

2019 Rate Renewal Exclusively for West Bloomfield Schools

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

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

REVISED

PAK A - 946E Instructio	nal Staff	Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical: N Deductible:	MESSA Choices \$500/\$1000	Single: 31 2-Person: 13	\$721.74 \$1,622.05	\$732.86 \$1,647.07
N Coinsurance:	N/A	Family: 77	\$2,018.18	\$2,049.31
N OL/OV/SV Copay:	\$20/\$20/\$20	ranny. 77	\$2,010.10	\$2,049.31
N 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
lajor Services:	80%			
nnual Max:	\$1,500			
orthodontics:	60%			
ifetime Max:	\$2,000			
Riders:	2 Cleanings			
ental - COB:	6327-0005	Single: 0	\$22.10	\$22.10
Diag & Prev:	50%	2-Person: 3	\$42.15	\$42.15
asic Services:	50%	Family: 10	\$83.02	\$83.02
lajor Services:	50%			
nnual Max:	\$1,500 500			
orthodontics:	50%			
fetime Max:	\$2,000			
liders:	2 Cleanings			
'ision:	VSP 2	Single: 26 2-Person: 15	\$3.94 \$8.48	\$3.98 \$8.56
		Family: 80	\$12.76	\$12.88
ife Insurance:	\$50,000	121		
Rate/\$1000				\$0.10
olume .				\$6,050,000.00
composite:				\$5.00
AD&D Coverage:	\$50,000	121		
Rate/\$1000 /olume				\$0.03
oiume omposite:				\$6,050,000.00 \$1.50
TD Benefit	66 2/3% Max \$4,500	121		
lax Monthly Salary:	\$6,750	121		
/aiting Period:	365 CDSW			
cohol/Drug:	2 Year Limitation			
ental/Nervous:	2 Year Limitation			
oc. Sec. Offset:	Family			
re-Exist Cond.:	Waived			
OLA:	No			
ate/\$100	110			\$0.28
overed Salary				\$628,329.00
omposite:				\$14.54
otal Monthly Rate per M	ember - Single	T		\$793.65
otal Monthly Rate per M				\$1,745.97
otal Monthly Rate per M	ember - Family			\$2,218.36
otals for Dental - COB otal Monthly Rate per Motal Monthly Rate per Mo				\$779.98 \$1,718.82



2019 Rate Renewal Exclusively for

West Bloomfield Schools

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

REVISED

PAK A COBRA RATES:

Medical

Single

\$720.24 \$1,620.55

Quote #: 342467

Date Created: 10/19/2018

MESSA Field Rep: Mark Middlewood

\$731.36

2-Person Family

\$2,016.68

\$1,645.57 \$2,047.81

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



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

REVISED

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

Dental: Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders:	6327-0006 80% 80% 80% \$1,500 60% \$2,000 2 Cleanings	Single: 7 2-Person: 2 Family: 25	\$33.33 \$63.06 \$122.94	\$33.33 \$63.06 \$122.94
Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders:	80% 80% 80% \$1,500 60% \$2,000 2 Cleanings	2-Person: 2	\$63.06	\$63.06
Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders:	80% 80% \$1,500 60% \$2,000 2 Cleanings			
Major Services: Annual Max: Orthodontics: Lifetime Max: Riders:	80% \$1,500 60% \$2,000 2 Cleanings	i aniiy. 23	φ122.3 4	\$122.54
Annual Max: Orthodontics: Lifetime Max: Riders:	\$1,500 60% \$2,000 2 Cleanings			
Orthodontics: Lifetime Max: Riders:	60% \$2,000 2 Cleanings			
Lifetime Max: Riders:	\$2,000 2 Cleanings			
Riders:	2 Cleanings			
	•			
Dental - COR:	2227 2222			
	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%	r uniny. 44	Ψ/3.10	Ψ70.10
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
_ife Insurance;	\$50,000	91		
Rate/\$1000	1 1 1	01		\$0.10
/olume				\$4,550,000.00
Composite:				
				\$5.00
AD&D Coverage:	\$50,000	91		
\$1000				\$0.03
vame				\$4,550,000.00
Composite:				\$1.50
_TD Benefit	66 2/3% Max \$4,500	91		
Max Monthly Salary:	\$6,750	•		
Vaiting 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 Me	ember - Single			\$62.15
Total Monthly Rate per Me				\$100.82
Total Monthly Rate per Me				\$169.15
Totals for Dental - COB				
Total Monthly Rate per Me	ember - Single			040.00
Total Monthly Data so- **-	ombor 2 Damen			\$46.90
Total Monthly Rate per Me	eniber - Z-Person			\$72.71
Fotal Monthly Rate per Me	ember - ramily			\$119.31

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.

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



2019 Rate Renewal Exclusively for

West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK C - 946E Instruction	nal 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	
IN OL/OV/SV Copay:	N/A	Fairlily. 40	\$1,001.27	\$1,829.05
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%	r anny. 44	Ψ133.13	φ133.13
Annual Max:	\$1,500			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings	£3		
Dental - COB:	6327-0005	Single: 0	\$22.10	\$22.10
Diag & Prev:	50%	2-Person: 1		
Basic Services:	50%	= : -::	\$42.15	\$42.15
		Family: 6	\$83.02	\$83.02
Major Services:	50%			
Annual Max:	\$1,500			
Orthodontics:	50%			
_ifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 2	0: 1 0		
VISIOII.	VOF 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		
Rate/\$1000				\$0.10
√olume				
Composite:				\$3,150,000.00
				\$5.00
AD&D Coverage:	\$50,000	63		
Rate/\$1000				\$0.03
√olume				\$3,150,000.00
Composite:				\$1.50
TD Benefit	66 2/3% Max \$4,500	63		
Max Monthly Salary:	\$6,750	00		
Vaiting Period:	365 CDSW			
Alcohol/Drug:				
	2 Year Limitation			
/lental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
OLA:	No			
Rate/\$100				22.22
Covered Salary				\$0.28
				\$327,147.00
Composite:				\$14.54
otal Monthly Rate per M				\$714.98
otal Monthly Rate per Me				\$1,568.98
otal Monthly Rate per M		6		\$1,998.10
otals for Dental - COB				
otal Monthly Rate per Mo	ember - Single			\$701.31
otal Monthly Rate per Me				
				\$1,541.83
Monthly Rate per Me	ember - Family			\$1,945.99



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

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

REVISED

PAK C COBRA RATES:

Medical

Single

\$652.69

2-Person Family

\$642.77 \$1,446.25 \$1,799.77

\$1,468.58 \$1,827.55

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



800.292.4910

2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK D - 946E Instruction	onal Staff	Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 13	\$678.33	\$688.78
N Deductible:	\$1000/\$2000	2-Person: 1	\$1,524.37	\$1,547.88
N Coinsurance:	N/A	Family: 31	\$1,896.61	\$1,925.87
N OL/OV/SV Copay:	\$20/\$20/\$20			
N 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%	T arring. 5	400.02	Ψ00.0 <u>2</u>
Annual Max:	\$1,500			
Orthodontics:	50%			
_ifetime Max:	\$2,000			
Riders:	2 Cleanings			
/ision:	VSP 2	Single: 12	\$3.94	\$3.98
		2-Person: 2	\$8.48	\$8.56
		Family: 31	\$12.76	\$12.88
_ife Insurance:	\$50,000	45		
Rate/\$1000				\$0.10
/olume				\$2,250,000.00
Composite:				\$5.00
AD&D Coverage:	\$50,000	45		
Rate/\$1000				\$0.03
√olume				\$2,250,000.00
Composite:				\$1.50
TD Benefit	66 2/3% Max \$4,500	45		
Max Monthly Salary:	\$6,750			
Vaiting Period:	365 CDSW			
Ncohol/Drug:	2 Year Limitation			
/lental/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
otal Monthly Rate per M	ember - Single			\$749.57
Total Monthly Rate per M				\$1,646.78
Total Monthly Rate per M				\$2,094.92
Totals for Dental - COB				
otal Monthly Rate per M				\$735.90
otal Monthly Rate per M				\$1,619.63
Monthly Rate per M	ember - Family			\$2,042.81



Quote #: 342467

\$1,895.11

MESSA Field Rep: Mark Middlewood

\$1,924.37

Date Created: 10/19/2018

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

REVISED

PAK D COBRA RATES:

