



2017 New Business Group Retiree Medical No Co-Pay Monthly Plan Rates

Underwritten by:



Guarantee Trust Life Insurance Company

For groups with effective dates beginning 10/01/2016

Monthly Administration Fee is an additional \$10.00 per member per month.

Plan Deductible:	\$0	\$100	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000
Area 1												
65	\$145.53	\$134.47	\$128.04	\$120.36	\$104.14	\$91.39	\$80.46	\$63.23	\$50.14	\$40.79	\$34.27	\$26.46
66	\$158.88	\$146.80	\$139.78	\$131.42	\$113.70	\$99.77	\$87.83	\$69.03	\$54.75	\$44.54	\$37.40	\$28.89
67	\$164.45	\$151.95	\$144.67	\$136.02	\$117.68	\$103.27	\$90.91	\$71.44	\$56.67	\$46.11	\$38.72	\$29.90
68	\$169.90	\$156.99	\$149.47	\$140.53	\$121.59	\$106.68	\$93.92	\$73.82	\$58.54	\$47.63	\$40.01	\$30.89
69	\$175.21	\$161.89	\$154.15	\$144.93	\$125.39	\$110.02	\$96.86	\$76.13	\$60.38	\$49.12	\$41.25	\$31.86
70-74	\$205.88	\$192.69	\$184.60	\$175.27	\$154.96	\$138.58	\$124.35	\$101.33	\$83.28	\$69.88	\$60.20	\$47.71
75-79	\$240.78	\$227.06	\$218.43	\$208.60	\$186.78	\$168.86	\$153.02	\$127.05	\$106.27	\$90.47	\$78.79	\$63.09
80-84	\$291.77	\$277.20	\$267.76	\$256.84	\$232.48	\$212.15	\$194.04	\$163.71	\$138.88	\$119.56	\$105.02	\$84.69
85+	\$306.27	\$291.72	\$282.47	\$271.46	\$246.88	\$226.12	\$207.40	\$175.92	\$149.95	\$129.57	\$114.01	\$92.05
Area 2												
65	\$167.37	\$154.63	\$147.23	\$138.41	\$119.77	\$105.11	\$92.53	\$72.70	\$57.66	\$46.91	\$39.41	\$30.43
66	\$182.72	\$168.83	\$160.76	\$151.13	\$130.76	\$114.73	\$101.01	\$79.39	\$62.96	\$51.22	\$43.03	\$33.23
67	\$189.12	\$174.74	\$166.39	\$156.43	\$135.35	\$118.77	\$104.56	\$82.17	\$65.16	\$53.03	\$44.53	\$34.39
68	\$195.38	\$180.54	\$171.91	\$161.61	\$139.83	\$122.69	\$108.01	\$84.89	\$67.32	\$54.77	\$46.00	\$35.53
69	\$201.50	\$186.19	\$177.28	\$166.67	\$144.21	\$126.53	\$111.39	\$87.56	\$69.43	\$56.49	\$47.44	\$36.65
70-74	\$236.76	\$221.59	\$212.29	\$201.55	\$178.19	\$159.37	\$142.98	\$116.53	\$95.77	\$80.36	\$69.23	\$54.86
75-79	\$276.89	\$261.11	\$251.20	\$239.89	\$214.78	\$194.20	\$175.99	\$146.11	\$122.21	\$104.03	\$90.60	\$72.56
80-84	\$335.53	\$318.78	\$307.92	\$295.38	\$267.34	\$243.98	\$223.15	\$188.29	\$159.73	\$137.51	\$120.77	\$97.41
85+	\$352.22	\$335.48	\$324.83	\$312.18	\$283.91	\$260.03	\$238.50	\$202.30	\$172.43	\$149.00	\$131.11	\$105.87
Area 3												
65	\$181.91	\$168.08	\$160.03	\$150.44	\$130.17	\$114.23	\$100.57	\$79.03	\$62.67	\$50.99	\$42.83	\$33.09
66	\$198.61	\$183.50	\$174.72	\$164.26	\$142.12	\$124.70	\$109.80	\$86.29	\$68.42	\$55.68	\$46.77	\$36.13
67	\$205.58	\$189.93	\$180.85	\$170.02	\$147.11	\$129.09	\$113.65	\$89.31	\$70.82	\$57.63	\$48.41	\$37.39
68	\$212.38	\$196.23	\$186.84	\$175.65	\$151.98	\$133.35	\$117.40	\$92.27	\$73.16	\$59.55	\$50.01	\$38.63
69	\$219.02	\$202.37	\$192.69	\$181.15	\$156.73	\$137.53	\$121.08	\$95.15	\$75.45	\$61.39	\$51.58	\$39.84
70-74	\$257.37	\$240.86	\$230.74	\$219.08	\$193.69	\$173.23	\$155.43	\$126.65	\$104.10	\$87.35	\$75.25	\$59.63
75-79	\$300.97	\$283.83	\$273.05	\$260.75	\$233.47	\$211.08	\$191.28	\$158.82	\$132.84	\$113.09	\$98.48	\$78.87
80-84	\$364.71	\$346.50	\$334.70	\$321.06	\$290.60	\$265.20	\$242.55	\$204.63	\$173.62	\$149.46	\$131.27	\$105.86
85+	\$382.83	\$364.64	\$353.06	\$339.32	\$308.61	\$282.65	\$259.25	\$219.89	\$187.45	\$161.94	\$142.53	\$115.07
Area 4												
65	\$196.47	\$181.53	\$172.84	\$162.49	\$140.60	\$123.36	\$108.61	\$85.34	\$67.68	\$55.07	\$46.26	\$35.73
66	\$214.48	\$198.19	\$188.70	\$177.40	\$153.49	\$134.68	\$118.58	\$93.20	\$73.90	\$60.12	\$50.51	\$39.01
67	\$222.01	\$205.13	\$195.31	\$183.61	\$158.88	\$139.41	\$122.73	\$96.46	\$76.49	\$62.24	\$52.28	\$40.38
68	\$229.36	\$211.93	\$201.78	\$189.69	\$164.15	\$144.03	\$126.80	\$99.66	\$79.02	\$64.30	\$54.00	\$41.71
69	\$236.53	\$218.56	\$208.10	\$195.63	\$169.27	\$148.52	\$130.76	\$102.77	\$81.50	\$66.31	\$55.70	\$43.02
70-74	\$277.96	\$260.13	\$249.21	\$236.60	\$209.18	\$187.08	\$167.87	\$136.79	\$112.41	\$94.34	\$81.28	\$64.41
75-79	\$325.05	\$306.54	\$294.89	\$281.61	\$252.16	\$227.97	\$206.58	\$171.54	\$143.47	\$122.13	\$106.38	\$85.18
80-84	\$393.89	\$374.21	\$361.47	\$346.73	\$313.86	\$286.41	\$261.94	\$221.00	\$187.50	\$161.41	\$141.78	\$114.33
85+	\$413.47	\$393.82	\$381.33	\$366.45	\$333.27	\$305.25	\$279.98	\$237.48	\$202.45	\$174.90	\$153.92	\$124.28
Area 5												
65	\$218.30	\$201.69	\$192.05	\$180.54	\$156.21	\$137.08	\$120.70	\$94.84	\$75.20	\$61.19	\$51.39	\$39.70
66	\$238.32	\$220.21	\$209.67	\$197.11	\$170.55	\$149.66	\$131.75	\$103.55	\$82.11	\$66.80	\$56.12	\$43.34
67	\$246.68	\$227.92	\$217.02	\$204.02	\$176.54	\$154.90	\$136.38	\$107.18	\$84.99	\$69.15	\$58.09	\$44.86
68	\$254.85	\$235.47	\$224.22	\$210.79	\$182.37	\$160.03	\$140.89	\$110.73	\$87.80	\$71.45	\$60.01	\$46.34
69	\$262.82	\$242.84	\$231.22	\$217.37	\$188.09	\$165.04	\$145.31	\$114.20	\$90.55	\$73.68	\$61.89	\$47.80
70-74	\$308.84	\$289.02	\$276.90	\$262.90	\$232.42	\$207.87	\$186.51	\$151.99	\$124.91	\$104.83	\$90.30	\$71.56
75-79	\$361.16	\$340.59	\$327.66	\$312.90	\$280.15	\$253.28	\$229.55	\$190.59	\$159.41	\$135.69	\$118.19	\$94.64
80-84	\$437.64	\$415.79	\$401.65	\$385.26	\$348.71	\$318.22	\$291.06	\$245.57	\$208.34	\$179.34	\$157.52	\$127.05
85+	\$459.41	\$437.58	\$423.68	\$407.17	\$370.30	\$339.16	\$311.08	\$263.87	\$224.92	\$194.33	\$171.03	\$138.10

