Percent Male</b>	<b>Percent Female</b>	<b>Percent of Total Covered Lives</b>
0 - 14	51.0%	49.0%	23.5%
15 - 19	51.8%	48.2%	8.3%
20 - 24	49.3%	50.7%	8.0%
25 - 29	42.7%	57.3%	5.0%
30 - 34	44.3%	55.7%	7.1%
35 - 39	46.9%	53.1%	8.0%
40 - 44	46.2%	53.8%	8.0%
45 - 49	45.2%	54.8%	7.9%
50 - 54	44.4%	55.6%	8.7%
55 - 59	46.6%	53.4%	9.1%
60 - 64	53.2%	46.8%	4.8%
65 +	62.4%	37.6%	1.6%

### Average Age – Statewide Pooled Groups

The average age of all covered lives is depicted here. Claims costs increase as age increases, generally because of increases in utilization and an increased severity of conditions. For example, older patients require more screenings to detect conditions such as cancer; and they tend to have more chronic conditions.

The percent change in health care costs by year of age is approximately 1.5%.

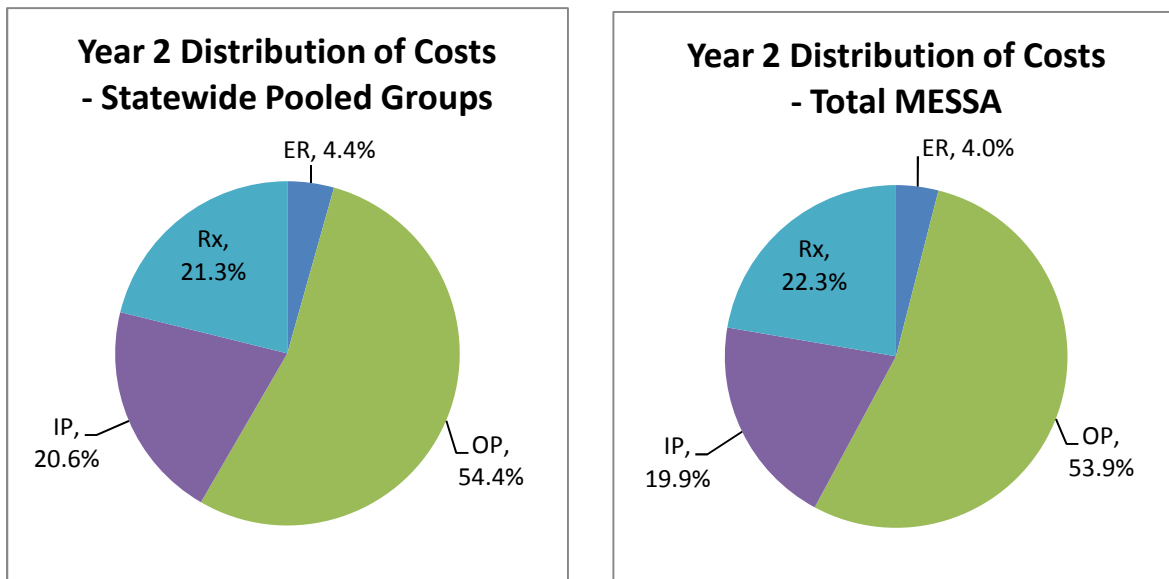


Statewide Pooled Groups have had a decrease in average age by one year and have an average age slightly younger than the Total MESSA Population.

Statewide Pooled Groups have a similar average age factor in the calculation of rates compared to last year.

## Distribution of Costs – Statewide Pooled Groups

While total costs are important in determining rates, so is the distribution of costs. Determining where and how spending occurs gives some indication as to the severity of conditions in the population, thereby, helping predict future costs. For example, a high rate of inpatient hospitalizations or a high rate of emergency room visits indicates that the population in a given group has a higher level of severity. A high use of outpatient visits or prescription drugs does not necessarily indicate higher severity. In fact, when these services are used properly, they may be an indication of a well-managed population. When outpatient visits or prescriptions are over-utilized, however, this leads to higher costs, and therefore adversely affects rates.