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

Family

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



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

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

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

REVISED

PAK E - 946E Instructio	nal 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
N Coinsurance:	20%	Family: 5	\$1,700.43	\$1,726.66
N OL/OV/SV Copay:	\$20/\$20/\$20	r arrilly. 5	\$1,700.43	φ1,720.00
N UC/ER Copay:	\$25/\$50			
Rx Coverage:	3Tier Mail			
Riders Included:	EA1			
ental:	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
lajor Services:	80%	·	¥100.10	\$100110
nnual Max:	\$1,500			
Orthodontics:	60%			
ifetime Max:	\$2,000			
Riders:	2 Cleanings			
ental - COB:	6327-0005	Single: 0	\$22.10	\$22.10
iag & Prev:	50%	2-Person: 0	\$42.15	\$42.15
Basic Services:	50%	Family: 0	\$83.02	\$83.02
lajor Services:	50%	t anning. 5	\$00.0 2	Ψ00.02
nnual Max:	\$1,500			
orthodontics:	50%			
ifetime Max:				
	\$2,000			
liders:	2 Cleanings			
ision:	VSP 2	Single: 7	\$3.94	\$3.98
		2-Person: 3	\$8.48	\$8.56
)		Family: 5	\$12.76	\$12.88
ife Insurance:	\$50,000	15		
Rate/\$1000				\$0.10
'olume				\$750,000.00
omposite:				\$5.00
D&D Coverage:	\$50,000	15		
ate/\$1000	Ψ00,000	15		# 0.00
olume				\$0.03
				\$750,000.00
omposite:				\$1.50
TD Benefit	66 2/3% Max \$4,500	15		
ax Monthly Salary:	\$6,750			
/aiting Period:	365 CDSW			
lcohol/Drug:	2 Year Limitation			
ental/Nervous:	2 Year Limitation			
oc. Sec. Offset:	Family			
re-Exist Cond.:	Waived			
OLA;				
	No			
ate/\$100				\$0.28
overed Salary				\$77,892.00
omposite:				\$14.54
otal Monthly Rate per M				\$678.42
otal Monthly Rate per M	ember - 2-Person			\$1,486.70
otal Monthly Rate per M				\$1,895.71
otals for Dental - COB				
otal Monthly Rate per M	ember - Single			\$664.75
stal Monthly Date nor M	ember - 2-Person			\$1,459.55
Monthly Rate per M				Ψ1, 4 05.00

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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK E COBRA RATES:

Medical

Single

\$606.76

\$616.13

2-Person Family

\$1,365.22 \$1,698.93 \$1,386.30 \$1,725.16

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



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

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

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

REVISED

Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Soc. Sec. Offset: Primary Pre-Exist Cond.: Walved COLA: No Rate/\$100 Covered Salary Composite: Total Monthly Rate per Member - Single	2019 Rates with Taxes	2019 Rates without Taxes	Enrollment		PAK A - 946J Secretary
N Colnsurance: N/A Family: 2 \$2,107.53 N OLD/O/RY Coppy: \$25/550 N OLD/CR Coppy: \$25/550 N OLD/CR Coppy: \$25/550 R Coverage: \$7 M Mail Riders Included: EA1 Dental: 6327-0030 Single: 1 \$44,11 Dental: 6327-0030 \$2-Person: 4 \$55.37 Basic Services: 80% 2-Person: 4 \$55.37 Basic Services: 80% Family: 1 \$158.04 Major Services: 80% Family: 1 \$158.04 Annual Max: \$2,000 Crithodonics: 60% Critical Markers Lifelime Max: \$2,000 Riders: 2 Cleanings Dental - COB: 6327-0032 Single: 0 \$24.24 Dental - COB: 6327-0032 Single: 0 \$46.88 Basic Services: \$0% 2-Person: 0 \$46.88 Basic Services: \$0% 2-Person: 0 \$46.88 Major	\$765.26 \$1,719.99	•			
NO LOUNEY Copay: \$20\$20	\$2,140.04				IN Coinsurance:
N UCIER Copay: S28/550 Rx Coverage: SX Mall Riders Included: EA1 S44.11	Ψ2,140.04	Ψ2,107.00	r uniny. 2		
RX Coverage: SRX Mall Riders Included: EA1 Dental: 6327-0030 Single: 1 \$44,11 Diag & Prev: B0% P					
Riders included: EA1 Dental:					
Diag & Prev. 80% 2-Person: 4 385.37 Basic Services: 80% 7 8158.04 Major Services: 90% 7 8158.04 Major Services: 90% 9 9 9 9 Major Services: 50% 9 9 9 9 Major Services: 50% 9 9 9 9 Major Services: 50% 7 9 9 Major Services: 2 2 2 2 2 2 Major Services: 2 2 2 3 9 Major Services: 30,000 7 7 Matorial Services: 2 3 9 Major Services: 30,000 7 7 Matorial Services: 30,000 7 7 7 Matorial Services: 30,000 7 7 7 7 Matorial Services: 30,000 7 7 7 7 7 Matorial Services: 30,000 7 7 7 7 7 7 7 7 7					
Basic Services: 80% Annual Max: \$2,000 Orthodordics: 60% Alletine Max: \$2,000 Riders: 2 Cleanings Dental - COB: 6327-0032 Diag & Prev. 50% Basic Services: 50% Annual Max: \$2,000 Riders: 50% Basic Services: 50% Annual Max: \$2,000 Riders: 2 Cleanings Vision: VSP 2 Single: 1 \$3,94 2-Person: 4 \$8,48 Family: 2 \$12,76 Life Insurance: Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 Volume Composite: LTD Benefit 50% Max \$2,500 Veat Limitation Mental/Nervous: \$5,000 Volume Composite: LTD Benefit 50% Max \$2,500 Vo	\$44.11	\$44.11	Single: 1	6327-0030	Dental:
Basic Services: 80% Family: 1 \$158.04 Magor Services: 80% Annual Max: \$2.000 Orthodontics: 60% Lifelime Max: \$2.000 Riders: 2 Cleanings Dental - COB: 6327-0032 Dental - COB: 6327-0032 Dental - COB: 50% Raise Services: 50% Basic Services: 50% Family: 1 \$93.06 Magor Services: 50% Annual Max: \$2.000 Orthodontics: 55% Lifelime Max: \$2.000 Riders: 2 Cleanings Vision: VSP 2 Single: 1 \$3.94 2-Person: 4 \$3.48 Family: 2 \$12.76 Life Insurance: \$30,000 Rollers: \$30,000	\$85.37	\$85.37	2-Person: 4	80%	Diag & Prev:
Annual Max: \$2,000 Orthodontics: 60% Lifetime Max: \$2,000 Riders: 2 Cleanings Dental - COB: 6327-0032 Single: 0 \$24,24 Days Active Services: 50% Basic Services: 50% Basic Services: 50% Basic Services: 50% Annual Max: \$2,000 Orthodontics: 50% Annual Max: \$2,000 Orthodontics: 50% Lifetime Max: \$2,000 Riders: 2 Cleanings Vision: VSP 2 Single: 1 \$3,94 2-Person: 4 \$8,48 Family: 2 \$12,76 Life Insurance: \$30,000 7 Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 AD&D Coverage: \$30,000 Volume Composite: LTD Benefit 50% Max \$2,500 Volume Composite: LTD Benefit 500 Volume Composite: LTD Benefit 50% Max \$2,500 Volume Composite: LTD Benefit 50% Max \$2	\$158.04		Family: 1	80%	Basic Services:
Dental - COB:				80%	Major Services:
Lifetime Max: \$2,000 Riders: 2 Cleanings				\$2,000	Annual Max:
Lifetime Max: \$2,000 Riders: 2 Cleanings				60%	Orthodontics:
Dental - COB: 6327-0032 Single: 0 \$24.24 Diag & Prev: 50% 2-Person: 0 \$46.88 Basic Services: 50% Family: 1 Basic Ser					Lifetime Max:
Diag & Prev: 50% 2-Person: 0 \$46.88 Basic Services: 50% \$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 2-Person: 4 \$8.48 Family: 2 \$12.76 Life Insurance: Rate/\$1000 Volume Composite: AD&D Coverage: Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 \$5,000 Yax Monthity Salary: \$5,000 Wax Monthity Salary: \$35 CDSWV Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Mental/Nervous: 2 Year Limitation Mental/Nervous: 2 Year Limitation No Rate/\$100 Covered Salary Composite: Total Monthly Rate per Member - Single Total Monthly Rate per Member - Single			5	·	Riders:
Diag & Prev: 50% 2-Person: 0 \$46.88 Basic Services: 50% Family: 1 \$93.06 Major Services: 50% Family: 1 \$93.06 Annual Max: \$2,000 Orthodontics: 50% Lifetime Max: \$2,000 Riders: 2 Cleanings Vision: VSP 2 Single: 1 \$3.94 Life Insurance: \$30,000 7 \$8.48 Rate/\$1000 7 Volume Volume Composite: \$30,000 7 7 AD&D Coverage: \$30,000 7 7 Rate/\$1000 Yolume Yolume Yolume Yolume Composite: 1TD Benefit 50% Max \$2,500 7 Yolume Yolume Composite: 2 Year Limitation Yolume	\$24,24	\$24.24	Single: 0	6327-0032	
Basic Services: 50% Major Services: 50% Annual Max: \$2,000 Orthodontics: 50% Lifetime Max: \$2,000 Riders: 2 Cleanings Vision: VSP 2 Single: 1 \$3,94 2-Person: 4 \$8.48 Family: 2 \$12.76 Life Insurance: \$30,000 7 Rate/\$1000 Volume Composite: AD&D Coverage: \$30,000 7 Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW Alcohol/Drug: 2 Year Limitation Mental/Nervous: 9 Year Limitation Mental/Nervous: 0 Year Limitation Mental/Nervous: 0 Year Limitation Mate/\$100 COLA: No Rate/\$100 Covered Salary Composite: Total Monthly Rate per Member - Single	\$46.88			50%	Diag & Prev:
Major Services: 50% Annual Max: \$2,000 Orthodontics: 50% Riders: 2 Cleanings Vision: VSP 2 Single: 1 \$3,94 2-Person: 4 \$8.48 Family: 2 \$12.76 Life linsurance: \$30,000 Rate/\$1000 Volume Composite: AD&D Coverage: \$30,000 Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW Alcohol/Drug: 2 Year Limitation Mental/Nervous: 365 CDSW Alcohol/Drug: 4 Year Limitation Mental/Nervous: 2 Year Limitation Mental/Nervous: 3 Year Limitation Mental/Nervous: 4 Year Limitation Mental/Nervous: 5 Year Limitation Mental/Nervous: 6 Year Limitation Mental/Nervous: 7 Year Limitation Mental/Nervous: 8 Year Limitation Mental/Nervous: 9 Year Limit	\$93.06		Family: 1	50%	Basic Services:
Drithodontics:	455.00	455,55	, ,	50%	
Drithodontics: 50%				\$2,000	Annual Max:
Vision: VSP 2 Single: 1 \$3.94					Orthodontics:
Vision: VSP 2 Single: 1 \$3.94				\$2,000	Lifetime Max:
2-Person: 4					Riders:
Composite Composite Sow Max \$2,500 Township Period: 365 CDSW Alcohol/Drug: 2 Year Limitation Soc. Sec. Offset: Primary Pre-Exist Cond.: Waived Collar No Rate/S100 Covered Salary Composite: Composite: Composite: Composite: Collar No Rate/S100 Covered Salary Composite: Collar Col	\$3.98	\$3.94	Single: 1	VSP 2	Vision:
Family: 2 \$12.76	\$8.56				- X
Rate/\$1000 Volume Composite: AD&D Coverage: \$30,000 7 Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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	\$12.88				
Volume Composite: AD&D Coverage: \$30,000 7 Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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			7	\$30,000	
Composite: AD&D Coverage: \$30,000 7 Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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	\$0.10				Rate/\$1000
AD&D Coverage: \$30,000 7 Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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	\$210,000.00				Volume
Rate/\$1000 Volume Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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	\$3.00				Composite:
Volume Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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			7	\$30,000	
Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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	\$0.03				
Composite: LTD Benefit 50% Max \$2,500 7 Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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	\$210,000.00				
Max Monthly Salary: \$5,000 Waiting Period: 365 CDSW 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	\$0.90				Composite:
Waiting Period: 365 CDSW 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			7		
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					
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					
Soc. Sec. Offset: Primary Pre-Exist Cond.: Waived COLA: No Rate/\$100 Covered Salary Composite: Total Monthly Rate per Member - Single					
Pre-Exist Cond.: Waived COLA: No Rate/\$100 Covered Salary Composite: Total Monthly Rate per Member - Single				2 Year Limitation	
COLA: No Rate/\$100 Covered Salary Composite: Total Monthly Rate per Member - Single				Primary	
Rate/\$100 Covered Salary Composite: Total Monthly Rate per Member - Single				Waived	
Covered Salary Composite: Total Monthly Rate per Member - Single				No	
Composite: Total Monthly Rate per Member - Single	\$0.41				
Total Monthly Rate per Member - Single	\$18,783.00				
	\$11.00				Composite:
	\$828.25				
Total Monthly Rate per Member - 2-Person	\$1,828.82				
Total Monthly Rate per Member - Family	\$2,325.86			ember - Family	Total Monthly Rate per Me
Totals for Dental - COB					
Total Monthly Rate per Member - Single	\$808.38			ember - Single	otal Monthly Rate per Me
Total Monthly Rate per Member - 2-Person	\$1,790.33				
Monthly Rate per Member - Family	\$2,260.88			ember - Hamily	' \Monthly Rate per Me



