

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

2020 Rate Renewal Exclusively for Harper Woods School District Rates Effective 01/01/2020 through 12/31/2020

Quote #: 344995 MESSA Field Rep: Heather Scott Date Created: 08/09/2019

| | | | 2019 Rates | | 2020 Rates | 2020 Rates with Taxes |
|--|---------------------------------------|--|------------|---------------|--------------|--------------------------|
| PAK A - 591A Administ | | with Taxes | Enrollment | without Taxes | | |
| Medical: | MESSA Choices | | \$732.99 | Single: 1 | \$688.57 | \$718.45 |
| N Deductible: | \$500/\$1000 | | \$1,647.35 | 2-Person: 1 | \$1,547.42 | \$1,614.65 |
| N Coinsurance: | N/A | | \$2,049.66 | Family: 5 | \$1,925.30 | \$2,008.97 |
| N OL/OV/SV Copay: | \$20/\$20/\$20 | - | | | | |
| N UC/ER Copay: | \$25/\$50 | | | | | |
| Rx Coverage: | Saver Rx | - | | | | • |
| Riders Included: | None | | | | | |
| Dental: | 6400-0009 | | \$42.99 | Single: 1 | \$44.05 | \$44.58 |
| Diag & Prev: | 100% | | \$79.67 | 2-Person: 1 | \$81.09 | \$82.06 |
| Basic Services: | 90% | | \$147.51 | Family: 5 | \$147.11 | \$148.87 |
| Major Services: | 90% | | | | | |
| Annual Max: | \$1,500 | | | | | |
| Orthodontics: | 60% | | | | | |
| _ifetime Max: | \$1,000 | | | | | |
| Riders: | 2 Cleanings | | | | | |
| Vision: | VSP 2 S | | \$5.60 | Single: 1 | \$6.13 | \$6.36 |
| | | | \$12.03 | 2-Person: 1 | \$13.15 | \$13.63 |
| | | | \$18.12 | Family: 5 | \$19.81 | \$20.54 |
| _ife Insurance: | \$55,000 | | Ψ.Ο.,, | 7 | + | ¥=3.0 |
| Rate/\$1000 | 455,000 | | | | | \$0.12 |
| √olume | | | | | | \$385,000.00 |
| Composite: | | | \$6,60 | | | \$6.60 |
| Joinposite. | • | | ψ0.00 | | | ψ0.00 |
| AD&D Coverage: | \$55,000 | | | 7 | | |
| Rate/\$1000 | φ35,000 | | | , | | \$0.03 |
| ≺ate/∌1000 Volume | | | | | | \$385,000.00 |
| | | | \$1.65 | | | \$1.65 |
| Composite: | 66 3/39/ May \$40 000 | | φ1.σο | 7 | | φ1,00 |
| _TD Benefit | 66 2/3% Max \$10,000 | | | | | |
| Max Monthly Salary: | \$15,000 | - Control of the Cont | | | | |
| Waiting Period: | 90 CDSW | | | | | |
| Alcohol/Drug: | 2 Year Limitation | and the state of t | | | ' | |
| Mental/Nervous: | 2 Year Limitation | | | - | | |
| Soc. Sec. Offset: | Family | | | | | |
| Pre-Exist Cond.: | Waived | | | | | |
| COLA: | No | | | | | <u>.</u> |
| Rate/\$100 | | | | | | \$0.62 |
| Covered Salary | | - | | · | | \$60,308.00 |
| Composite: | | | \$39.61 | | | \$53.42 |
| Γotal Monthly Rate per Μ | | | \$829.44 | | | \$831.06 |
| Total Monthly Rate per Member - 2-Person | | | \$1,786.91 | | | \$1,772.0 |
| Total Monthly Rate per M | flember - Family | | \$2,263.15 | | | \$2,240.05 |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | PAK A COBRA RATES: | | | | | |
| | | - | Medical | Single | \$687.07 | \$716.9 |
| | | | | 2-Person | \$1,545.92 | \$1,613.1 |
| | | | | Family | \$1,923.80 | \$2,007.47 |

MESSA medical plans include \$5,000 Basic Term Life and AD&D. Rates are based on plans and enrollment as of 08/06/2019. 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. If you have any questions, please contact your MESSA Field Representative, Heather Scott, at 800.292.4910.



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| | | 2019 Rates | | 2020 Rates | 2020 Rates |
|--|----------------------|------------|-------------|---------------|--------------|
| PAK B - 591A Administration | | with Taxes | Enrollment | without Taxes | with Taxes |
| Dental: | 6400-0010 | \$41.17 | Single: 1 | \$41.55 | \$42.05 |
| Diag & Prev: | 100% | \$75.77 | 2-Person: 0 | \$76.21 | \$77.12 |
| Basic Services: | 90% | \$138.84 | Family: 1 | \$141.35 | \$143.04 |
| Major Services: | 90% | | | | |
| Annual Max: | \$1,500 | | | i | |
| Orthodontics: | 60% | | | | |
| Lifetime Max: | \$1,000 | | | | |
| Riders: | 2 Cleanings | | | | |
| Vision: | VSP 2 S | \$5.60 | Single: 1 | \$6.13 | \$6.36 |
| | • | \$12.03 | 2-Person: 0 | \$13.15 | \$13.63 |
| | | \$18.12 | Family: 1 | \$19.81 | \$20.54 |
| Life Insurance: | \$60,000 | | 2 | | |
| Rate/\$1000 | | | | | \$0.12 |
| Volume | | | | | \$120,000.00 |
| Composite: | | \$7.20 | | - | \$7.20 |
| AD&D Coverage: | \$60,000 | | 2 | | |
| Rate/\$1000 | | | | | \$0.03 |
| Volume | | | | | \$120,000.00 |
| Composite: | | \$1.80 | | | \$1.80 |
| LTD Benefit | 66 2/3% Max \$10,000 | | 2 | | |
| Max Monthly Salary: | \$15,000 | | | | |
| Waiting Period: | 90 CDSW | | | | |
| Alcohol/Drug: | 2 Year Limitation | | | | |
| Mental/Nervous: | 2 Year Limitation | · | | | |
| Soc. Sec. Offset: | Family | | | | |
| Pre-Exist Cond.: | Waived | | | | |
| COLA: | No | | | | |
| Rate/\$100 | | | | | \$0.62 |
| Covered Salary | | | | | \$17,231.00 |
| Composite: | · | \$39.61 | | | \$53.42 |
| Total Monthly Rate per I | Member - Single | \$95.38 | <u> </u> | | \$110.83 |
| Total Monthly Rate per Member - 2-Person | | \$136.41 | | | \$153.17 |
| Total Monthly Rate per Member - Family | | \$205,57 | | | \$226.00 |

PAK B COBRA RATES:

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