



Good health. Good business. Great schools.
1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

**2019 Rate Renewal Exclusively for
West Bloomfield Schools**
Rates Effective 01/01/2019 through 12/31/2019
REVISED

Quote #: 342467
MESSA Field Rep: Mark Middlewood
Date Created: 10/19/2018

PAK A - 946E Instructional Staff		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 31	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 13	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 77	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0001	Single: 26	\$35.77	\$35.77
Diag & Prev:	80%	2-Person: 12	\$69.30	\$69.30
Basic Services:	80%	Family: 70	\$135.13	\$135.13
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0005	Single: 0	\$22.10	\$22.10
Diag & Prev:	50%	2-Person: 3	\$42.15	\$42.15
Basic Services:	50%	Family: 10	\$83.02	\$83.02
Major Services:	50%			
Annual Max:	\$1,500			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 26	\$3.94	\$3.98
		2-Person: 15	\$8.48	\$8.56
		Family: 80	\$12.76	\$12.88
Life Insurance:	\$50,000	121		\$0.10
Rate/\$1000				\$6,050,000.00
Volume				\$5.00
Composite:				
AD&D Coverage:	\$50,000	121		\$0.03
Rate/\$1000				\$6,050,000.00
Volume				\$1.50
Composite:				
LTD Benefit	66 2/3% Max \$4,500	121		
Max Monthly Salary:	\$6,750			
Waiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.28
Covered Salary				\$628,329.00
Composite:				\$14.54
Total Monthly Rate per Member - Single				\$793.65
Total Monthly Rate per Member - 2-Person				\$1,745.97
Total Monthly Rate per Member - Family				\$2,218.36
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$779.98
Total Monthly Rate per Member - 2-Person				\$1,718.82
Total Monthly Rate per Member - Family				\$2,166.25

The above rates are based on plans and enrollment as of 08/14/2018. 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.

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PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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

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PAK B - 946E Instructional Staff		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0006	Single: 7	\$33.33	\$33.33
Diag & Prev:	80%	2-Person: 2	\$63.06	\$63.06
Basic Services:	80%	Family: 25	\$122.94	\$122.94
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0002	Single: 7	\$18.08	\$18.08
Diag & Prev:	50%	2-Person: 6	\$34.95	\$34.95
Basic Services:	50%	Family: 44	\$73.10	\$73.10
Major Services:	50%			
Annual Max:	\$1,500			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 14	\$7.71	\$7.78
		2-Person: 8	\$16.56	\$16.72
		Family: 69	\$24.93	\$25.17
Life Insurance:	\$50,000	91		
Rate/\$1000				\$0.10
Volume				\$4,550,000.00
Composite:				\$5.00
AD&D Coverage:	\$50,000	91		
Rate/\$1000				\$0.03
Volume				\$4,550,000.00
Composite:				\$1.50
LTD Benefit	66 2/3% Max \$4,500	91		
Max Monthly Salary:	\$6,750			
Waiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.28
Covered Salary				\$472,545.00
Composite:				\$14.54
Total Monthly Rate per Member - Single				\$62.15
Total Monthly Rate per Member - 2-Person				\$100.82
Total Monthly Rate per Member - Family				\$169.15
<u>Totals for Dental - COB</u>				
Total Monthly Rate per Member - Single				\$46.90
Total Monthly Rate per Member - 2-Person				\$72.71
Total Monthly Rate per Member - Family				\$119.31

PAK B COBRA RATES:

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

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PAK C - 946E Instructional Staff		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 8	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 7	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 48	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0001	Single: 6	\$35.77	\$35.77
Diag & Prev:	80%	2-Person: 6	\$69.30	\$69.30
Basic Services:	80%	Family: 44	\$135.13	\$135.13
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0005	Single: 0	\$22.10	\$22.10
Diag & Prev:	50%	2-Person: 1	\$42.15	\$42.15
Basic Services:	50%	Family: 6	\$83.02	\$83.02
Major Services:	50%			
Annual Max:	\$1,500			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 6	\$3.94	\$3.98
		2-Person: 7	\$8.48	\$8.56
		Family: 50	\$12.76	\$12.88
Life Insurance:	\$50,000	63		\$0.10
Rate/\$1000				\$3,150,000.00
Volume				\$5.00
Composite:				
AD&D Coverage:	\$50,000	63		\$0.03
Rate/\$1000				\$3,150,000.00
Volume				\$1.50
Composite:				
LTD Benefit	66 2/3% Max \$4,500	63		
Max Monthly Salary:	\$6,750			
Waiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.28
Covered Salary				\$327,147.00
Composite:				\$14.54
Total Monthly Rate per Member - Single				\$714.98
Total Monthly Rate per Member - 2-Person				\$1,568.98
Total Monthly Rate per Member - Family				\$1,998.10
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$701.31
Total Monthly Rate per Member - 2-Person				\$1,541.83
Total Monthly Rate per Member - Family				\$1,945.99

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PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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

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PAK D - 946E Instructional Staff		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 13	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 1	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 31	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0001	Single: 11	\$35.77	\$35.77
Diag & Prev:	80%	2-Person: 1	\$69.30	\$69.30
Basic Services:	80%	Family: 31	\$135.13	\$135.13
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0005	Single: 1	\$22.10	\$22.10
Diag & Prev:	50%	2-Person: 1	\$42.15	\$42.15
Basic Services:	50%	Family: 0	\$83.02	\$83.02
Major Services:	50%			
Annual Max:	\$1,500			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 12	\$3.94	\$3.98
		2-Person: 2	\$8.48	\$8.56
		Family: 31	\$12.76	\$12.88
Life Insurance:	\$50,000	45		\$0.10
Rate/\$1000				
Volume				\$2,250,000.00
Composite:				\$5.00
AD&D Coverage:	\$50,000	45		\$0.03
Rate/\$1000				
Volume				\$2,250,000.00
Composite:				\$1.50
LTD Benefit	66 2/3% Max \$4,500	45		\$0.28
Max Monthly Salary:	\$6,750			
Waiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.28
Covered Salary				\$233,676.00
Composite:				\$14.54
Total Monthly Rate per Member - Single				\$749.57
Total Monthly Rate per Member - 2-Person				\$1,646.78
Total Monthly Rate per Member - Family				\$2,094.92
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$735.90
Total Monthly Rate per Member - 2-Person				\$1,619.63
Total Monthly Rate per Member - Family				\$2,042.81