Premium is based on age; a rate increase will take effect the month a member ages into a new age bracket.



Medical Coverage Underwritten by Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Administered by Merchants Benefit Administration, Inc.

For more information, contact MBA, Inc at (800) 800-6543 or visit www.mbaadmin.com

Form SC-GTL-PR4-1



**2017 Group Retiree
Medical Optional Benefits**
Monthly Plan Rates for
Groups with effective dates beginning
10/01/2016



Additional Skilled Nursing	\$7.38 per month
Covered after Seniors Choice Plan deductible, from 101 through 365 days; up to \$125 per day	

Private Duty Nursing	\$8.53 per month
Covered after Seniors Choice Plan deductible, \$100 per 8 hour shift; 30 shifts per calendar year	

At Home Recovery	\$18.74 per month
Covered after Seniors Choice Plan deductible, up to \$40/visit and 7 visits/week; \$1600 calendar year maximum	

Comprehensive Wellness	\$13.63 per month
Subject to a calendar year maximum benefit amount of \$250 (not subject to a plan deductible)	
Wellness Care includes, but is not limited to:	
<ul style="list-style-type: none">- Alternative health care such as massage and acupuncture- Dental and vision check-ups- Annual physical examinations- Chronic disease self-management programs- Alcohol dependency, substance abuse prevention and violence prevention counseling	