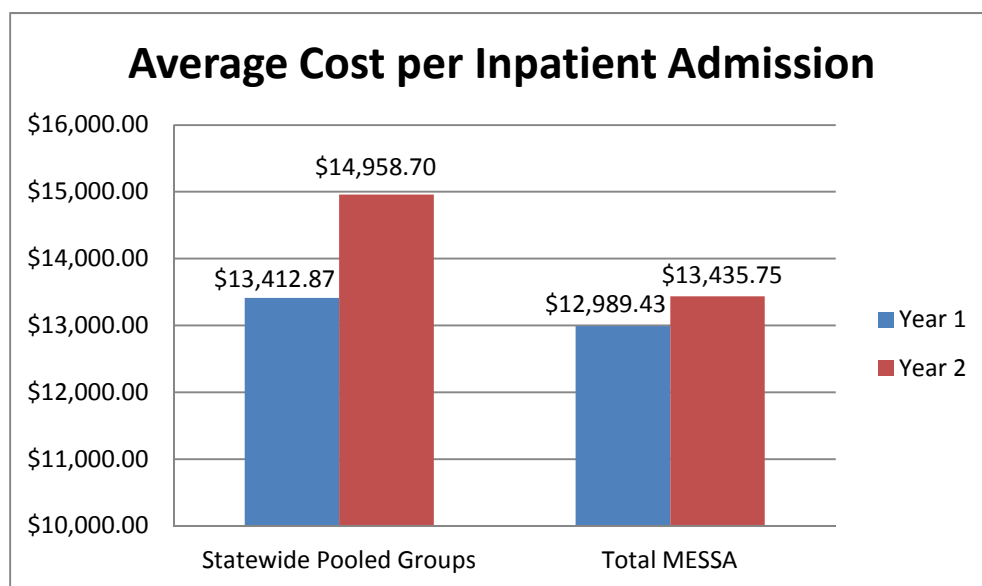
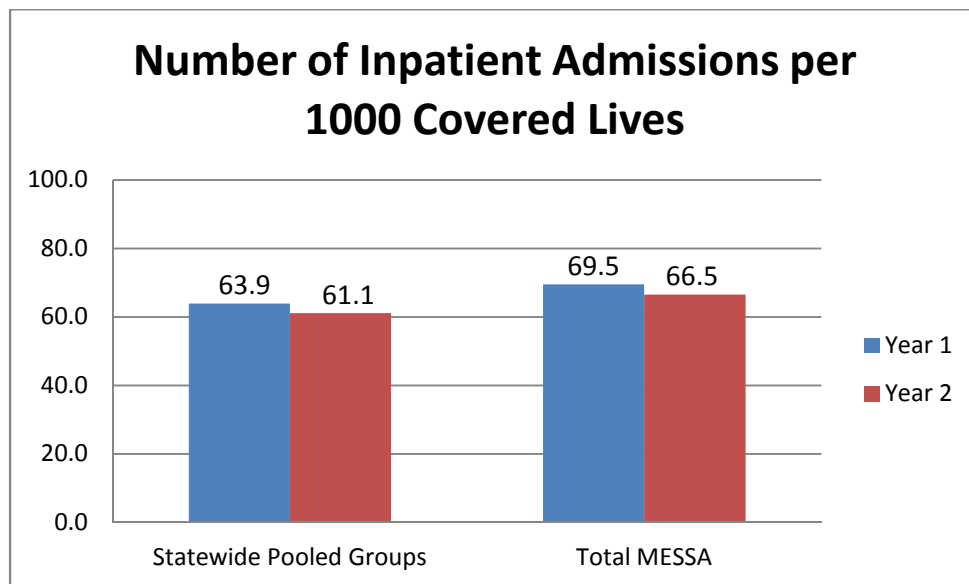


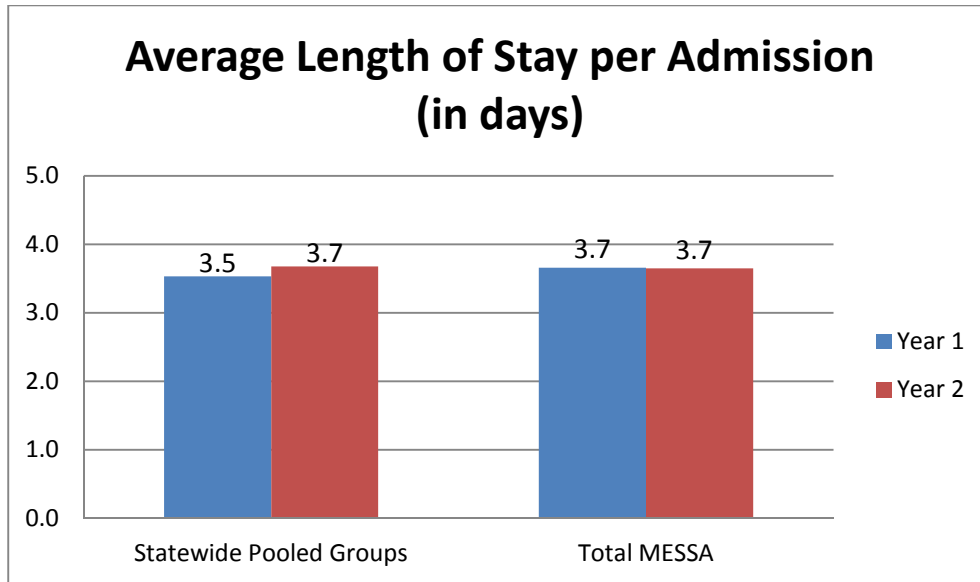
Emergency Room = ER, Inpatient = IP, Outpatient = OP, Prescriptions = Rx

