

2020 Rate Renewal Exclusively for Bear Lake Schools Rates Effective 01/01/2020 through 12/31/2020

Quote #: 344882 MESSA Field Rep: Viola Collin Date Created: 08/09/2019

		2019 Rates		2020 Rates	2020 Rates
PAK A - 351B Teacher	Supt, Princ	with Taxes	Enrollment	without Taxes	with Taxes
Medical:	MESSA Choices	\$695.01	Single: 2	\$687.76	\$717.61
IN Deductible:	\$500/\$1000	\$1,561.89	2-Person: 1	\$1,545.61	\$1,612.76
IN Coinsurance:	N/A	\$1,943.32	Family: 4	\$1,923.05	\$2,006.62
IN OL/OV/SV Copay:	\$20/\$20/\$20				
IN UC/ER Copay:	\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
Dental:	6096-0002	\$30.60	Single: 2	\$31.40	\$31.78
Diag & Prev:	80%	\$55.78	2-Person: 1	\$57.81	\$58.50
Basic Services:	80%	\$118.05	Family: 4	\$121.91	\$123.37
Major Services:	80%	\$110.00	r army. 4	ψ121.01	ψ120.01
Annual Max:	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$2,800				
Riders: Vision:	2 Cleanings, Sealants VSP 3 Plus	\$10.71	Cinerla: O	\$10.66	\$11.05
VISION.	VSP 3 Plus		Single: 2		
		\$23.01	2-Person: 1	\$22.88	\$23.72
1.16	A 00.000	\$34.65	Family: 4	\$34.46	\$35.73
Life Insurance:	\$30,000		7		Aa (a
Rate/\$1000					\$0.19
Volume		4			\$210,000.00
Composite:		\$5.70			\$5.70
AD&D Coverage:	\$30,000		7		
Rate/\$1000					\$0.03
Volume					\$210,000.00
Composite:		\$0.90			\$0.90
LTD Benefit	60% Max \$3,000		7		+ • • • •
Max Monthly Salary:	\$5,000				
Waiting Period:	60 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	Yes				
Rate/\$100	165				\$0.77
					+ -
Covered Salary		\$26.40			\$33,522.00
Composite:	Annahan Cinala	\$36.40			\$36.87
Total Monthly Rate per I		\$779.32			\$803.91
Total Monthly Rate per Member - 2-Person		\$1,683.68			\$1,738.45
Total Monthly Rate per I	Member - Family	\$2,139.02			\$2,209.19
	PAK A COBRA RATES:				
		Medical	Single	\$686.26	\$716.11
		medical	2-Person	\$1,544.11	\$1,611.26
			Family	\$1,921.55	\$2,005.12
		The COBRA rates	for Dental and Vision ar	e the same as the rates al	bove.

MESSA medical plans include \$5,000 Basic Term Life and AD&D. Rates are based on plans and enrollment as of 08/06/2019. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates. **If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 800.292.4910.**



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PAK B - 351B Teacher,	Supt, Princ	with Taxes	Enrollment	without Taxes	with Taxes
Dental:	6096-0003	\$27.47	Single: 0	\$28.81	\$29.15
Diag & Prev:	80%	\$53.63	2-Person: 3	\$55.84	\$56.51
Basic Services:	80%	\$116.69	Family: 2	\$117.69	\$119.10
Major Services:	80%				
Annual Max:	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$2,800				
Riders:	2 Cleanings, Sealants				
Vision:	VSP 3 Plus	\$10.71	Single: 0	\$10.66	\$11.05
		\$23.01	2-Person: 3	\$22.88	\$23.72
		\$34.65	Family: 2	\$34.46	\$35.73
Life Insurance:	\$30,000		5		
Rate/\$1000					\$0.19
Volume					\$150,000.00
Composite:		\$5.70			\$5.70
AD&D Coverage:	\$30,000		5		
Rate/\$1000					\$0.03
Volume					\$150,000.00
Composite:		\$0.90			\$0.90
LTD Benefit	60% Max \$3,000		5		
Max Monthly Salary:	\$5,000				
Waiting Period:	60 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	Yes				
Rate/\$100					\$0.77
Covered Salary					\$23,944.00
Composite:		\$36.40			\$36.87
Total Monthly Rate per Member - Single		\$81.18			\$83.67
Total Monthly Rate per Member - 2-Person		\$119.64			\$123.70
Total Monthly Rate per Member - Family		\$194.34			\$198.30

PAK B COBRA RATES:

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

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PAK C - 351B Teacher,	Supt, Princ	with Taxes	Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 1	\$577.94	Single: 0	\$571.92	\$596.73
IN Deductible:	\$1400 1P; \$2800 2P&FF	\$1,298.48	2-Person: 0	\$1,284.93	\$1,340.75
IN Coinsurance:	10%	\$1,615.51	Family: 2	\$1,598.67	\$1,668.13
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	6096-0002	\$30.60	Single: 0	\$31.40	\$31.78
Diag & Prev:	80%	\$55.78	2-Person: 1	\$57.81	\$58.50
Basic Services:	80%	\$118.05	Family: 1	\$121.91	\$123.37
Major Services:	80%				
Annual Max:	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$2,800				
Riders:	2 Cleanings, Sealants				
Vision:	VSP 3 Plus	\$10.71	Single: 0	\$10.66	\$11.05
		\$23.01	2-Person: 1	\$22.88	\$23.72
		\$34.65	Family: 1	\$34.46	\$35.73
Life Insurance:	\$30,000		2		
Rate/\$1000					\$0.19
Volume					\$60,000.00
Composite:		\$5.70			\$5.70
AD&D Coverage:	\$30,000		2		
Rate/\$1000					\$0.03
Volume					\$60,000.00
Composite:		\$0.90			\$0.90
LTD Benefit	60% Max \$3,000		2		
Max Monthly Salary:	\$5,000				
Waiting Period:	60 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	Yes				
Rate/\$100					\$0.77
Covered Salary					\$9,578.00
Composite:		\$36.40			\$36.87
Total Monthly Rate per M		\$662.25			\$683.03
Total Monthly Rate per Member - 2-Person		\$1,420.27			\$1,466.44
Total Monthly Rate per N	lember - Family	\$1,811.21			\$1,870.70
	PAK C COBRA RATES:				
		Medical	Single	\$570.42	\$595.23
			2-Person	\$1,283.43	\$1,339.25
			Family	\$1,597.17	\$1,666.63
	The COBRA rates for Dental and Vision are the same as the rates above.				

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PAK A - 351C Support	Staff & Technical	with Taxes	Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 1	\$620.66	Single: 1	\$614.19	\$640.84
IN Deductible:	\$1400 1P; \$2800 2P&FF	\$1,394.61	2-Person: 0	\$1,380.07	\$1,440.02
IN Coinsurance:	N/A	\$1,735.14	Family: 1	\$1,717.05	\$1,791.66
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	6096-0009	\$37.57	Single: 1	\$34.88	\$35.30
Diag & Prev:	80%	\$64.55	2-Person: 0	\$62.29	\$63.04
Basic Services:	80%	\$124.32	Family: 1	\$122.17	\$123.63
Major Services:	80%				
Annual Max:	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$1,000				
Riders:	4 Cleanings, Sealants				
Vision:	VSP 2 S	\$5.60	Single: 1	\$6.13	\$6.36
		\$12.03	2-Person: 0	\$13.15	\$13.63
		\$18.12	Family: 1	\$19.81	\$20.54
Life Insurance:	\$30,000	\$10.12	2	\$13.01	ψ20.04
Rate/\$1000	400,000		2		\$0.19
Volume					\$60,000.00
Composite:		\$5.70			\$00,000.00 \$5.70
Composite.		\$5.70			<i>4</i> 5.70
AD&D Coverage:	\$30,000		2		
Rate/\$1000	\$30,000		2		\$0.03
Volume					
		\$ 0.00			\$60,000.00
Composite:	C00/ May \$4 500	\$0.90	2		\$0.90
LTD Benefit	60% Max \$1,500		2		
Max Monthly Salary:	\$2,500				
Waiting Period:	60 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	Yes				
Rate/\$100					\$1.50
Covered Salary					\$4,505.00
Composite:		\$38.62			\$33.78
Total Monthly Rate per		\$709.05			\$722.88
Total Monthly Rate per Member - 2-Person		\$1,516.41			\$1,557.07
Total Monthly Rate per I	Member - Family	\$1,922.80			\$1,976.21
	PAK A COBRA RATES:				
	_	Medical	Single	\$612.69	\$639.34
			2-Person	\$1,378.57	\$1,438.52
			Family	\$1,715.55	\$1,790.16
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PAK B - 351C Support	Staff & Technical	with Taxes	Enrollment	without Taxes	with Taxes
Dental:	6096-0010	\$28.08	Single: 0	\$28.45	\$28.79
Diag & Prev:	80%	\$52.63	2-Person: 1	\$54.28	\$54.93
Basic Services:	80%	\$100.13	Family: 1	\$101.65	\$102.87
Major Services:	80%				
Annual Max:	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$1,000				
Riders:	4 Cleanings, Sealants				
Vision:	VSP 2 S	\$5.60	Single: 0	\$6.13	\$6.36
		\$12.03	2-Person: 1	\$13.15	\$13.63
		\$18.12	Family: 1	\$19.81	\$20.54
Life Insurance:	\$30,000		2		
Rate/\$1000					\$0.19
Volume					\$60,000.00
Composite:		\$5.70			\$5.70
AD&D Coverage:	\$30,000		2		
Rate/\$1000					\$0.03
Volume					\$60,000.00
Composite:		\$0.90			\$0.90
LTD Benefit	60% Max \$1,500		2		
Max Monthly Salary:	\$2,500				
Waiting Period:	60 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	Yes				
Rate/\$100					\$1.50
Covered Salary					\$4,505.00
Composite:		\$38.62			\$33.78
Total Monthly Rate per Member - Single		\$78.90			\$75.53
Total Monthly Rate per Member - 2-Person		\$109.88			\$108.94
Total Monthly Rate per Member - Family		\$163.47			\$163.79

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