PAK A COBRA RATES:

2019 Rate Renewal Exclusively for

West Bloomfield Schools

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

REVISED

Medical

Single

\$752.15

\$763.76

2-Person Family

\$1,692.36 \$2,106.03

Quote #: 342467

Date Created: 10/19/2018

MESSA Field Rep: Mark Middlewood

\$1,718.49 \$2,138.54

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



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

REVISED

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

PAK B - 946J Secretary		Enrollment	2019 Rates without Taxes	2019 Rate with Taxe
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%	1 anny. =	\$100.00	Ψ100.00
Annual Max:	\$2,000			
Orthodontics:	60%			
Lifetime Max:	\$2,000			
Riders:	32,000 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
ife Insurance:	\$30,000	16		
Rate/\$1000				\$0.10
√olume				\$480,000.00
Composite:				\$3.00
^ %D Coverage:	\$30,000	16		
)/\$1000				\$0.03
volume				\$480,000.00
Composite:				\$0.90
TD Benefit	50% Max \$2,500	16		
Max Monthly Salary:	\$5,000			
Vaiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				PO 44
Covered Salary				\$0.41
				\$42,932.00
Composite:				\$11.00
otal Monthly Rate per M				\$69.61
otal Monthly Rate per M	lember - 2-Person			\$119.72
otal Monthly Rate per M	lember - Family			\$197.77
otals for Dental - COB				
oral Monthly Date per M	lember - Single			\$43.15
otal Monthly Rate per M otal Monthly Rate per M otal Monthly Rate per M				\$71.17

PAK B COBRA RATES:

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



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

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		
N OL/OV/SV Copay:	N/A	Failing. 4	\$1,801.27	\$1,829.05
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%	, , ,	V. V. S. S. S.	\$ 100.01
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%	·, · -	400,00	400.00
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		
Rate/\$1000				\$0.10
Volume				\$270,000.00
Composite:				
composite.				\$3.00
AD&D Coverage:	\$30,000	9		
Rate/\$1000				\$0.03
Volume				\$270,000.00
Composite:				\$0.90
_TD Benefit	50% Max \$2,500	9		
Max Monthly Salary:	\$5,000	ŭ		
Vaiting Period:	365 CDSW			
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:				
somposito.				\$11.00
Total Monthly Rate per Me				\$717.18
Total Monthly Rate per Me				\$1,578.91
Total Monthly Rate per Me	ember - Family			\$2,014.87
Totals for Dental - COB				
otal Monthly Rate per Me	ember - Single			\$697.31
Fotal Monthly Rate per Me 「 '\Monthly Rate per Me				\$1,540.42



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK C COBRA RATES:

Medical

Single

\$642.77

\$652.69

2-Person Family \$1,446.25 \$1,799.77 \$1,468.58 \$1,827.55

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



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

		TE VIOLE .		
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 2-Person: 1	\$3.94	\$3.98
			\$8.48	\$8.56
		Family: 3	\$12.76	\$12.88
Life Insurance: Rate/\$1000	\$30,000	4		00.40
Volume				\$0.10
Composite:				\$120,000.00
Somposite.				\$3.00
AD&D Coverage: Rate/\$1000	\$30,000	4		
Kate/\$1000 Volume				\$0.03
				\$120,000.00
Composite:				\$0.90
TD Benefit Max Monthly Salary:	50% Max \$2,500 \$5,000	4		
Vaiting Period:				
Alcohol/Drug:	365 CDSW			
Mental/Nervous:	2 Year Limitation 2 Year Limitation			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.;	Waived			
COLA:	No			
Rate/\$100	140			¢0.44
Covered Salary				\$0.41 \$10,733.00
Composite:				\$10,733.00
Total Monthly Rate per M	ember - Single			\$784.16
Total Monthly Rate per M				\$1,729.60
Total Monthly Rate per M				\$2,202.39
Totals for Dental - COB				
otal Monthly Rate per M				\$764.29
otal Monthly Rate per M				\$1,691.11
T = \ Monthly Rate per M	ember - Family			\$2,137.41



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK D COBRA RATES:

Medical

Single

.

\$708.73

\$719.67 \$1,619.27

2-Person Family

\$1,594.65 \$1,984.43

\$2,015.07

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



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

rator/TMA		Enrollment	2019 Rates without Taxes	2019 Rate with Taxes
MESSA Choices \$500/\$1000 N/A \$20/\$20/\$20 \$25/\$50 3Tier Mail FA1		Single: 1 2-Person: 1 Family: 0	\$721.74 \$1,622.05 \$2,018.18	\$732.86 \$1,647.07 \$2,049.31
6327-0045 80% 80% 80% \$3,000 60%		Single: 1 2-Person: 1 Family: 0	\$41.53 \$78.85 \$159.80	\$41.53 \$78.85 \$159.80
\$3,000 2 Cleanings				
VSP 3 Plus 200CL		Single: 1 2-Person: 1 Family: 0	\$7.71 \$16.56 \$24.93	\$7.78 \$16.72 \$25.17
\$5,000		2	5 5 1 11 11	\$0.10 \$10,000.00 \$0.50
\$5,000		2		\$0.03 \$10,000.00 \$0.15
66 2/3% Max \$6,000 \$9,000 90 CDSW 2 Year Limitation 2 Year Limitation Family Waived No		2		\$0.39 \$17,326.00 \$33.78
ember - 2-Person				\$816.60 \$1,777.07 \$2,268.71
PAK A COBRA RATES:	Medical	Single 2-Person Family	\$720.24 \$1,620.55 \$2,016.68	\$731.36 \$1,645.57 \$2,047.81
	\$500/\$1000 N/A \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1 6327-0045 80% 80% 80% \$3,000 60% \$3,000 2 Cleanings VSP 3 Plus 200CL \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 ember - Single ember - 2-Person ember - Family	MESSA Choices \$500/\$1000 N/A \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1 6327-0045 80% 80% 80% 80% \$3,000 60% \$3,000 2 Cleanings VSP 3 Plus 200CL \$5,000 \$5,000 \$5,000 \$4000 \$9,000 \$9 CDSW 2 Year Limitation 2 Year Limitation 2 Year Limitation Family Waived No PAK A COBRA RATES:	MESSA Choices	MESSA Choices MESSA Choices Single: 1 \$721.74 2-Person: 1 \$1,622.05 NI/A Family: 0 \$2,018.18 820/820/820 825/850 3Tier Mail EA1 6327-0045 80% Sangle: 1 \$41.53 80% Pamily: 0 \$159.80 80% 83,000 2 Cleanings VSP 3 Plus 200CL Single: 1 \$7.71 2-Person: 1 \$16.56 Family: 0 \$16.56 Family: 0 \$24.93 \$5,000 2 \$5,000 2 \$4,93 \$5,000 2 PAK A COBRA RATES: Medical Medical Single Sing