Statewide Pooled Groups have higher spending on Inpatient Admissions, Outpatient Services and Emergency Room visits than Total MESSA. Spending on Prescription Drugs is less for Statewide Pooled Groups than for Total MESSA.

## Inpatient Admissions – Statewide Pooled Groups

As described earlier, increased inpatient admissions lead to higher rates. Inpatient admissions cost more, on average, than outpatient services and indicate a higher severity of condition in the population. The following graphs depict the utilization of inpatient hospital services through: the number of covered lives that have admissions, the average cost per admission, and the average length of stay (in days) per admission.



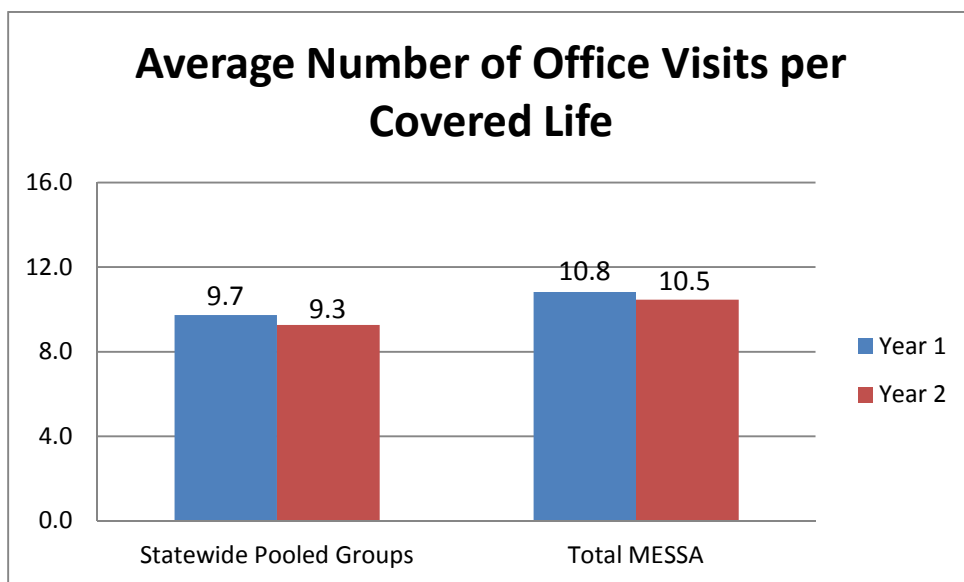


Statewide Pooled Groups have slightly lower admissions per 1000 covered lives than it did in the previous year. The average cost per admission for Statewide Pooled Groups is approximately \$1,545 higher than it was last year. A higher average cost indicates that those patients being admitted from Statewide Pooled Groups have increased severity of illness compared to last year. The average length of stay per admission is similar to the average for the previous year.