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PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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PAK E - 946E Instructional Staff		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 7	\$608.26	\$617.63
IN Deductible:	\$1000/\$2000	2-Person: 3	\$1,366.72	\$1,387.80
IN Coinsurance:	20%	Family: 5	\$1,700.43	\$1,726.66
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0001	Single: 7	\$35.77	\$35.77
Diag & Prev:	80%	2-Person: 3	\$69.30	\$69.30
Basic Services:	80%	Family: 5	\$135.13	\$135.13
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0005	Single: 0	\$22.10	\$22.10
Diag & Prev:	50%	2-Person: 0	\$42.15	\$42.15
Basic Services:	50%	Family: 0	\$83.02	\$83.02
Major Services:	50%			
Annual Max:	\$1,500			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 7	\$3.94	\$3.98
		2-Person: 3	\$8.48	\$8.56
		Family: 5	\$12.76	\$12.88
Life Insurance:	\$50,000	15		\$0.10
Rate/\$1000				\$750,000.00
Volume				\$5.00
Composite:				
AD&D Coverage:	\$50,000	15		\$0.03
Rate/\$1000				\$750,000.00
Volume				\$1.50
Composite:				
LTD Benefit	66 2/3% Max \$4,500	15		\$0.28
Max Monthly Salary:	\$6,750			\$77,892.00
Waiting Period:	365 CDSW			\$14.54
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
Total Monthly Rate per Member - Single				\$678.42
Total Monthly Rate per Member - 2-Person				\$1,486.70
Total Monthly Rate per Member - Family				\$1,895.71
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$664.75
Total Monthly Rate per Member - 2-Person				\$1,459.55
Total Monthly Rate per Member - Family				\$1,843.60

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PAK E COBRA RATES:

Medical	Single	\$606.76	\$616.13
	2-Person	\$1,365.22	\$1,386.30
	Family	\$1,698.93	\$1,725.16

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PAK A - 946J Secretary		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 1	\$753.65	\$765.26
IN Deductible:	\$500/\$1000	2-Person: 4	\$1,693.86	\$1,719.99
IN Coinsurance:	N/A	Family: 2	\$2,107.53	\$2,140.04
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Dental:	6327-0030	Single: 1	\$44.11	\$44.11
Diag & Prev:	80%	2-Person: 4	\$85.37	\$85.37
Basic Services:	80%	Family: 1	\$158.04	\$158.04
Major Services:	80%			
Annual Max:	\$2,000			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0032	Single: 0	\$24.24	\$24.24
Diag & Prev:	50%	2-Person: 0	\$46.88	\$46.88
Basic Services:	50%	Family: 1	\$93.06	\$93.06
Major Services:	50%			
Annual Max:	\$2,000			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 1	\$3.94	\$3.98
		2-Person: 4	\$8.48	\$8.56
		Family: 2	\$12.76	\$12.88
Life Insurance:	\$30,000	7		\$0.10
Rate/\$1000				\$210,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	7		\$0.03
Rate/\$1000				\$210,000.00
Volume				\$0.90
Composite:				
LTD Benefit	50% Max \$2,500	7		\$0.41
Max Monthly Salary:	\$5,000			\$18,783.00
Waiting Period:	365 CDSW			\$11.00
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.41
Covered Salary				\$18,783.00
Composite:				\$11.00
Total Monthly Rate per Member - Single				\$828.25
Total Monthly Rate per Member - 2-Person				\$1,828.82
Total Monthly Rate per Member - Family				\$2,325.86
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$808.38
Total Monthly Rate per Member - 2-Person				\$1,790.33
Total Monthly Rate per Member - Family				\$2,260.88

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PAK A COBRA RATES:

Medical	Single	\$752.15	\$763.76
	2-Person	\$1,692.36	\$1,718.49
	Family	\$2,106.03	\$2,138.54

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PAK B - 946J Secretary		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0031	Single: 1	\$50.73	\$50.73
Diag & Prev:	80%	2-Person: 2	\$96.26	\$96.26
Basic Services:	80%	Family: 2	\$169.99	\$169.99
Major Services:	80%			
Annual Max:	\$2,000			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0033	Single: 0	\$24.27	\$24.27
Diag & Prev:	50%	2-Person: 4	\$47.71	\$47.71
Basic Services:	50%	Family: 7	\$94.38	\$94.38
Major Services:	50%			
Annual Max:	\$2,000			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 1	\$3.94	\$3.98
		2-Person: 6	\$8.48	\$8.56
		Family: 9	\$12.76	\$12.88
Life Insurance:	\$30,000	16		\$0.10
Rate/\$1000				\$480,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	16		\$0.03
Rate/\$1000				\$480,000.00
Volume				\$0.90
Composite:				
LTD Benefit	50% Max \$2,500	16		\$0.41
Max Monthly Salary:	\$5,000			\$42,932.00
Waiting Period:	365 CDSW			\$11.00
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
Total Monthly Rate per Member - Single				\$69.61
Total Monthly Rate per Member - 2-Person				\$119.72
Total Monthly Rate per Member - Family				\$197.77
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$43.15
Total Monthly Rate per Member - 2-Person				\$71.17
Total Monthly Rate per Member - Family				\$122.16

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 08/14/2018. 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.

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2019 Rate Renewal Exclusively for

West Bloomfield Schools

Rates Effective 01/01/2019 through 12/31/2019

REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK C - 946J Secretary		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 2	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 3	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 4	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0030	Single: 1	\$44.11	\$44.11
Diag & Prev:	80%	2-Person: 3	\$85.37	\$85.37
Basic Services:	80%	Family: 3	\$158.04	\$158.04
Major Services:	80%			
Annual Max:	\$2,000			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0032	Single: 0	\$24.24	\$24.24
Diag & Prev:	50%	2-Person: 0	\$46.88	\$46.88
Basic Services:	50%	Family: 2	\$93.06	\$93.06
Major Services:	50%			
Annual Max:	\$2,000			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 1	\$3.94	\$3.98
		2-Person: 3	\$8.48	\$8.56
		Family: 5	\$12.76	\$12.88
Life Insurance:	\$30,000	9		\$0.10
Rate/\$1000				\$270,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	9		\$0.03
Rate/\$1000				\$270,000.00
Volume				\$0.90
Composite:				
LTD Benefit	50% Max \$2,500	9		\$0.41
Max Monthly Salary:	\$5,000			\$24,149.00
Waiting Period:	365 CDSW			\$11.00
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.41
Covered Salary				\$24,149.00
Composite:				\$11.00
Total Monthly Rate per Member - Single				\$717.18
Total Monthly Rate per Member - 2-Person				\$1,578.91
Total Monthly Rate per Member - Family				\$2,014.87
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$697.31
Total Monthly Rate per Member - 2-Person				\$1,540.42
Total Monthly Rate per Member - Family				\$1,949.89