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

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

PAK B COBRA RATES:

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



800.292.4910

2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK C - 946L Administra	ator/TMA		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical: IN Deductible:	MESSA ABC Plan 1 \$1350 1P; \$2700 2P&FF		Single: 0	\$644.27	\$654.19
IN Coinsurance:	N/A		2-Person: 0	\$1,447.75	\$1,470.08
IN OL/OV/SV Copay:	N/A		Family: 5	\$1,801.27	\$1,829.05
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%		railing. 5	\$159.00	\$159.60
Annual Max:	\$3,000				
Orthodontics:	60%				
Lifetime Max:	\$3,000				
Riders:					
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		
Rate/\$1000					\$0.10
Volume					\$25,000.00
Composite:					\$0.50
AD&D Coverage:	\$5,000		5		
Rate/\$1000					\$0.03
'ne					\$25,000.00
C Sosite:					\$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 Me	mber - Single				\$737.93
Total Monthly Rate per Member - 2-Person					\$1,600.08
Total Monthly Rate per Me					\$2,048.45
	, and a control of the control of th				Ψ2,040.43
	PAK C COBRA RATES:				
r	TAR O COBRA RATES.	N / 1: 1	C:I-		
r	TANO COBRA RATES.	Medical	Single	\$642.77	\$652.69
r	TAN O OOBNA NATES.	Medical	2-Person	\$1,446.25	\$1,468.58
r	TANG GOBRA RATES.	Medical			



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK D - 946L Administr	rator/TMA		Enrollment	2019 Rates without Taxes	2019 Rate with Taxes
Medical: IN Deductible: IN Coinsurance:	MESSA Choices \$1000/\$2000 N/A		Single: 1 2-Person: 0 Family: 3	\$678.33 \$1,524.37 \$1,896.61	\$688.78 \$1,547.88 \$1,925.87
IN OL/OV/SV Copay: IN UC/ER Copay:	\$20/\$20/\$20 \$25/\$50		,	• 1,000.0	* .,
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				
√ision:	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		
Rate/\$1000					\$0.10
Volume					\$20,000.00
Composite:					\$0.50
AD&D Coverage:	\$5,000		4		
Rate/\$1000					\$0.03
)e					\$20,000.00
C. Josite:					\$0.15
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: Rate/\$100	No				00.00
Covered Salary					\$0.39
					\$34,651.00
Composite:					\$33.78
Total Monthly Rate per M			-		\$772.52
Total Monthly Rate per M					\$1,677.88
Total Monthly Rate per M	ember - Family				\$2,145.27
	DAK D CORDA BATES				
	PAK D COBRA RATES:	Medical	Cinale	¢676.00	#607.00
		ivieuicai	Single 2-Person	\$676.83 \$1.522.87	\$687.28 \$1.546.38
				\$1,522.87	\$1,546.38
			Family	\$1,895.11	\$1,924.37



800.292.4910

West Bloomfield Schools 1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

2019 Rate Renewal Exclusively for

PAK E - 946L Administ	rator/TMA		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical: IN Deductible: IN Coinsurance:	MESSA Choices \$1000/\$2000 20%		Single: 0 2-Person: 0 Family: 0	\$608.26 \$1,366.72 \$1,700.43	\$617.63 \$1,387.80 \$1,726.66
IN OL/OV/SV Copay: IN UC/ER Copay:	\$20/\$20/\$20 \$25/\$50		r armiy. o	ψ1,700.40	ψ1,720.00
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: Major Services:	80%		Family: 0	\$159.80	\$159.80
Major Services. Annual Max:	80% \$3,000				
Orthodontics:	60%				
Lifetime Max:	\$3,000				
Riders:	2 Cleanings				
Vision:	VSP 3 Plus 200CL		Single: 0 2-Person: 0 Family: 0	\$7.71 \$16.56 \$24.93	\$7.78 \$16.72 \$25.17
Life Insurance:	\$5,000		0		
Rate/\$1000	*-1		Ü		\$0.10
Volume					\$0.00
Composite:					\$0.50
AD&D Coverage:	\$5,000		0		
Rate/\$1000					\$0.03
ne C posite:					\$0.00 \$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: Soc. Sec. Offset:	2 Year Limitation				
Soc. Sec. Offset: Pre-Exist Cond.:	Family Waived				
COLA:	No No				
Rate/\$100	140				\$0.39
Covered Salary					\$0.00
Composite:					\$33.78
Total Monthly Rate per M					\$701.37
Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family					\$1,517.80 \$1,946.06
	PAK E COBRA RATES:		11 2 11 2 11 2 11 2 11	7	
	AND OUDINATIALES.	Medical	Single	\$606.76	\$616.13
		Medical	2-Person	\$1,365.22	\$1,386.30
			Family	\$1,698.93	\$1,725.16



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK A - 946M Admin S	upv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rate with Taxes
Medical: IN Deductible: IN Coinsurance: IN OL/OV/SV Copay: IN UC/ER Copay: Rx Coverage:	MESSA Choices \$500/\$1000 N/A \$20/\$20/\$20 \$25/\$50 3Tier Mail		Single: 1 2-Person: 1 Family: 0	\$721.74 \$1,622.05 \$2,018.18	\$732.86 \$1,647.07 \$2,049.31
Riders Included:	EA1				
Dental: Diag & Prev: Basic Services:	6327-0039 80% 80%		Single: 1 2-Person: 1	\$55.29 \$103.16	\$55.29 \$103.16
Major Services: Annual Max:	80% \$3,000		Family: 0	\$179.91	\$179.91
Orthodontics: Lifetime Max:	60% \$3,000				
Riders:	2 Cleanings				
Vision:	VSP 3 Plus 200CL	15	Single: 1 2-Person: 1 Family: 0	\$7.71 \$16.56 \$24.93	\$7.78 \$16.72 \$25.17
Life Insurance: Rate/\$1000 Volume	\$5,000		2		\$0.10 \$10,000.00
Composite:					\$0.50
AD&D Coverage: F *2/\$1000	\$5,000		2		\$0.03
ne Composite:					\$10,000.00 \$0.15
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA:	66 2/3% Max \$6,000 \$9,000 90 CDSW 2 Year Limitation 2 Year Limitation Family Waived		2		
Rate/\$100 Covered Salary Composite:	No				\$0.90 \$12,045.00 \$54.20
Fotal Monthly Rate per Member - Single Fotal Monthly Rate per Member - 2-Person Fotal Monthly Rate per Member - Family			T.		\$850.78 \$1,821.80 \$2,309.24
	PAK A COBRA RATES:				
		Medical	Single 2-Person Family	\$720.24 \$1,620.55 \$2,016.68	\$731.36 \$1,645.57 \$2,047.81
		The COBRA ra			\$2,047.