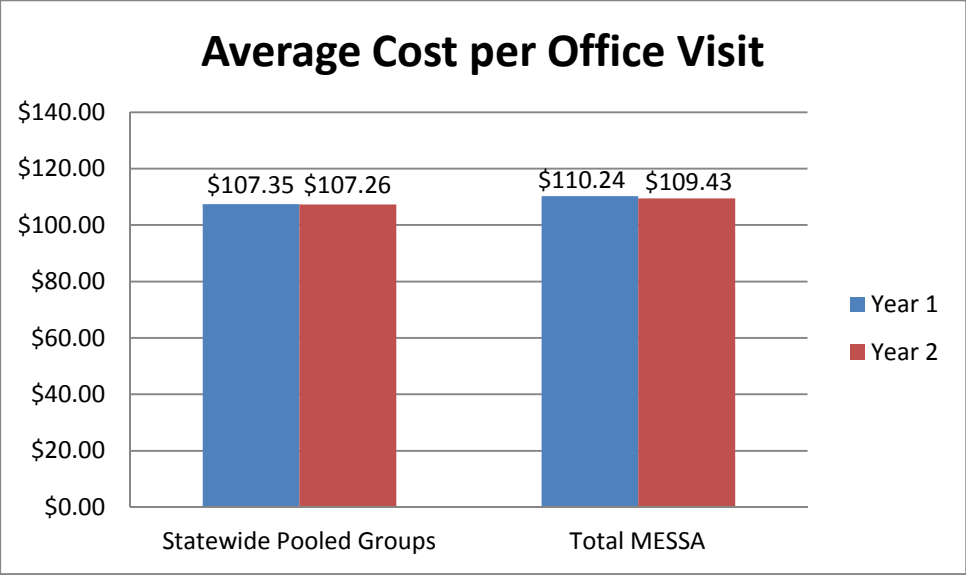
Overall, the cost of inpatient hospital services is higher for Statewide Pooled Groups than that for Total MESSA, while the use of inpatient hospital services is lower.

### Office Visits – Statewide Pooled Groups

The effect of office visits on premium rates is not clear-cut. While an increase in office visits in the short-term can lead to increased rates, in the long term these services can actually lead to reduced rates, when utilized appropriately. This is especially true when a high use of office services leads to better management of chronic conditions or to an increased use of preventive care. Better management and the use of preventive services both lead to reduced severity of illness and, thereby, reduced rates.