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West Bloomfield Schools

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MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK D - 946J Secretary		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$710.23	\$721.17
IN Deductible:	\$1000/\$2000	2-Person: 1	\$1,596.15	\$1,620.77
IN Coinsurance:	N/A	Family: 3	\$1,985.93	\$2,016.57
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Dental:	6327-0030	Single: 0	\$44.11	\$44.11
Diag & Prev:	80%	2-Person: 1	\$85.37	\$85.37
Basic Services:	80%	Family: 3	\$158.04	\$158.04
Major Services:	80%			
Annual Max:	\$2,000			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0032	Single: 0	\$24.24	\$24.24
Diag & Prev:	50%	2-Person: 0	\$46.88	\$46.88
Basic Services:	50%	Family: 0	\$93.06	\$93.06
Major Services:	50%			
Annual Max:	\$2,000			
Orthodontics:	50%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 1	\$8.48	\$8.56
		Family: 3	\$12.76	\$12.88
Life Insurance:	\$30,000	4		\$0.10
Rate/\$1000				\$120,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	4		\$0.03
Rate/\$1000				\$120,000.00
Volume				\$0.90
Composite:				
LTD Benefit	50% Max \$2,500	4		\$0.41
Max Monthly Salary:	\$5,000			\$10,733.00
Waiting Period:	365 CDSW			\$11.00
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.41
Covered Salary				\$10,733.00
Composite:				\$11.00
Total Monthly Rate per Member - Single				\$784.16
Total Monthly Rate per Member - 2-Person				\$1,729.60
Total Monthly Rate per Member - Family				\$2,202.39
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$764.29
Total Monthly Rate per Member - 2-Person				\$1,691.11
Total Monthly Rate per Member - Family				\$2,137.41

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PAK D COBRA RATES:

Medical	Single	\$708.73	\$719.67
	2-Person	\$1,594.65	\$1,619.27
	Family	\$1,984.43	\$2,015.07

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

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Date Created: 10/19/2018

PAK A - 946L Administrator/TMA		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 1	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 1	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 0	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0045	Single: 1	\$41.53	\$41.53
Diag & Prev:	80%	2-Person: 1	\$78.85	\$78.85
Basic Services:	80%	Family: 0	\$159.80	\$159.80
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 1	\$7.71	\$7.78
		2-Person: 1	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	2		\$0.10
Rate/\$1000				\$10,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	2		\$0.03
Rate/\$1000				\$10,000.00
Composite:				\$0.15
LTD Benefit	66 2/3% Max \$6,000	2		
Max Monthly Salary:	\$9,000			
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				\$0.39
Covered Salary				\$17,326.00
Composite:				\$33.78
Total Monthly Rate per Member - Single				\$816.60
Total Monthly Rate per Member - 2-Person				\$1,777.07
Total Monthly Rate per Member - Family				\$2,268.71

PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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

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Date Created: 10/19/2018

PAK B - 946L Administrator/TMA		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0046	Single: 0	\$42.41	\$42.41
Diag & Prev:	80%	2-Person: 1	\$79.64	\$79.64
Basic Services:	80%	Family: 4	\$148.60	\$148.60
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 1	\$16.56	\$16.72
		Family: 4	\$24.93	\$25.17
Life Insurance:	\$5,000	5		
Rate/\$1000				\$0.10
Volume				\$25,000.00
Composite:				\$0.50
AD&D Coverage:	\$5,000	5		
Rate/\$1000				\$0.03
Volume				\$25,000.00
Composite:				\$0.15
LTD Benefit	66 2/3% Max \$6,000	5		
Max Monthly Salary:	\$9,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Sec. Offset:	Family			
Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.39
Covered Salary				\$43,314.00
Composite:				\$33.78
Total Monthly Rate per Member - Single				\$84.62
Total Monthly Rate per Member - 2-Person				\$130.79
Total Monthly Rate per Member - Family				\$208.20

PAK B COBRA RATES:

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PAK C - 946L Administrator/TMA		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 5	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0045	Single: 0	\$41.53	\$41.53
Diag & Prev:	80%	2-Person: 0	\$78.85	\$78.85
Basic Services:	80%	Family: 5	\$159.80	\$159.80
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 5	\$24.93	\$25.17
Life Insurance:	\$5,000	5		\$0.10
Rate/\$1000				\$25,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	5		\$0.03
Rate/\$1000				\$25,000.00
Composite:				\$0.15
LTD Benefit	66 2/3% Max \$6,000	5		
Max Monthly Salary:	\$9,000			
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				\$0.39
Covered Salary				\$43,314.00
Composite:				\$33.78
Total Monthly Rate per Member - Single				\$737.93
Total Monthly Rate per Member - 2-Person				\$1,600.08
Total Monthly Rate per Member - Family				\$2,048.45

PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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Date Created: 10/19/2018

PAK D - 946L Administrator/TMA		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 1	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 3	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0045	Single: 0	\$41.53	\$41.53
Diag & Prev:	80%	2-Person: 1	\$78.85	\$78.85
Basic Services:	80%	Family: 3	\$159.80	\$159.80
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 1	\$16.56	\$16.72
		Family: 3	\$24.93	\$25.17
Life Insurance:	\$5,000	4		\$0.10
Rate/\$1000				\$20,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	4		\$0.03
Rate/\$1000				\$20,000.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$6,000	4		
Max Monthly Salary:	\$9,000			
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				\$0.39
Covered Salary				\$34,651.00
Composite:				\$33.78
Total Monthly Rate per Member - Single				\$772.52
Total Monthly Rate per Member - 2-Person				\$1,677.88
Total Monthly Rate per Member - Family				\$2,145.27

PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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

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MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK E - 946L Administrator/TMA		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$608.26	\$617.63
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,366.72	\$1,387.80
IN Coinsurance:	20%	Family: 0	\$1,700.43	\$1,726.66
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0045	Single: 0	\$41.53	\$41.53
Diag & Prev:	80%	2-Person: 0	\$78.85	\$78.85
Basic Services:	80%	Family: 0	\$159.80	\$159.80
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	0		\$0.03
Rate/\$1000				\$0.00
Composite:				\$0.15
LTD Benefit	66 2/3% Max \$6,000	0		
Max Monthly Salary:	\$9,000			
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				\$0.39
Covered Salary				\$0.00
Composite:				\$33.78
Total Monthly Rate per Member - Single				\$701.37
Total Monthly Rate per Member - 2-Person				\$1,517.80
Total Monthly Rate per Member - Family				\$1,946.06

PAK E COBRA RATES:

Medical	Single	\$606.76	\$616.13
	2-Person	\$1,365.22	\$1,386.30
	Family	\$1,698.93	\$1,725.16

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Date Created: 10/19/2018

PAK A - 946M Admin Supv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 1	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 1	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 0	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0039	Single: 1	\$55.29	\$55.29
Diag & Prev:	80%	2-Person: 1	\$103.16	\$103.16
Basic Services:	80%	Family: 0	\$179.91	\$179.91
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 1	\$7.71	\$7.78
		2-Person: 1	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	2		\$0.10
Rate/\$1000				\$10,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	2		\$0.03
Rate/\$1000				\$10,000.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$6,000	2		\$0.90
Max Monthly Salary:	\$9,000			\$12,045.00
Waiting Period:	90 CDSW			\$54.20
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.90
Covered Salary				\$12,045.00
Composite:				\$54.20
Total Monthly Rate per Member - Single				\$850.78
Total Monthly Rate per Member - 2-Person				\$1,821.80
Total Monthly Rate per Member - Family				\$2,309.24

PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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

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2019 Rate Renewal Exclusively for

West Bloomfield Schools

Rates Effective 01/01/2019 through 12/31/2019

REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK B - 946M Admin Supv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0040	Single: 0	\$51.84	\$51.84
Diag & Prev:	80%	2-Person: 0	\$96.67	\$96.67
Basic Services:	80%	Family: 1	\$169.41	\$169.41
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 1	\$24.93	\$25.17
Life Insurance:	\$5,000	1		\$0.10
Rate/\$1000				\$5,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	1		\$0.03
Rate/\$1000				\$5,000.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$6,000	1		
Max Monthly Salary:	\$9,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Accidental/Nervous:	2 Year Limitation			
Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.90
Covered Salary				\$6,023.00
Composite:				\$54.20
Total Monthly Rate per Member - Single				\$114.47
Total Monthly Rate per Member - 2-Person				\$168.24
Total Monthly Rate per Member - Family				\$249.43

PAK B COBRA RATES:

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

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK C - 946M Admin Supv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 1	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 1	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0039	Single: 0	\$55.29	\$55.29
Diag & Prev:	80%	2-Person: 2	\$103.16	\$103.16
Basic Services:	80%	Family: 0	\$179.91	\$179.91
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 2	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	2		\$0.10
Rate/\$1000				\$10,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	2		\$0.03
Rate/\$1000				\$10,000.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$6,000	2		
Max Monthly Salary:	\$9,000			
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				\$0.90
Covered Salary				\$12,045.00
Composite:				\$54.20
Total Monthly Rate per Member - Single				\$772.11
Total Monthly Rate per Member - 2-Person				\$1,644.81
Total Monthly Rate per Member - Family				\$2,088.98

PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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

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MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK D - 946M Admin Supv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 1	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0039	Single: 0	\$55.29	\$55.29
Diag & Prev:	80%	2-Person: 0	\$103.16	\$103.16
Basic Services:	80%	Family: 1	\$179.91	\$179.91
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 1	\$24.93	\$25.17
Life Insurance:	\$5,000	1		\$0.10
Rate/\$1000				\$5,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	1		\$0.03
Rate/\$1000				\$5,000.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$6,000	1		\$0.90
Max Monthly Salary:	\$9,000			\$6,023.00
Waiting Period:	90 CDSW			\$54.20
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.90
Covered Salary				\$6,023.00
Composite:				\$54.20
Total Monthly Rate per Member - Single				\$806.70
Total Monthly Rate per Member - 2-Person				\$1,722.61
Total Monthly Rate per Member - Family				\$2,185.80

PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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

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PAK E - 946M Admin Supv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$608.26	\$617.63
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,366.72	\$1,387.80
IN Coinsurance:	20%	Family: 0	\$1,700.43	\$1,726.66
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0039	Single: 0	\$55.29	\$55.29
Diag & Prev:	80%	2-Person: 0	\$103.16	\$103.16
Basic Services:	80%	Family: 0	\$179.91	\$179.91
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	0		\$0.03
Rate/\$1000				\$0.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$6,000	0		
Max Monthly Salary:	\$9,000			
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				\$0.90
Covered Salary				\$0.00
Composite:				\$54.20
Total Monthly Rate per Member - Single				\$735.55
Total Monthly Rate per Member - 2-Person				\$1,562.53
Total Monthly Rate per Member - Family				\$1,986.59

PAK E COBRA RATES:

Medical	Single	\$606.76	\$616.13
	2-Person	\$1,365.22	\$1,386.30
	Family	\$1,698.93	\$1,725.16

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PAK A - 946N Paraprofessional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 10	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 6	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 12	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0022	Single: 9	\$46.49	\$46.49
Diag & Prev:	80%	2-Person: 7	\$88.79	\$88.79
Basic Services:	80%	Family: 12	\$164.23	\$164.23
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0024	Single: 0	\$20.13	\$20.13
Diag & Prev:	50%	2-Person: 0	\$38.53	\$38.53
Basic Services:	50%	Family: 0	\$82.04	\$82.04
Major Services:	50%			
Annual Max:	\$3,000			
Orthodontics:	50%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 G	Single: 9	\$6.03	\$6.09
		2-Person: 7	\$12.96	\$13.08
		Family: 12	\$19.47	\$19.66
Life Insurance:	\$30,000	28		\$0.10
Rate/\$1000				\$840,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	28		\$0.03
Rate/\$1000				\$840,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$789.34
Total Monthly Rate per Member - 2-Person				\$1,752.84
Total Monthly Rate per Member - Family				\$2,237.10
<u>Totals for Dental - COB</u>				
Total Monthly Rate per Member - Single				\$762.98
Total Monthly Rate per Member - 2-Person				\$1,702.58
Total Monthly Rate per Member - Family				\$2,154.91

PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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PAK B - 946N Paraprofessional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0023	Single: 2	\$38.88	\$38.88
Diag & Prev:	80%	2-Person: 1	\$74.82	\$74.82
Basic Services:	80%	Family: 2	\$144.93	\$144.93
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0025	Single: 2	\$22.78	\$22.78
Diag & Prev:	50%	2-Person: 1	\$43.85	\$43.85
Basic Services:	50%	Family: 11	\$90.04	\$90.04
Major Services:	50%			
Annual Max:	\$3,000			
Orthodontics:	50%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 G	Single: 4	\$6.03	\$6.09
		2-Person: 2	\$12.96	\$13.08
		Family: 13	\$19.47	\$19.66
Life Insurance:	\$30,000	19		\$0.10
Rate/\$1000				\$570,000.00
Volume				\$3.00
Composite:				
Life Insurance:	\$30,000	19		\$0.03
Rate/\$1000				\$570,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$48.87
Total Monthly Rate per Member - 2-Person				\$91.80
Total Monthly Rate per Member - Family				\$168.49
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$32.77
Total Monthly Rate per Member - 2-Person				\$60.83
Total Monthly Rate per Member - Family				\$113.60

PAK B COBRA RATES:

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PAK C - 946N Paraprofessional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 3	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0022	Single: 0	\$46.49	\$46.49
Diag & Prev:	80%	2-Person: 1	\$88.79	\$88.79
Basic Services:	80%	Family: 2	\$164.23	\$164.23
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0024	Single: 0	\$20.13	\$20.13
Diag & Prev:	50%	2-Person: 0	\$38.53	\$38.53
Basic Services:	50%	Family: 0	\$82.04	\$82.04
Major Services:	50%			
Annual Max:	\$3,000			
Orthodontics:	50%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 G	Single: 0	\$6.03	\$6.09
		2-Person: 1	\$12.96	\$13.08
		Family: 2	\$19.47	\$19.66
Life Insurance:	\$30,000	3		\$0.10
Rate/\$1000				\$90,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	3		\$0.03
Rate/\$1000				\$90,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$710.67
Total Monthly Rate per Member - 2-Person				\$1,575.85
Total Monthly Rate per Member - Family				\$2,016.84
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$684.31
Total Monthly Rate per Member - 2-Person				\$1,525.59
Total Monthly Rate per Member - Family				\$1,934.65

PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK D - 946N Paraprofessional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 4	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 3	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 8	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0022	Single: 3	\$46.49	\$46.49
Diag & Prev:	80%	2-Person: 4	\$88.79	\$88.79
Basic Services:	80%	Family: 8	\$164.23	\$164.23
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0024	Single: 0	\$20.13	\$20.13
Diag & Prev:	50%	2-Person: 0	\$38.53	\$38.53
Basic Services:	50%	Family: 0	\$82.04	\$82.04
Major Services:	50%			
Annual Max:	\$3,000			
Orthodontics:	50%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 G	Single: 3	\$6.03	\$6.09
		2-Person: 4	\$12.96	\$13.08
		Family: 8	\$19.47	\$19.66
Life Insurance:	\$30,000	15		\$0.10
Rate/\$1000				\$450,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	15		\$0.03
Rate/\$1000				\$450,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$745.26
Total Monthly Rate per Member - 2-Person				\$1,653.65
Total Monthly Rate per Member - Family				\$2,113.66
<u>Totals for Dental - COB</u>				
Total Monthly Rate per Member - Single				\$718.90
Total Monthly Rate per Member - 2-Person				\$1,603.39
Total Monthly Rate per Member - Family				\$2,031.47

PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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MESSA Field Rep: Mark Middlewood
Date Created: 10/19/2018

PAK E - 946N Paraprofessional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 1	\$608.26	\$617.63
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,366.72	\$1,387.80
IN Coinsurance:	20%	Family: 3	\$1,700.43	\$1,726.66
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0022	Single: 1	\$46.49	\$46.49
Diag & Prev:	80%	2-Person: 0	\$88.79	\$88.79
Basic Services:	80%	Family: 3	\$164.23	\$164.23
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Dental - COB:	6327-0024	Single: 0	\$20.13	\$20.13
Diag & Prev:	50%	2-Person: 0	\$38.53	\$38.53
Basic Services:	50%	Family: 0	\$82.04	\$82.04
Major Services:	50%			
Annual Max:	\$3,000			
Orthodontics:	50%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 G	Single: 1	\$6.03	\$6.09
		2-Person: 0	\$12.96	\$13.08
		Family: 3	\$19.47	\$19.66
Life Insurance:	\$30,000	4		\$0.10
Rate/\$1000				\$120,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	4		\$0.03
Rate/\$1000				\$120,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$674.11
Total Monthly Rate per Member - 2-Person				\$1,493.57
Total Monthly Rate per Member - Family				\$1,914.45
<u>Totals for Dental - COB</u>				
Total Monthly Rate per Member - Single				\$647.75
Total Monthly Rate per Member - 2-Person				\$1,443.31
Total Monthly Rate per Member - Family				\$1,832.26

PAK E COBRA RATES:

Medical	Single	\$606.76	\$616.13
	2-Person	\$1,365.22	\$1,386.30
	Family	\$1,698.93	\$1,725.16

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 08/14/2018. 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.

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2019 Rate Renewal Exclusively for

West Bloomfield Schools

Rates Effective 01/01/2019 through 12/31/2019

REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

NON-PAK - 946Q Board Members		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$657.38	\$667.51
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 1	\$1,477.27	\$1,500.05
IN Coinsurance:	N/A	Family: 0	\$1,837.99	\$1,866.34
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$620.65	\$630.21
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,394.58	\$1,416.09
IN Coinsurance:	20%	Family: 0	\$1,735.10	\$1,761.86
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$692.14	\$702.80
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,555.45	\$1,579.44
IN Coinsurance:	N/A	Family: 0	\$1,935.28	\$1,965.13
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$736.44	\$747.79
IN Deductible:	\$500/\$1000	2-Person: 0	\$1,655.12	\$1,680.65
IN Coinsurance:	N/A	Family: 1	\$2,059.33	\$2,091.10
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			

NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$655.88	\$666.01
	2-Person	\$1,475.77	\$1,498.55
	Family	\$1,836.49	\$1,864.84
MESSA Choices	Single	\$619.15	\$628.71
	2-Person	\$1,393.08	\$1,414.59
	Family	\$1,733.60	\$1,760.36
MESSA Choices	Single	\$690.64	\$701.30
	2-Person	\$1,553.95	\$1,577.94
	Family	\$1,933.78	\$1,963.63
MESSA Choices	Single	\$734.94	\$746.29
	2-Person	\$1,653.62	\$1,679.15
	Family	\$2,057.83	\$2,089.60

The above rates are based on plans and enrollment as of 08/14/2018. 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.

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West Bloomfield Schools

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REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK A - 946R Central Office Administrators		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 0	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 0	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0043	Single: 0	\$44.37	\$44.37
Diag & Prev:	80%	2-Person: 0	\$79.89	\$79.89
Basic Services:	80%	Family: 0	\$158.62	\$158.62
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	0		\$0.03
Rate/\$1000				\$0.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$8,000	0		
Max Monthly Salary:	\$12,000			
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				\$0.48
Covered Salary				\$0.00
Composite:				\$55.80
Total Monthly Rate per Member - Single				\$841.46
Total Monthly Rate per Member - 2-Person				\$1,800.13
Total Monthly Rate per Member - Family				\$2,289.55

PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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

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REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK B - 946R Central Office Administrators		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0044	Single: 0	\$36.25	\$36.25
Diag & Prev:	80%	2-Person: 0	\$68.66	\$68.66
Basic Services:	80%	Family: 0	\$136.57	\$136.57
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	0		\$0.03
Rate/\$1000				\$0.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$8,000	0		
Max Monthly Salary:	\$12,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Accident/Nervous:	2 Year Limitation			
Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.48
Covered Salary				\$0.00
Composite:				\$55.80
Total Monthly Rate per Member - Single				\$100.48
Total Monthly Rate per Member - 2-Person				\$141.83
Total Monthly Rate per Member - Family				\$218.19

PAK B COBRA RATES:

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

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MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK C - 946R Central Office Administrators		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 0	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0043	Single: 0	\$44.37	\$44.37
Diag & Prev:	80%	2-Person: 0	\$79.89	\$79.89
Basic Services:	80%	Family: 0	\$158.62	\$158.62
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	0		\$0.03
Rate/\$1000				\$0.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$8,000	0		
Max Monthly Salary:	\$12,000			
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				\$0.48
Covered Salary				\$0.00
Composite:				\$55.80
Total Monthly Rate per Member - Single				\$762.79
Total Monthly Rate per Member - 2-Person				\$1,623.14
Total Monthly Rate per Member - Family				\$2,069.29

PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK D - 946R Central Office Administrators		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 0	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0043	Single: 0	\$44.37	\$44.37
Diag & Prev:	80%	2-Person: 0	\$79.89	\$79.89
Basic Services:	80%	Family: 0	\$158.62	\$158.62
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$5,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	0		\$0.03
Rate/\$1000				\$0.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$8,000	0		
Max Monthly Salary:	\$12,000			
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				\$0.48
Covered Salary				\$0.00
Composite:				\$55.80
Total Monthly Rate per Member - Single				\$797.38
Total Monthly Rate per Member - 2-Person				\$1,700.94
Total Monthly Rate per Member - Family				\$2,166.11

PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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MESSA Field Rep: Mark Middlewood
Date Created: 10/19/2018

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PAK E - 946R Central Office Administrators		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$608.26	\$617.63
IN Deductible:	\$1000/\$2000	2-Person: 1	\$1,366.72	\$1,387.80
IN Coinsurance:	20%	Family: 1	\$1,700.43	\$1,726.66
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0043	Single: 0	\$44.37	\$44.37
Diag & Prev:	80%	2-Person: 1	\$79.89	\$79.89
Basic Services:	80%	Family: 1	\$158.62	\$158.62
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 1	\$16.56	\$16.72
		Family: 1	\$24.93	\$25.17
Life Insurance:	\$5,000	2		\$0.10
Rate/\$1000				\$10,000.00
Volume				\$0.50
Composite:				
AD&D Coverage:	\$5,000	2		\$0.03
Rate/\$1000				\$10,000.00
Volume				\$0.15
Composite:				
LTD Benefit	66 2/3% Max \$8,000	2		
Max Monthly Salary:	\$12,000			
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				\$0.48
Covered Salary				\$23,250.00
Composite:				\$55.80
Total Monthly Rate per Member - Single				\$726.23
Total Monthly Rate per Member - 2-Person				\$1,540.86
Total Monthly Rate per Member - Family				\$1,966.90

PAK E COBRA RATES:

Medical	Single	\$606.76	\$616.13
	2-Person	\$1,365.22	\$1,386.30
	Family	\$1,698.93	\$1,725.16

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

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REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK A - 946S Maintenance Technician		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 1	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 1	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 1	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0034	Single: 1	\$36.77	\$36.77
Diag & Prev:	80%	2-Person: 1	\$70.30	\$70.30
Basic Services:	80%	Family: 0	\$130.37	\$130.37
Major Services:	80%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Dental - COB:	6327-0036	Single: 0	\$20.68	\$20.68
Diag & Prev:	50%	2-Person: 0	\$39.10	\$39.10
Basic Services:	50%	Family: 1	\$74.74	\$74.74
Major Services:	50%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Vision:	VSP 2	Single: 1	\$3.94	\$3.98
		2-Person: 1	\$8.48	\$8.56
		Family: 1	\$12.76	\$12.88
Life Insurance:	\$30,000	3		\$0.10
Rate/\$1000				\$90,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	3		\$0.03
Rate/\$1000				\$90,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$777.51
Total Monthly Rate per Member - 2-Person				\$1,729.83
Total Monthly Rate per Member - Family				\$2,196.46
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$761.42
Total Monthly Rate per Member - 2-Person				\$1,698.63
Total Monthly Rate per Member - Family				\$2,140.83

PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK B - 946S Maintenance Technician		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0035	Single: 0	\$32.86	\$32.86
Diag & Prev:	80%	2-Person: 0	\$61.59	\$61.59
Basic Services:	80%	Family: 0	\$113.52	\$113.52
Major Services:	80%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Dental - COB:	6327-0037	Single: 0	\$18.27	\$18.27
Diag & Prev:	50%	2-Person: 0	\$34.50	\$34.50
Basic Services:	50%	Family: 0	\$66.33	\$66.33
Major Services:	50%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88
Life Insurance:	\$30,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$3.00
Composite:				
A&D Coverage:	\$30,000	0		\$0.03
Rate/\$1000				\$0.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$40.74
Total Monthly Rate per Member - 2-Person				\$74.05
Total Monthly Rate per Member - Family				\$130.30
<u>Totals for Dental - COB</u>				
Total Monthly Rate per Member - Single				\$26.15
Total Monthly Rate per Member - 2-Person				\$46.96
Total Monthly Rate per Member - Family				\$83.11

PAK B COBRA RATES:

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

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK C - 946S Maintenance Technician		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 1	\$673.23	\$683.60
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,512.91	\$1,536.24
IN Coinsurance:	N/A	Family: 0	\$1,882.33	\$1,911.37
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	ABC Mail			
Riders Included:	EA1			
Dental:	6327-0034	Single: 1	\$36.77	\$36.77
Diag & Prev:	80%	2-Person: 0	\$70.30	\$70.30
Basic Services:	80%	Family: 0	\$130.37	\$130.37
Major Services:	80%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Dental - COB:	6327-0036	Single: 0	\$20.68	\$20.68
Diag & Prev:	50%	2-Person: 0	\$39.10	\$39.10
Basic Services:	50%	Family: 0	\$74.74	\$74.74
Major Services:	50%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Vision:	VSP 2	Single: 1	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88
Life Insurance:	\$30,000	1		\$0.10
Rate/\$1000				\$30,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	1		\$0.03
Rate/\$1000				\$30,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$728.25
Total Monthly Rate per Member - 2-Person				\$1,619.00
Total Monthly Rate per Member - Family				\$2,058.52
<u>Totals for Dental - COB</u>				
Total Monthly Rate per Member - Single				\$712.16
Total Monthly Rate per Member - 2-Person				\$1,587.80
Total Monthly Rate per Member - Family				\$2,002.89

PAK C COBRA RATES:

Medical	Single	\$671.73	\$682.10
	2-Person	\$1,511.41	\$1,534.74
	Family	\$1,880.83	\$1,909.87

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

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2019 Rate Renewal Exclusively for West Bloomfield Schools

Rates Effective 01/01/2019 through 12/31/2019

REVISED

Quote #: 342467
MESSA Field Rep: Mark Middlewood
Date Created: 10/19/2018

PAK D - 946S Maintenance Technician		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 1	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 1	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0034	Single: 0	\$36.77	\$36.77
Diag & Prev:	80%	2-Person: 0	\$70.30	\$70.30
Basic Services:	80%	Family: 1	\$130.37	\$130.37
Major Services:	80%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Dental - COB:	6327-0036	Single: 0	\$20.68	\$20.68
Diag & Prev:	50%	2-Person: 1	\$39.10	\$39.10
Basic Services:	50%	Family: 0	\$74.74	\$74.74
Major Services:	50%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 1	\$8.48	\$8.56
		Family: 1	\$12.76	\$12.88
Life Insurance:	\$30,000	2		\$0.10
Rate/\$1000				\$60,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	2		\$0.03
Rate/\$1000				\$60,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$733.43
Total Monthly Rate per Member - 2-Person				\$1,630.64
Total Monthly Rate per Member - Family				\$2,073.02
<u>Totals for Dental - COB</u>				
Total Monthly Rate per Member - Single				\$717.34
Total Monthly Rate per Member - 2-Person				\$1,599.44
Total Monthly Rate per Member - Family				\$2,017.39

PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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

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**2019 Rate Renewal Exclusively for
West Bloomfield Schools**
Rates Effective 01/01/2019 through 12/31/2019
REVISED

Quote #: 342467
MESSA Field Rep: Mark Middlewood
Date Created: 10/19/2018

PAK E - 946S Maintenance Technician		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$608.26	\$617.63
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,366.72	\$1,387.80
IN Coinsurance:	20%	Family: 1	\$1,700.43	\$1,726.66
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0034	Single: 0	\$36.77	\$36.77
Diag & Prev:	80%	2-Person: 0	\$70.30	\$70.30
Basic Services:	80%	Family: 0	\$130.37	\$130.37
Major Services:	80%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Dental - COB:	6327-0036	Single: 0	\$20.68	\$20.68
Diag & Prev:	50%	2-Person: 0	\$39.10	\$39.10
Basic Services:	50%	Family: 1	\$74.74	\$74.74
Major Services:	50%			
Annual Max:	\$1,000			
Orthodontics:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 1	\$12.76	\$12.88
Life Insurance:	\$30,000	1		\$0.10
Rate/\$1000				\$30,000.00
Volume				\$3.00
Composite:				
AD&D Coverage:	\$30,000	1		\$0.03
Rate/\$1000				\$30,000.00
Volume				\$0.90
Composite:				
Total Monthly Rate per Member - Single				\$662.28
Total Monthly Rate per Member - 2-Person				\$1,470.56
Total Monthly Rate per Member - Family				\$1,873.81
Totals for Dental - COB				
Total Monthly Rate per Member - Single				\$646.19
Total Monthly Rate per Member - 2-Person				\$1,439.36
Total Monthly Rate per Member - Family				\$1,818.18

PAK E COBRA RATES:

Medical	Single	\$606.76	\$616.13
	2-Person	\$1,365.22	\$1,386.30
	Family	\$1,698.93	\$1,725.16

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

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Date Created: 10/19/2018

NON-PAK - 946T CommEd Childcare		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$657.38	\$667.51
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,477.27	\$1,500.05
IN Coinsurance:	N/A	Family: 0	\$1,837.99	\$1,866.34
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 0	\$620.65	\$630.21
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,394.58	\$1,416.09
IN Coinsurance:	20%	Family: 0	\$1,735.10	\$1,761.86
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 8	\$692.14	\$702.80
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,555.45	\$1,579.44
IN Coinsurance:	N/A	Family: 0	\$1,935.28	\$1,965.13
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Medical:	MESSA Choices	Single: 12	\$736.44	\$747.79
IN Deductible:	\$500/\$1000	2-Person: 1	\$1,655.12	\$1,680.65
IN Coinsurance:	N/A	Family: 0	\$2,059.33	\$2,091.10
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0038	Single: 2	\$41.36	\$41.36
Diag & Prev:	80%	2-Person: 3	\$79.80	\$79.80
Basic Services:	80%	Family: 0	\$148.29	\$148.29
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 2	\$3.94	\$3.98
		2-Person: 3	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88

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NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$655.88	\$666.01
	2-Person	\$1,475.77	\$1,498.55
	Family	\$1,836.49	\$1,864.84
MESSA Choices	Single	\$619.15	\$628.71
	2-Person	\$1,393.08	\$1,414.59
	Family	\$1,733.60	\$1,760.36
MESSA Choices	Single	\$690.64	\$701.30
	2-Person	\$1,553.95	\$1,577.94
	Family	\$1,933.78	\$1,963.63
MESSA Choices	Single	\$734.94	\$746.29
	2-Person	\$1,653.62	\$1,679.15
	Family	\$2,057.83	\$2,089.60

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

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK A - 946V Private Teacher		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 2	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 0	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 0	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0041	Single: 1	\$34.15	\$34.15
Diag & Prev:	80%	2-Person: 1	\$64.18	\$64.18
Basic Services:	80%	Family: 0	\$121.08	\$121.08
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 1	\$3.94	\$3.98
		2-Person: 1	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88
Life Insurance:	\$1,000	2		\$0.10
Rate/\$1000				\$2,000.00
Volume				\$0.10
Composite:				
AD&D Coverage:	\$1,000	2		\$0.03
Rate/\$1000				\$2,000.00
Composite:				\$0.03
Total Monthly Rate per Member - Single				\$771.12
Total Monthly Rate per Member - 2-Person				\$1,719.94
Total Monthly Rate per Member - Family				\$2,183.40

PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK B - 946V Private Teacher		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0042	Single: 0	\$32.13	\$32.13
Diag & Prev:	80%	2-Person: 0	\$60.51	\$60.51
Basic Services:	80%	Family: 1	\$115.25	\$115.25
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 1	\$12.76	\$12.88
Life Insurance:	\$1,000	1		\$0.10
Rate/\$1000				\$1,000.00
Volume				\$0.10
Composite:				
AD&D Coverage:	\$1,000	1		\$0.03
Rate/\$1000				\$1,000.00
Volume				\$0.03
Composite:				
Total Monthly Rate per Member - Single				\$36.24
Total Monthly Rate per Member - 2-Person				\$69.20
Total Monthly Rate per Member - Family				\$128.26

PAK B COBRA RATES:

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Quote #: 342467
MESSA Field Rep: Mark Middlewood
Date Created: 10/19/2018

PAK C - 946V Private Teacher		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 0	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 0	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0041	Single: 0	\$34.15	\$34.15
Diag & Prev:	80%	2-Person: 0	\$64.18	\$64.18
Basic Services:	80%	Family: 0	\$121.08	\$121.08
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88
Life Insurance:	\$1,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.10
Composite:				
AD&D Coverage:	\$1,000	0		\$0.03
Rate/\$1000				\$0.00
Composite:				\$0.03
Total Monthly Rate per Member - Single				\$692.45
Total Monthly Rate per Member - 2-Person				\$1,542.95
Total Monthly Rate per Member - Family				\$1,963.14

PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK D - 946V Private Teacher		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 0	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0041	Single: 0	\$34.15	\$34.15
Diag & Prev:	80%	2-Person: 0	\$64.18	\$64.18
Basic Services:	80%	Family: 0	\$121.08	\$121.08
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88
Life Insurance:	\$1,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$0.10
Composite:				\$0.10
AD&D Coverage:	\$1,000	0		\$0.03
Rate/\$1000				\$0.00
V				\$0.00
C				\$0.03
Total Monthly Rate per Member - Single				\$727.04
Total Monthly Rate per Member - 2-Person				\$1,620.75
Total Monthly Rate per Member - Family				\$2,059.96

PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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