800.292.4910

2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK B - 946M Admin S	upv, Exec, Admin Asst	Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
				Will Tuxoc
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		
Rate/\$1000				\$0.10
Volume				\$5,000.00
Composite:				\$0.50
AD&D Coverage:	\$5,000	ä		
Rate/\$1000				\$0.03
Volume				\$5,000.00
Composite:				\$0.15
LTD Benefit	66 2/3% Max \$6,000	1		
Max Monthly Salary:	\$9,000			
Naiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
tal/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 N	Member - Single			\$114.47
Total Monthly Rate per N	Member - 2-Person			\$168.24
Total Monthly Rate per N	Member - Family			\$249.43

PAK B COBRA RATES:

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



800.292.4910

2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK C - 946M Admin Su	upv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rate 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		
Rate/\$1000			_		\$0.10
Volume					\$10,000.00
Composite:					\$0.50
					ψ0.50
AD&D Coverage:	\$5,000		2		
(\$1000					\$0.03
/ne					\$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	140				# 0.00
Covered Salary					\$0.90
					\$12,045.00
Composite:					\$54.20
Total Monthly Rate per M					\$772.11
Total Monthly Rate per M	ember - 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
					4.1.00.00
			Family	\$1,799.77	\$1,827.55



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK D - 946M Admin S	upv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rate with Taxe
Medical:	MESSA Choices		Single: 0	\$678.33	\$688.78
IN Deductible:	\$1000/\$2000		2-Person: 0	\$1,524.37	\$1,547.88
N 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		
Rate/\$1000					\$0.10
Volume					\$5,000.00
Composite:					\$0.50
AD&D Coverage:	\$5,000		1		
\$1000 م					\$0.03
me					\$5,000.00
Composite:					\$0.15
LTD Benefit	66 2/3% Max \$6,000		1		
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					\$6,023.00
Composite:					\$54.20
Total Monthly Rate per N					\$806.70
Total Monthly Rate per N					\$1,722.61
Total Monthly Rate per N	lember - 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



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK E - 946M Admin S	upv, Exec, Admin Asst		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN OL/OV/SV Copay: IN UC/ER Copay: Rx Coverage: Riders Included:	MESSA Choices \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1		Single: 0 2-Person: 0 Family: 0	\$608.26 \$1,366.72 \$1,700.43	\$617.63 \$1,387.80 \$1,726.66
Dental: Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders:	6327-0039 80% 80% 80% \$3,000 60% \$3,000 2 Cleanings		Single: 0 2-Person: 0 Family: 0	\$55.29 \$103.16 \$179.91	\$55.29 \$103.16 \$179.91
Vision:	VSP 3 Plus 200CL		Single: 0 2-Person: 0 Family: 0	\$7.71 \$16.56 \$24.93	\$7.78 \$16.72 \$25.17
Life Insurance: Rate/\$1000 Volume Composite:	\$5,000		0		\$0.10 \$0.00 \$0.50
AD&D Coverage: /\$1000 ne Composite:	\$5,000		0		\$0.03 \$0.00 \$0.15
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary Composite:	66 2/3% Max \$6,000 \$9,000 90 CDSW 2 Year Limitation 2 Year Limitation Family Waived No		0		\$0.90 \$0.00 \$54.20
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family					\$735.55 \$1,562.53 \$1,986.59
	PAK E COBRA RATES:	Medical	Single 2-Person Family	\$606.76 \$1,365.22 \$1,698.93	\$616.13 \$1,386.30 \$1,725.16
		The COBRA ra	tes for Dental and Vision a	are the same as the rates abo	ove.



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK A - 946N Paraprofe	essional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices		Single: 10	\$721.74	\$732.86
N Deductible:	\$500/\$1000		2-Person: 6	\$1,622.05	\$1,647.07
N 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	\$20.13 \$38.53	\$20.13 \$38.53
Basic Services:	50%				· · · · · · · · · · · · · · · · · · ·
Major Services:	50%		Family: 0	\$82.04	\$82.04
Annual Max:					
Orthodontics:	\$3,000 50%				
Lifetime Max:					
Riders:	\$3,000 2 Cleanings				
Riders.	2 Cleanings				
√ision:	VSP 3 G		Single: 9	\$6.03	\$6.09
			2-Person: 7	\$12.96	\$13.08
J			Family: 12	\$19.47	\$19.66
_ife Insurance:	\$30,000		28		
Rate/\$1000					\$0.10
√olume					\$840,000.00
Composite:					\$3.00
AD&D Coverage:	\$30,000		28		
Rate/\$1000	*		20		\$0.03
/olume					\$840,000.00
Composite:					\$0.90
Total Monthly Rate per M	emher - Single				6700 04
Total Monthly Rate per M					\$789.34
Total Monthly Rate per M					\$1,752.84
rotal Monthly Mate per M	erriber - Farriny				\$2,237.10
Totals for Dental - COB	ombos. Cinale				
Total Monthly Rate per M					\$762.98
Total Monthly Rate per M					\$1,702.58
Fotal Monthly Rate per M	ember - 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



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK B - 946N Parapro	ofessional	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
lajor Services:	80%			
nnual Max:	\$3,000			
rthodontics:	60%			
ifetime Max:	\$3,000			
tiders:	2 Cleanings			
ental - COB:	6327-0025	Single: 2	\$22.78	\$22.78
iag & Prev:	50%	2-Person: 1	\$43.85	\$43,85
asic Services:	50%	Family: 11	\$90.04	\$90.04
lajor Services:	50%	·		
nnual Max:	\$3,000			
orthodontics:	50%			
ifetime Max:	\$3,000			
iders:	2 Cleanings			
ision:	VSP 3 G	Single: 4	\$6.03	\$6.09
		2-Person: 2	\$12.96	\$13.08
		Family: 13	\$19.47	\$19.66
fe Insurance:	\$30,000	19		
ate/\$1000				\$0.10
olume				\$570,000.00
omposite:				\$3.00
P Coverage:	\$30,000	19		
/\$1000				\$0.03
olume				\$570,000.00
omposite:				\$0.90
otal Monthly Rate per				\$48.87
otal Monthly Rate per				\$91.80
otal Monthly Rate per	Member - Family			\$168.49
otals for Dental - COE				
otal Monthly Rate per				\$32.77
otal Monthly Rate per	Member - 2-Person			\$60.83
	Member - Family			\$113.60

PAK B COBRA RATES:

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



800.292.4910

2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK C - 946N Paraprof	essional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical: N Deductible:	MESSA ABC Plan 1 \$1350 1P; \$2700 2P&FF		Single: 0 2-Person: 0	\$644.27 \$1,447.75	\$654.19 \$1,470.08
N Coinsurance:	N/A		Family: 3	\$1,801.27	\$1,829.05
N OL/OV/SV Copay:	N/A		· uniny. o	\$1,001.21	ψ1,020.00
N 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
Лајог Services:	80%				
Annual Max:	\$3,000				
Orthodontics:	60%				
_ifetime 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%				
ifetime Max:	\$3,000				
Riders:	2 Cleanings				
/ision:	VSP 3 G		Single: 0	\$6.03	\$6.09
			2-Person: 1	\$12.96	\$13.08
			Family: 2	\$19.47	\$19.66
ife Insurance: Rate/\$1000	\$30,000		3		PO 40
/olume					\$0.10
Composite:					\$90,000.00 \$3.00
\D&D Coverage:	\$30,000		3		
Rate/\$1000			•		\$0.03
/olume					\$90,000.00
Composite:					\$0.90
Total Monthly Rate per M					\$710.67
Fotal Monthly Rate per M					\$1,575.85
otal Monthly Rate per M	lember - Family				\$2,016.84
Totals for Dental - COB	laurita 8' 4				
otal Monthly Rate per M					\$684.31
otal Monthly Rate per M					\$1,525.59
otal Monthly Rate per M	ember - Hamily				\$1,934.65
	PAK C COBRA RATES:				
		Medical	Single	\$642.77	\$652.69
			•		.
			2-Person Family	\$1,446.25 \$1,799.77	\$1,468.58 \$1,827.55



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK D - 946N Paraprofessional			Enrollment	2019 Rates without Taxes	2019 Rate with Taxe
Medical: IN Deductible: IN Coinsurance:	MESSA Choices \$1000/\$2000 N/A		Single: 4 2-Person: 3 Family: 8	\$678.33 \$1,524.37 \$1,896.61	\$688.78 \$1,547.88 \$1,925.87
N OL/OV/SV Copay: N UC/ER Copay:	\$20/\$20/\$20 \$25/\$50		, army, o	ψ1,000.01	ψ1,323.07
Rx Coverage: Riders Included:	3Tier Mail 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
/lajor Services:	80%				
Annual Max:	\$3,000				
Orthodontics:	60%				
ifetime 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				
√ision:	VSP 3 G		Single: 3	\$6.03 #42.06	\$6.09
			2-Person: 4	\$12.96	\$13.08 \$19.66
radi			Family: 8	\$19.47	\$19.00
∟ife Insurance: Rate/\$1000	\$30,000		15		\$0.10
√olume					\$450,000.00
Composite:					\$3.00
\D&D Coverage:	\$30,000		15		
Rate/\$1000	\$30,000		15		\$0.03
/olume					\$450,000.00
Composite:					\$0.90
Γotal Monthly Rate per M					\$745.26
Total Monthly Rate per M					\$1,653.65
Total Monthly Rate per M	ember - Family				\$2,113.66
Totals for Dental - COB					
otal Monthly Rate per M					\$718.90
otal Monthly Rate per M					\$1,603.39
otal Monthly Rate per M	ember - Family				\$2,031.47
	A				
	PAK D COBRA RATES:	B An alina	Single	\$676.83	\$687.28
		Medical	•		
		iviedicai	2-Person Family	\$1,522.87 \$1,895.11	\$1,546.38 \$1,924.37