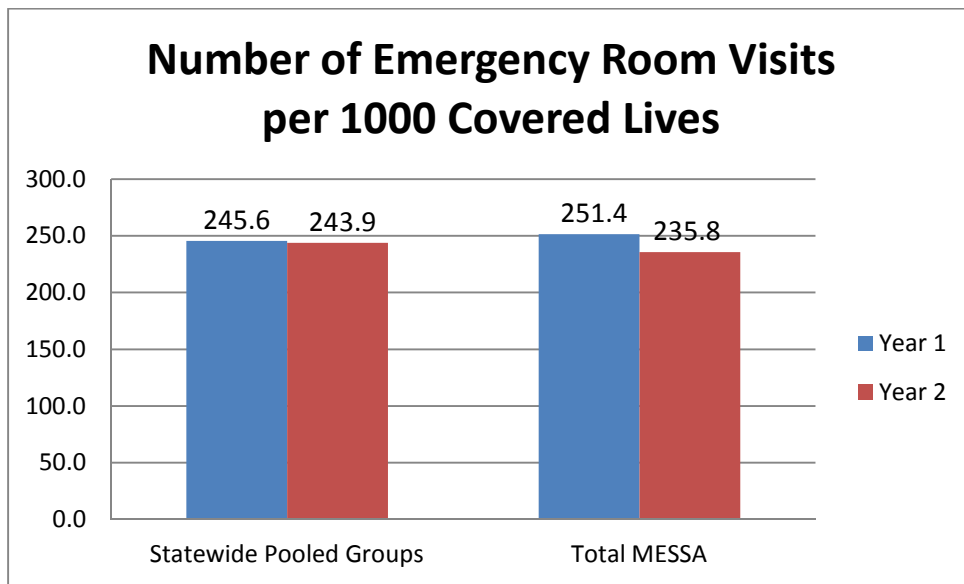


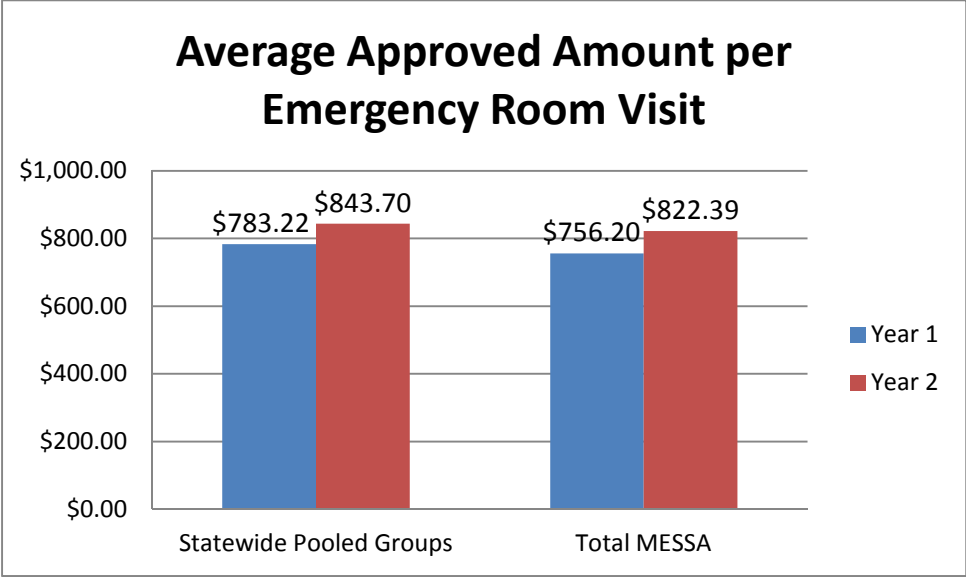


Statewide Pooled Groups have a slightly lower average number of office visits per covered life compared to last year. The cost per office visit was similar for Statewide Pooled Groups in Year 1 compared to Year 2.

### Emergency Room – Statewide Pooled Groups

The extent of emergency room use provides an indication as to how members are utilizing the health care system. Since care in the emergency room costs more, a high use of emergency room visits may increase rates. The cost per emergency room visit is important because it reveals, to some extent, the severity of each case. Higher average costs show that the average patient in a district generally has worse health status. In fact this may be an indication that patients are avoiding treatment of health conditions, until they are forced to use emergency room services. High utilization coupled with lower costs per visit indicates those patients using the emergency room are doing so for less severe conditions. Using other resources, such as Urgent Care or MESSA’s 24/7 Nurse Line, could help in reducing costs for the emergency room and, thereby, may lead to reduced rates.



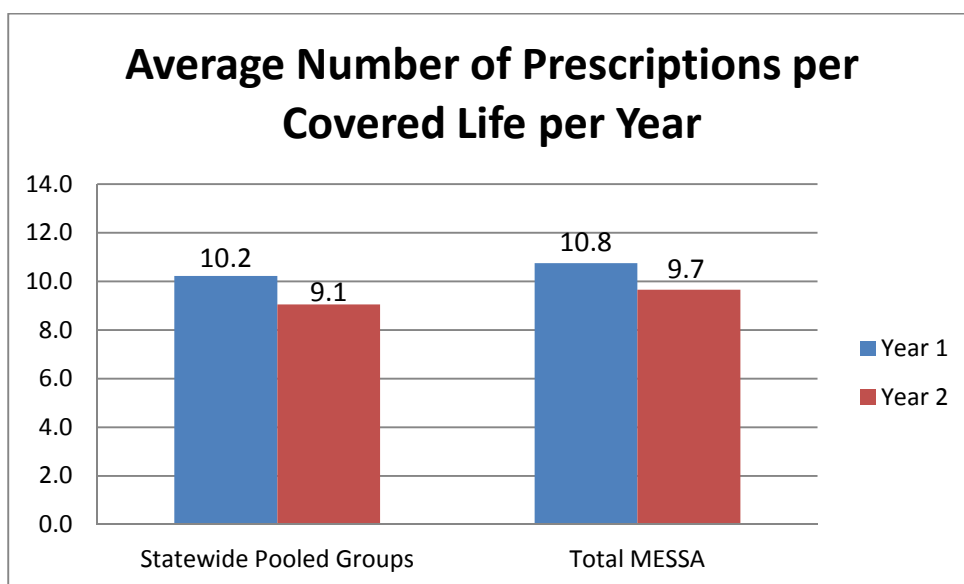


Statewide Pooled Groups have had a similar number of emergency room visits per 1000 covered lives. The average cost of emergency room services in Year 2 for Statewide Pooled Groups was higher than that for Year 1. In addition, costs in Year 2 were higher than the Total MESSA average.

## Prescription Drugs – Statewide Pooled Groups

As with office visits, the use of prescription drugs does not have a clear cut impact on rates. Inappropriate use and over-utilization does lead to higher rates. However, when used properly, prescription drugs can also reduce the cost of health care by preventing the need for more invasive treatments.