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Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK E - 946V Private Teacher

		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$608.26	\$617.63
IN Deductible:	\$1000/\$2000	2-Person: 0	\$1,366.72	\$1,387.80
IN Coinsurance:	20%	Family: 0	\$1,700.43	\$1,726.66
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0041	Single: 0	\$34.15	\$34.15
Diag & Prev:	80%	2-Person: 0	\$64.18	\$64.18
Basic Services:	80%	Family: 0	\$121.08	\$121.08
Major Services:	80%			
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88
Life Insurance:	\$1,000	0		\$0.10
Rate/\$1000				\$0.10
Volume				\$0.00
Composite:				\$0.10
AD&D Coverage:	\$1,000	0		\$0.03
Rate/\$1000				\$0.00
Composite:				\$0.03
Total Monthly Rate per Member - Single				\$655.89
Total Monthly Rate per Member - 2-Person				\$1,460.67
Total Monthly Rate per Member - Family				\$1,860.75

PAK E COBRA RATES:

Medical	Single	\$606.76	\$616.13
	2-Person	\$1,365.22	\$1,386.30
	Family	\$1,698.93	\$1,725.16

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

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MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK A - 946Y Community Education Supervisor		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$721.74	\$732.86
IN Deductible:	\$500/\$1000	2-Person: 0	\$1,622.05	\$1,647.07
IN Coinsurance:	N/A	Family: 0	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0047	Single: 0	\$38.02	\$38.02
Diag & Prev:	80%	2-Person: 0	\$72.74	\$72.74
Basic Services:	80%	Family: 0	\$145.40	\$145.40
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$50,000	0		\$0.10
Rate/\$1000				\$0.00
Volume				\$5.00
Composite:				\$5.00
AD&D Coverage:	\$50,000	0		\$0.03
Rate/\$1000				\$0.00
Volume				\$1.50
Composite:				\$1.50
LTD Benefit	66 2/3% Max \$4,000	0		
Max Monthly Salary:	\$6,000			
Waiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.68
Covered Salary				\$0.00
Composite:				\$28.41
Total Monthly Rate per Member - Single				\$813.57
Total Monthly Rate per Member - 2-Person				\$1,771.44
Total Monthly Rate per Member - Family				\$2,254.79

PAK A COBRA RATES:

Medical	Single	\$720.24	\$731.36
	2-Person	\$1,620.55	\$1,645.57
	Family	\$2,016.68	\$2,047.81

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

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2019 Rate Renewal Exclusively for

West Bloomfield Schools

Rates Effective 01/01/2019 through 12/31/2019

REVISED

Quote #: 342467
MESSA Field Rep: Mark Middlewood
Date Created: 10/19/2018

PAK B - 946Y Community Education Supervisor		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6327-0048	Single: 0	\$35.08	\$35.08
Diag & Prev:	80%	2-Person: 0	\$67.10	\$67.10
Basic Services:	80%	Family: 1	\$145.41	\$145.41
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 0	\$16.56	\$16.72
		Family: 1	\$24.93	\$25.17
Life Insurance:	\$50,000	1		\$0.10
Rate/\$1000				\$50,000.00
Volume				\$5.00
Composite:				
AD&D Coverage:	\$50,000	1		\$0.03
Rate/\$1000				\$50,000.00
Volume				\$1.50
Composite:				
LTD Benefit	66 2/3% Max \$4,000	1		
Max Monthly Salary:	\$6,000			
Waiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Sec. Offset:	Family			
Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.68
Covered Salary				\$4,178.00
Composite:				\$28.41
Total Monthly Rate per Member - Single				\$77.77
Total Monthly Rate per Member - 2-Person				\$118.73
Total Monthly Rate per Member - Family				\$205.49

PAK B COBRA RATES:

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

1. Above rates are based on plans and enrollment as of 08/14/2018. 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.

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Date Created: 10/19/2018

REVISED

C - 946Y Community Education Supervisor		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 0	\$644.27	\$654.19
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 1	\$1,447.75	\$1,470.08
IN Coinsurance:	N/A	Family: 0	\$1,801.27	\$1,829.05
IN OL/OV/SV Copay:	N/A			
IN UC/ER Copay:	N/A			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0047	Single: 0	\$38.02	\$38.02
Diag & Prev:	80%	2-Person: 1	\$72.74	\$72.74
Basic Services:	80%	Family: 0	\$145.40	\$145.40
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 1	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$50,000	1		\$0.10
Rate/\$1000				\$50,000.00
Volume				\$5.00
Composite:				
AD&D Coverage:	\$50,000	1		\$0.03
Rate/\$1000				\$50,000.00
Volume				\$1.50
Composite:				
LTD Benefit	66 2/3% Max \$4,000	1		\$0.68
Max Monthly Salary:	\$6,000			\$4,178.00
Waiting Period:	365 CDSW			\$28.41
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
Total Monthly Rate per Member - Single				\$734.90
Total Monthly Rate per Member - 2-Person				\$1,594.45
Total Monthly Rate per Member - Family				\$2,034.53

PAK C COBRA RATES:

Medical	Single	\$642.77	\$652.69
	2-Person	\$1,446.25	\$1,468.58
	Family	\$1,799.77	\$1,827.55

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

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REVISED

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

PAK D - 946Y Community Education Supervisor		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 0	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000	2-Person: 1	\$1,524.37	\$1,547.88
IN Coinsurance:	N/A	Family: 0	\$1,896.61	\$1,925.87
IN OL/OV/SV Copay:	\$20/\$20/\$20			
IN UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
Dental:	6327-0047	Single: 0	\$38.02	\$38.02
Diag & Prev:	80%	2-Person: 1	\$72.74	\$72.74
Basic Services:	80%	Family: 0	\$145.40	\$145.40
Major Services:	80%			
Annual Max:	\$3,000			
Orthodontics:	60%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Vision:	VSP 3 Plus 200CL	Single: 0	\$7.71	\$7.78
		2-Person: 1	\$16.56	\$16.72
		Family: 0	\$24.93	\$25.17
Life Insurance:	\$50,000	1		\$0.10
Rate/\$1000				\$50,000.00
Volume				\$5.00
Composite:				
AD&D Coverage:	\$50,000	1		\$0.03
Rate/\$1000				\$50,000.00
Volume				\$1.50
Composite:				
LTD Benefit	66 2/3% Max \$4,000	1		\$0.68
Max Monthly Salary:	\$6,000			\$4,178.00
Waiting Period:	365 CDSW			\$28.41
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.68
Covered Salary				\$4,178.00
Composite:				\$28.41
Total Monthly Rate per Member - Single				\$769.49
Total Monthly Rate per Member - 2-Person				\$1,672.25
Total Monthly Rate per Member - Family				\$2,131.35

PAK D COBRA RATES:

Medical	Single	\$676.83	\$687.28
	2-Person	\$1,522.87	\$1,546.38
	Family	\$1,895.11	\$1,924.37

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