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

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK E - 946N Paraprot	fessional		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
PAR E - 940N Palapio	ressional		Elliolillelit	Without Taxes	With Taxes
Medical:	MESSA Choices		Single: 1	\$608.26	\$617.63
N Deductible:	\$1000/\$2000		2-Person: 0	\$1,366.72	\$1,387.80
N Coinsurance:	20%		Family: 3	\$1,700.43	\$1,726.66
N OL/OV/SV Copay:	\$20/\$20/\$20				
N 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%				
_ifetime Max:	\$3,000				
Riders:	2 Cleanings				
Dental - COB:	6327-0024		Single: C	\$20.13	\$20.13
			Single: 0		
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%				
_ifetime 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		
Rate/\$1000					\$0.10
√olume					\$120,000.00
Composite:					\$3.00
AD&D Coverage:	\$30,000		4		
Rate/\$1000					\$0.03
/olume					\$120,000.00
Composite:					\$0.90
Total Monthly Rate per I	Member - Single				\$674.11
Total Monthly Rate per I					\$1,493.57
Total Monthly Rate per I					\$1,914.45
Totals for Dental - COB					
Total Monthly Rate per i	Member - Single				\$647.75
Total Monthly Rate per I	Member - 2-Person				\$1,443.31
Total Monthly Rate per I	Member - Family				\$1,832.26
	PAK E COBRA RATES:				
	I AN E COBNA RATES	Madical	Cinala	\$606.76	0040 40
		Medical	Single	\$606.76	\$616.13
			2-Person	\$1,365.22	\$1,386.30
			⊦amily	\$1,698.93	\$1,725.16
		The COBRA ra	Family ates for Dental and Vision	\$1,698.93	а



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

NON-PAK - 946Q Board	Members		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN OL/OV/SV Copay: IN UC/ER Copay: Rx Coverage: Riders Included:	MESSA ABC Plan 1 \$1350 1P; \$2700 2P&FF N/A N/A N/A 3Tier Mail EA1		Single: 0 2-Person: 1 Family: 0	\$657.38 \$1,477.27 \$1,837.99	\$667.51 \$1,500.05 \$1,866.34
Medical: IN Deductible: IN Coinsurance: IN OL/OV/SV Copay: IN UC/ER Copay: Rx Coverage: Riders Included:	MESSA Choices \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1		Single: 0 2-Person: 0 Family: 0	\$620.65 \$1,39 4. 58 \$1,735.10	\$630.21 \$1,416.09 \$1,761.86
Medical: IN Deductible: IN Coinsurance: IN OL/OV/SV Copay: IN UC/ER Copay: Rx Coverage: Riders Included:	MESSA Choices \$1000/\$2000 N/A \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1		Single: 0 2-Person: 0 Family: 0	\$692.14 \$1,555.45 \$1,935.28	\$702.80 \$1,579.44 \$1,965.13
Medical: IN Deductible: IN Coinsurance: L/OV/SV Copay: C/ER Copay: Rx Coverage: Riders Included:	MESSA Choices \$500/\$1000 N/A \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1		Single: 0 2-Person: 0 Family: 1	\$736.44 \$1,655.12 \$2,059.33	\$747.79 \$1,680.65 \$2,091.10
	NON-PAK COBRA RATES:	MESSA ABC Plan 1	Single 2-Person Family	\$655.88 \$1,475.77 \$1,836.49	\$666.01 \$1,498.55 \$1,864.84
		MESSA Choices	Single 2-Person Family	\$619.15 \$1,393.08 \$1,733.60	\$628.71 \$1,414.59 \$1,760.36
		MESSA Choices	Single 2-Person Family	\$690.64 \$1,553.95 \$1,933.78	\$701.30 \$1,577.94 \$1,963.63
		MESSA Choices	Single 2-Person Family	\$734.94 \$1,653.62 \$2,057.83	\$746.29 \$1,679.15 \$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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK A - 946R Central C	Office Administrators		Enrollment	2019 Rates without Taxes	2019 Rate with Taxes
Madian.	MEGOA OLIVI				
Medical:	MESSA Choices		Single: 0	\$721.74	\$732.86
IN Deductible:	\$500/\$1000		2-Person: 0	\$1,622.05	\$1,647.07
N Coinsurance:	N/A		Family: 0	\$2,018.18	\$2,049.31
IN OL/OV/SV Copay:	\$20/\$20/\$20				
N 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%		r uniny, o	Ψ100.02	Ψ100.02
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		
Rate/\$1000					\$0.10
√olume					\$0.00
Composite:					
composite.					\$0.50
AD&D Coverage:	\$5,000		0		
°×′\$1000					\$0.03
/ne					\$0.00
Composite:					\$0.15
LTD Benefit	66 2/3% Max \$8,000		0		
Max Monthly Salary:	\$12,000				
Naiting 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 Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family					\$841.46
					\$1,800.13
					\$2,289.55
,	,				42,200.00
	DAK A GODDA TITTO				
	PAK A COBRA RATES:				
		Medical	Single	\$720.24	\$731.36
			2-Person	\$1,620.55	\$1,645.57
			2 1 010011	Ψ1,020.00	
			Family	\$2,016.68	\$2,047.81



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

			2019 Rates	2019 Rates
PAK B - 946R Central Office Administrators		Enrollment	without Taxes	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		
Rate/\$1000				\$0.10
√olume				\$0.00
Composite:				\$0.50
AD&D Coverage:	\$5,000	0		
Rate/\$1000				\$0.03
Volume				\$0.00
Composite:				\$0.15
_TD Benefit	66 2/3% Max \$8,000	0		
Max Monthly Salary:	\$12,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
tal/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.



800.292.4910

2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

ffice Administrators		Enrollment	without Taxes	with Taxes
MESSA ABC Plan 1 \$1350 1P; \$2700 2P&FF N/A N/A N/A 3Tier Mail EA1		Single: 0 2-Person: 0 Family: 0	\$644.27 \$1,447.75 \$1,801.27	\$654.19 \$1,470.08 \$1,829.05
6327-0043 80% 80% 80% \$3,000 60% \$3,000 2 Cleanings		Single: 0 2-Person: 0 Family: 0	\$44.37 \$79.89 \$158.62	\$44.37 \$79.89 \$158.62
VSP 3 Plus 200CL	10-1	Single: 0 2-Person: 0 Family: 0	\$7.71 \$16.56 \$24.93	\$7.78 \$16.72 \$25.17
\$5,000		0		\$0.10 \$0.00 \$0.50
\$5,000		0		\$0.03 \$0.00 \$0.15
66 2/3% Max \$8,000 \$12,000 90 CDSW 2 Year Limitation 2 Year Limitation Family Waived No		0		\$0.48 \$0.00 \$55.80
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family				\$762.79 \$1,623.14 \$2,069.29
PAK C COBRA RATES:	Medical	Single 2-Person Family	\$642.77 \$1,446.25 \$1,799.77	\$652.69 \$1,468.58 \$1,827.55
	\$1350 1P; \$2700 2P&FF N/A N/A N/A N/A 3Tier Mail EA1 6327-0043 80% 80% 80% \$3,000 60% \$3,000 2 Cleanings VSP 3 Plus 200CL \$5,000 \$5,000 \$5,000 \$4000 \$5,000 \$5,000 \$5000 \$5000 \$5000 \$12,000 \$5	\$1350 1P; \$2700 2P&FF N/A N/A N/A 3Tier Mail EA1 6327-0043 80% 80% 80% 80% \$3,000 60% \$3,000 2 Cleanings VSP 3 Plus 200CL \$5,000 \$5,000 \$5,000 \$42,000 90 CDSW 2 Year Limitation 2 Year Limitation Family Waived No PAK C COBRA RATES:	\$1350 1P; \$2700 2P&FF	\$1350 1P; \$2700 2P&FF



2019 Rate Renewal Exclusively for

West Bloomfield Schools

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

Quote #: 342467

Date Created: 10/19/2018

MESSA Field Rep: Mark Middlewood

REVISED

2019 Rates 2019 Rates PAK D - 946R Central Office Administrators **Enrollment** without Taxes with Taxes Medical: MESSA Choices Single: 0 \$678.33 \$688.78 \$1000/\$2000 IN Deductible: 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 \$7.71 Single: 0 \$7.78 2-Person: 0 \$16.56 \$16,72 Family: 0 \$24.93 \$25.17 Life Insurance: \$5,000 0 Rate/\$1000 \$0.10 Volume \$0.00 Composite: \$0.50 AD&D Coverage: \$5,000 0 \\$1000 \$0.03 he \$0.00 Composite: \$0.15 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 \$687.28 \$676.83 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.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

PAK E - 946R Central C	Office Administrators		Enrollment	2019 Rates without Taxes	2019 Rate with Taxes
Medical: IN Deductible:	MESSA Choices \$1000/\$2000		Single: 0 2-Person: 1	\$608.26 \$1,366.72	\$617.63 \$1,387.80
IN Coinsurance: IN OL/OV/SV Copay:	20% \$20/\$20/\$20		Family: 1	\$1,700.43	\$1,726.66
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		
Rate/\$1000					\$0.10
Volume					\$10,000.00
Composite:					\$0.50
AD&D Coverage:	\$5,000		2		
F \$1000					\$0.03
he Compositor					\$10,000.00
Composite:					\$0.15
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 M	lember - Single				\$726.23
Fotal Monthly Rate per M					\$1,540.86
Total Monthly Rate per Member - Family					\$1,966.90
	PAK E COBRA RATES:	Madiaal	Cinal-	#000 7 0	****
		Medical	Single	\$606.76	\$616.13
			2-Person	\$1,365.22	\$1,386.30
			Family	\$1,698.93	\$1,725.16