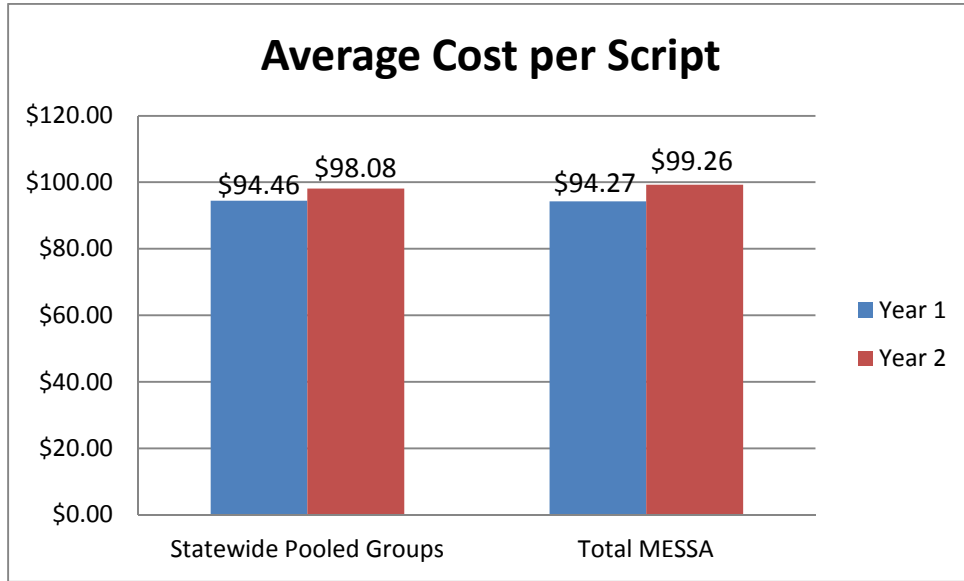
Rates are adversely affected when the cost per prescription is higher than average, such as the case with Brand Names. The following graph depicts the average number of prescriptions per covered life.



Statewide Pooled Groups have had a decrease in the number of average prescriptions per covered life between Year 1 and Year 2. The average number of scripts per covered life is slightly lower than the average number of scripts for Total MESSA.

Average Cost per Prescription – Statewide Pooled Groups

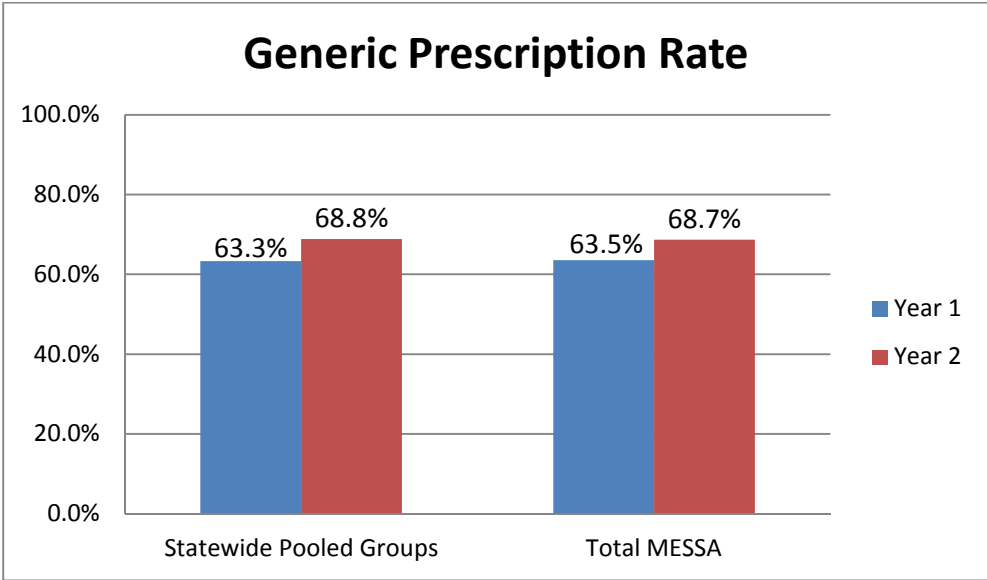
As the average cost per prescription increases, so do rates. The following graph depicts the average plan costs per prescription (copayments are not included).



The average cost per prescription in Statewide Pooled Groups for Year 2 is \$3.62 more than Year 1, and it is slightly lower the average cost per prescription for Total MESSA.