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.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK A - 946S Maintena	nce Technician		Enrollment	2019 Rates without Taxes	2019 Rate with Taxe
Medical:	MESSA Choices \$500/\$1000		Single: 1 2-Person: 1	\$721.74 \$1,622.05	\$732.86 \$1,647.07
N Coinsurance:	N/A		Family: 1	\$2,018.18	\$2,049.31
N OL/OV/SV Copay:	\$20/\$20/\$20		r arring. I	φ2,010.10	\$2,048.31
N 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%				
_ifetime 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%				
.ifetime Max:	\$1,000				
Riders:	2 Cleanings, Adult Ortho				
/ision:	VSP 2		Single: 1	\$3.94	\$3.98
			2-Person: 1	\$8.48	\$8,56
J.			Family: 1	\$12 .76	\$12,88
_ife Insurance: Rate/\$1000	\$30,000		3		\$0.10
/olume					\$90,000.00
Composite:					\$3.00
AD&D Coverage:	\$30,000		3		
Rate/\$1000					\$0.03
/olume					\$90,000.00
composite:					\$0.90
Total Monthly Rate per M					\$777.51
otal Monthly Rate per M					\$1,729.83
otal Monthly Rate per M	lember - Family				\$2,196.46
<u> otals for Dental - COB</u> Total Monthly Rate per M	lambar Single				
otal Monthly Rate per M otal Monthly Rate per M					\$761.42
otal Monthly Rate per M					\$1,698.63
otal Monthly Rate per M	ember - ranny				\$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 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.



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

			2019 Rates	2019 Rate:
PAK B - 946S Mainter	ance Technician	Enrollment	without Taxes	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
lajor Services:	80%	,		
Annual Max:	\$1,000			
Orthodontics:	50%			
ifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
Dental - COB:	6327-0037	Single: 0 11	\$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%			
ifetime Max:	\$1,000			
Riders:	2 Cleanings, Adult Ortho			
/ision:	VSP 2	Single: 0	\$3.94	\$3.98
		2-Person: 0	\$8.48	\$8.56
		Family: 0	\$12.76	\$12.88
ife Insurance:	\$30,000	0		
Rate/\$1000				\$0.10
/olume				\$0.00
Composite:				\$3.00
Coverage:	\$30,000	0		
\$1000				\$0.03
/oiume				\$0.00
Composite:				\$0.90
Total Monthly Rate per			· ·	\$40.74
otal Monthly Rate per				\$74.05
otal Monthly Rate per	Member - Family			\$130.30
otals for Dental - COE				
otal Monthly Rate per				\$26.15
otal Monthly Rate per				\$46.96
otal 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.

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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



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

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK C - 946S Maintena	nce Technician		Enrollment	2019 Rates without Taxes	2019 Rate with Taxe
Medical: IN Deductible:	MESSA ABC Plan 1 \$1350 1P; \$2700 2P&FF		Single: 1 2-Person: 0	\$673.23 \$1,512.91	\$683.60 \$1,536.24
IN Coinsurance: IN OL/OV/SV Copay	N/A N/A		Family: 0	\$1,882.33	\$1,911.37
N 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%				
.ifetime Max: Riders:	\$1,000 2 Cleanings, Adult Ortho				
Dental - COB:	6327-0036		Single: 0	#20.00	000.00
Dental - COB. Diag & Prev:	50%		Single: 0	\$20.68	\$20.68
Basic Services:	50%		2-Person: 0	\$39.10 \$74.74	\$39.10
Major Services:	50%		Family: 0	\$74.74	\$74.74
Annual Max:	\$1,000				
Orthodontics:	50%				
ifetime Max:	\$1,000				
Riders:	2 Cleanings, Adult Ortho				
/ision:	VSP 2		Single: 1	\$3.94	\$3.98
			2-Person: 0	\$8.48	\$8.56
)			Family: 0	\$12.76	\$12.88
ife Insurance:	\$30,000		1		
Rate/\$1000					\$0.10
/olume					\$30,000.00
Composite:					\$3.00
AD&D Coverage: Rate/\$1000	\$30,000		1		
/olume					\$0.03
Composite;					\$30,000.00 \$0.90
otal Monthly Rate per M	ember - Single				\$728.25
Total Monthly Rate per M					\$1,619.00
otal Monthly Rate per M	ember - Family				\$2,058.52
Totals for Dental - COB					
otal Monthly Rate per M					\$712.16
otal Monthly Rate per M	ember - 2-Person				\$1,587.80
otal Monthly Rate per M	ember - Family				\$2,002.89
	PAK C COBRA RATES:				
		Medical	Single	\$671.73	\$682.10
			2 Dorson		
			2-Person	\$1,511.41	\$1,534.74
			Family	\$1,880.83	\$1,534.74 \$1,909.87

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.



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK D - 946S Maintena	ance Technician		Enrollment	2019 Rates without Taxes	2019 Rate with Taxes
			Linoiment	Without Taxes	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
N 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	E 20.60	#20.00
Diag & Prev:	50%		Single: 0	\$20.68	\$20.68
Basic Services:	50%		2-Person: 1	\$39.10	\$39.10
Maior Services:	50%		Family: 0	\$74.74	\$74.74
Annual Max:					
Orthodontics:	\$1,000 50%				
_ifetime Max:					
Riders:	\$1,000				
Nucis.	2 Cleanings, Adult Ortho				
vision:	VSP 2		Single: 0	\$3.94	\$3.98
			2-Person: 1	\$8.48	\$8.56
J			Family: 1	\$12.76	\$12.88
Life Insurance:	\$30,000		2		
Rate/\$1000					\$0.10
/olume					\$60,000.00
Composite:					\$3.00
AD&D Coverage:	\$30,000		2		
Rate/\$1000	V = - , - v =		~		\$0.03
/olume					\$60,000.00
Composite:					\$0.90
composite.					
<u> </u>	Member - Single				\$733 A3
Fotal Monthly Rate per N					\$733.43 \$1.630.64
Fotal Monthly Rate per Notal Monthly Rate per Notal Monthly Rate per Notal Monthly Rate per N	Member - 2-Person				\$733.43 \$1,630.64 \$2,073.02
otal Monthly Rate per Notal Monthly Rate per Notal Monthly Rate per Notal Monthly Rate per N	Member - 2-Person				\$1,630.64
otal Monthly Rate per Notal Monthly Rate per Notal Monthly Rate per Notal South for Dental - COB	Member - 2-Person Member - Family				\$1,630.64 \$2,073.02
otal Monthly Rate per Motal Monthly Rate per Motal Monthly Rate per Motals for Dental - COB Otal Monthly Rate per Motal Monthly Rate	Member - 2-Person Member - Family Member - Single				\$1,630.64 \$2,073.02 \$717.34
otal Monthly Rate per Motal Monthly Rate per Motal Monthly Rate per Motals for Dental - COB Otal Monthly Rate per Motal Monthly Rate	Member - 2-Person Member - Family Member - Single Member - 2-Person				\$1,630.64 \$2,073.02 \$717.34 \$1,599.44
otal Monthly Rate per Motal Monthly Rate per Motal Monthly Rate per Motals for Dental - COB Otal Monthly Rate per Motal Monthly Rate	Member - 2-Person Member - Family Member - Single Member - 2-Person				\$1,630.64 \$2,073.02 \$717.34
otal Monthly Rate per Motal Monthly Rate per Motal Monthly Rate per Motals for Dental - COB Otal Monthly Rate per Motal Monthly Rate	Member - 2-Person Member - Family Member - Single Member - 2-Person		6		\$1,630.64 \$2,073.02 \$717.34 \$1,599.44
otal Monthly Rate per Motal Monthly Rate per Motal Monthly Rate per Motals for Dental - COB Otal Monthly Rate per Motal Monthly Rate	Member - 2-Person Member - Family Member - Single Member - 2-Person		9		\$1,630.64 \$2,073.02 \$717.34 \$1,599.44
otal Monthly Rate per Motal Monthly Rate per Motal Monthly Rate per Motals for Dental - COB Otal Monthly Rate per Motal Monthly Rate	Member - 2-Person Member - Family Member - Single Member - 2-Person Member - Family	Medical	Single	\$676.83	\$1,630.64 \$2,073.02 \$717.34 \$1,599.44 \$2,017.39
otal Monthly Rate per Notal Monthly Rate per Notal Monthly Rate per Notal Monthly Rate per N	Member - 2-Person Member - Family Member - Single Member - 2-Person Member - Family	Medical	Single 2-Person	\$676.83 \$1.522.87	\$1,630.64 \$2,073.02 \$717.34 \$1,599.44 \$2,017.39
otal Monthly Rate per Motal Monthly Rate per Motal Monthly Rate per Motal for Dental - COBOTAL Monthly Rate per Motal Monthly Rate	Member - 2-Person Member - Family Member - Single Member - 2-Person Member - Family	Medical	Single 2-Person Family	\$676.83 \$1,522.87 \$1,895.11	\$1,630.64 \$2,073.02 \$717.34 \$1,599.44 \$2,017.39

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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

REVISED

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

PAK E - 946S Maintena	nce Technician		Enrollment	2019 Rates without Taxes	2019 Rate 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		r army.	ψ1,7 00. 1 0	Ψ1,720.00
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%		•	<u>.</u>	·
Annual Max:	\$1,000				
Orthodontics:	50%				
Lifetime Max:	\$1,000				
Riders:	2 Cleanings, Adult Ortho				
√ision:	VSP 2		Single: 0	\$3.94	\$3.98
			2-Person: 0	\$8.48	\$8.56
			Family: 1	\$12.76	\$12.88
ife Insurance:	\$30,000		1		
Rate/\$1000					\$0.10
√olume -					\$30,000.00
Composite:					\$3.00
AD&D Coverage:	\$30,000		1		
Rate/\$1000					\$0.03
Volume					\$30,000.00
Composite:					\$0.90
Total Monthly Rate per M	lember - Single				\$662.28
Γotal Monthly Rate per Μ					\$1,470.56
Fotal Monthly Rate per M	lember - Family				\$1,873.81
Totals for Dental - COB					
Total Monthly Rate per M					\$646.19
otal Monthly Rate per M					\$1,439.36
otal Monthly Rate per M	lember - Family				\$1,818.18
	PAK E COBRA RATES:		a. .	*	
		Medical	Single	\$606.76	\$616.13
			2-Person Family	\$1,365.22 \$1,698.93	\$1,386.30 \$1,725.16

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.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

NON-PAK - 946T Comm	nEd 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	r anniy. o	Ψ1,001.00	Ψ1,000.54
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	·		
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 Family: 0	\$8.48 \$12.76	\$8.56
				\$12.88

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.



NON-PAK COBRA RATES:

2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

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.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

PAK A - 946V Private T	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		=======================================
Rate/\$1000					\$0.10
Volume					\$2,000.00
Composite:					\$0.10
AD&D Coverage:	\$1,000		2		
Rate/\$1000					\$0.03
ne					\$2,000.00
C .posite:					\$0.03
Total Monthly Rate per M Total Monthly Rate per M					\$771.12
Total Monthly Rate per M	ember - Z-Person				\$1,719.94
Total Worlding Rate per IV	ember - 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

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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

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
ife Insurance:	\$1,000	1		
Rate/\$1000				\$0.10
/olume				\$1,000.00
Composite:				\$0.10
AD&D Coverage:	\$1,000	ĭ		
Rate/\$1000				\$0.03
/olume				\$1,000.00
Composite:				\$0.03
otal Monthly Rate per	Member - Single			\$36.24
otal Monthly Rate per				\$69.20
otal Monthly Rate per	Member - Family			\$128.26

PAK B COBRA RATES:

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

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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAK C - 946V Private T	eacher		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		r arring. O	Ψ1,001.27	Ψ1,020.00
IN UC/ER Copay:	N/A				
Rx Coverage:	3Tier Mail				
Riders Included:	EA1				
Dental:	6327-0041	11-3-11	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		
Rate/\$1000					\$0.10
Volume					\$0.00
Composite:					\$0.10
AD&D Coverage:	\$1,000		0		
Rate/\$1000					\$0.03
) je					\$0.00
C Josite:					\$0.03
Total Monthly Rate per N					\$692.45
Total Monthly Rate per N					\$1,542.95
Total Monthly Rate per N	Member - Family				\$1,963.14
4	PAK C COBRA RATES:				
	FAR 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 ra	ites for Dental and Vision	are the same as the rates ab	ove.

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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

PAに ロ - 946V Private T	eacher		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		
Rate/\$1000					\$0.10
Volume					\$0.00
Composite:					\$0.10
AD&D Coverage:	\$1,000		0		
Rate/\$1000					\$0,03
V 7e					\$0.00
C bsite:					\$0,03
Total Monthly Rate per N				-	\$727.04
Total Monthly Rate per N					\$1,620.75
Total Monthly Rate per N	Member - Family				\$2,059.96
	PAK D COBRA RATES:				==
	FAR D COBRA RATES:	Medical	Single	\$676.83	\$687.28
		MEGICAL	2-Person	\$070.03 \$1,522.87	\$1,546.38
			Family	\$1,522.87 \$1,895.11	\$1,546.38 \$1,924.37
			ranniy	φ1,030,11	φ1,8 24 .37
		The COBRA ra	ites for Dental and Vision	are the same as the rates ab	ove.

bove 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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

PAn 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		i aiiiiy. O	\$1,700.43	\$1,720.00
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		
Rate/\$1000					\$0.10
Volume					\$0.00
Composite:					\$0.10
AD&D Coverage:	\$1,000		0		
Rate/\$1000					\$0.03
me					\$0.00
bosite:					\$0.03
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person					\$655.89
Total Monthly Rate per M					\$1,460.67
Total Monthly Rate per M	ember - 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

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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

F A - 946Y Community Education Supervisor			Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical: N Deductible:	MESSA Choices \$500/\$1000		Single: 0	\$721.74	\$732.86
N Coinsurance:	N/A		2-Person: 0	\$1,622.05	\$1,647.07
			Family: 0	\$2,018.18	\$2,049.31
N OL/OV/SV Copay:	\$20/\$20/\$20				
N 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%				
_ifetime Max:	\$3,000				
Riders:	2 Cleanings				
√ision:	VSP 3 Plus 200CL		Single: 0	\$7.71	\$7.78
			2-Person: 0	\$16.56	\$16.72
			Family: 0	\$24.93	\$25.17
_ife Insurance:	\$50,000		0		
Rate/\$1000					\$0.10
/olume					\$0.00
Composite:					\$5.00
•					40.00
AD&D Coverage: Rate/\$1000	\$50,000		0		** 0.00
kate/\$1000 √c'∵me					\$0.03
					\$0.00
)osite:					\$1.50
TD Benefit	66 2/3% Max \$4,000		0		
Max Monthly Salary:	\$6,000				
Naiting 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 Total Monthly Rate per Member - 2-Person					\$813.57
					\$1,771.44
Fotal Monthly Rate per M	ember - Family				\$2,254.79
	PAK A COBRA RATES:				
		Medical	Single	\$720.24	\$731.36
			2-Person	\$1,620.55	\$1,645.57
			2-7618011	Ψ1,020.00	\$1,040.07
			Family	\$2,016.68	\$2,047.81

ove 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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

REVISED

F 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%				
_ifetime 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		
Rate/\$1000					\$0.10
√olume					\$50,000.00
Composite:					\$5.00
AD&D Coverage:	\$50,000		Ħ		
Rate/\$1000					\$0.03
Volume					\$50,000.00
Composite:					\$1.50
LTD Benefit	66 2/3% Max \$4,000		1		
Max Monthly Salary:	\$6,000				
Vaiting Period:	365 CDSW				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Sch Sec. Offset:	Family				
xist Cond.:	Waived				
CULÁ:	No				
Rate/\$100					\$0.68
Covered Salary					\$4,178.00
Composite:		it.			\$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.

over 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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

REVISED

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

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		. ay. o	Ψ1,001.21	Ψ1,025.00
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%		r arriny. O	\$143.40	\$140,40
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
ifo Imprimentati	850.000			· · · · · · · · · · · · · · · · · · ·	4-0 171
ife Insurance:	\$50,000		1		
Rate/\$1000					\$0.10
/olume					\$50,000.00
Composite:					\$5.00
AD&D Coverage:	\$50,000		1		
Rate/\$1000					\$0.03
√clume					\$50,000.00
)osite:					\$1.50
TD Benefit	66 2/3% Max \$4,000		1		
Max Monthly Salary:	\$6,000				
Vaiting Period:	365 CDSW				
Alcohol/Drug:	2 Year Limitation				
/lental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.;	Waived				
COLA:	No				
Rate/\$100	INU				
					\$0.68
Covered Salary					\$4,178.00
Composite:					\$28.41
Total Monthly Rate per Member - Single					\$734.90
otal Monthly Rate per M					\$1,594.45
otal 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

To ove 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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



2019 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 342467

MESSA Field Rep: Mark Middlewood

Date Created: 10/19/2018

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

D - 946Y Community Education Supervisor			Enrollment	2019 Rates without Taxes	2019 Rate 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		· anny · o	ψ1,000.01	Ψ1,020.01	
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%		r arriny. O	ψ145.40	φ145.40	
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	1			
Rate/\$1000	ψου,ουο		3)		\$0.10	
√olume						
Composite:					\$50,000.00	
Composite:					\$5.00	
AD&D Coverage:	\$50,000		1			
Rate/\$1000					\$0.03	
Vر.، سe					\$50,000.00	
osite:					\$1.50	
LTD Benefit	66 2/3% Max \$4,000		1		1	
Max Monthly Salary:	\$6,000					
Naiting 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	140				***	
					\$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	
		Modical	2-Person	\$1,522.87	\$1,546.38	
				\$1,895.11		
			Family	क्।,०५०,।।	\$1,924.37	
		The COBRA ra	ne COBRA rates for Dental and Vision are the same as the rates above.			

ove 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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.