Generic Utilization – Statewide Pooled Groups

A higher utilization of generic drugs indicates an efficient use of dollars spent on prescriptions - since generics cost less and are equally effective to their brand name counterparts. The following graph depicts the utilization rate of generic medications.

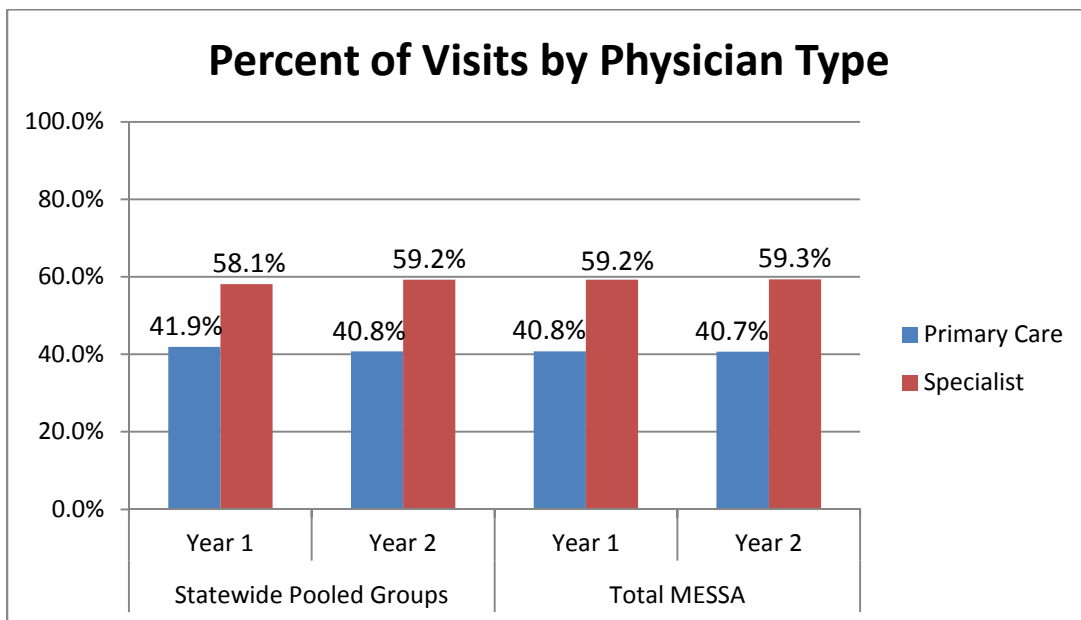


Statewide Pooled Groups had an increase in the utilization of generic drugs between Year 1 and Year 2. Statewide Pooled Groups' use of generics is similar to the Total MESSA population.

### Providers: Primary Care vs. Specialist – Statewide Pooled Groups

The number of visits is likely to be higher with specialist physicians because there is typically a greater supply of these types of providers in the health care market.

Specialist physicians generally have higher charges than primary care physicians. A high use of specialists increases overall costs and also indicates increased levels of severity for conditions.



Statewide Pooled Groups have had a slight increase in the percentage of office visits with specialist physicians over the two years of claims data. Statewide Pooled Groups' percentage of office visits with specialist physicians is similar to the percentage of office visits with specialists for Total MESSA.

## Recommendations

- **URAC Accredited MESSA Member Education Support Programs** for Asthma, Cardiovascular Health, and Diabetes can help patients with these conditions manage their illnesses better, avoid hospitalizations, and reduce severity.
- An increased use of **generic medications** will help lower prescription costs.
- **MESSA's Health Promotion Consultants** can help develop these types of initiatives in your district. We also offer a wellness program tool kit as well as other services. Overall wellness initiatives can help in detecting illness at an earlier stage so that patients can be treated more effectively. Examples of wellness initiatives include:
  - *Health Assessments* – to provide awareness to individuals of possible health risks and illnesses.
  - *Program Development* – in creation of wellness programs, education, and team building.
  - *Health Presentations* – based on claims experience to provide targeted educational programs that promote healthier lifestyle choices
- **MESSA Healthy Expectations** provides support for expectant mothers. When a mom-to-be enrolls in the program she will receive a simple health assessment questionnaire to complete and return. Healthy Expectations will then send a guide book and a customized response providing information on health guidelines for pregnant women.
- **MESSA Nurse Line** is a health information line staffed around the clock by registered nurses trained to answer medical questions and offer guidance.
- **URAC Accredited MESSA Medical Case Management** is 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 through direct involvement in the management of care.