

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

2017 Rate Renewal Exclusively for Whitefish Township Schools

Renewal Effective 07/01/2017

Quote #: 337155 MESSA Field Rep: Robert Kwiatkoski Date Created: 03/17/2017

NON-PAK - 272C Teachers		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$500/\$1000 N/A \$20/\$25/\$50 Saver Rx None	\$650.65 \$1,462.08 \$1,819.11	Single: 2 2-Person: 2 Family: 3	\$751.86 \$1,689.80 \$2,102.49	\$768.07 \$1,726.27 \$2,147.87
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary	66 2/3% Max \$4,000 \$6,000 30 CDMF 2 Year Limitation 2 Year Limitation Family Waived Yes	\$1.21	7		\$1.27 \$24,882.00
	NON-PAK COBRA RATES:	Medical	Single 2-Person Family	\$750.36 \$1,688.30 \$2,100.99	\$766.57 \$1,724.77 \$2,146.37



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NON-PAK - 272E Superintendent		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$500/\$1000 N/A \$20/\$25/\$50 Saver Rx None	\$650.65 \$1,462.08 \$1,819.11	Single: 0 2-Person: 0 Family: 1	\$751.86 \$1,689.80 \$2,102.49	\$768.07 \$1,726.27 \$2,147.87
Life Insurance: Rate/\$1000 Volume	\$50,000	\$0.17	1		\$0.13 \$50,000.00
AD&D Coverage: Rate/\$1000 Volume	\$50,000	\$0.03	1		\$0.03 \$50,000.00
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary	66 2/3% Max \$6,000 \$9,000 30 CDMF 2 Year Limitation 2 Year Limitation Family Waived Yes	\$1.08	1		\$0.28 \$6,667.00
	NON-PAK COBRA RATES:	Medical	Single 2-Person Family	\$750.36 \$1,688.30 \$2,100.99	\$766.57 \$1,724.77 \$2,146.37



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PAK A - 272F Non Union Support Staff		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage:	MESSA ABC Plan 1 \$1300 1P; \$2600 2P&FF N/A N/A ABC Rx	\$574.05 \$1,289.73 \$1,604.63	Single: 0 2-Person: 2 Family: 0	\$658.01 \$1,478.65 \$1,839.73	\$672.19 \$1,510.55 \$1,879.43
Riders Included:	None				
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	100% 80% 80% \$1,200 80% \$1,300 2 Cleanings	\$31.34 \$61.67 \$111.06	Single: 0 2-Person: 2 Family: 0	\$30.30 \$58.60 \$107.06	\$30.84 \$59.65 \$108.97
Vision:	VSP 2 S	\$5.76 \$12.38 \$18.64	Single: 0 2-Person: 2 Family: 0	\$4.93 \$10.58 \$15.93	\$5.04 \$10.81 \$16.27
Life Insurance: Rate/\$1000 Volume	\$10,000	\$4.70	2		\$0.13 \$20,000.00
Composite: AD&D Coverage: Rate/\$1000 Volume	\$10,000	\$1.70	2		\$1.30 \$0.03 \$20,000.00
Composite:		\$0.30			\$0.30
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.:	66 2/3% Max \$2,500 \$3,750 30 CDSW Same as any other illness Same as any other illness Family Waived		2		
COLA: Rate/\$100 Covered Salary Composite:	Yes	\$74.99			\$3.46 \$4,847.00 \$83.85
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$688.14 \$1,440.77 \$1,811.32			\$793.52 \$1,666.46 \$2,090.12
	PAK A COBRA RATES:	Medical	Single 2-Person Family	\$656.51 \$1,477.15 \$1,838.23	\$670.69 \$1,509.05 \$1,877.93
		The COBRA rates for Dental and Vision are the same as the rates above.			



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PAK B - 272F Non Union Support Staff		2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max:	100% 80% 80% \$1,200 80% \$1,300	\$32.13 \$63.47 \$117.09	Single: 0 2-Person: 0 Family: 0	\$29.36 \$58.18 \$109.99	\$29.89 \$59.22 \$111.96
Riders:	2 Cleanings VSP 2 S	\$5.76 \$12.38 \$18.64	Single: 0 2-Person: 0 Family: 0	\$4.93 \$10.58 \$15.93	\$5.04 \$10.81 \$16.27
Life Insurance: Rate/\$1000 Volume Composite: AD&D Coverage: Rate/\$1000 Volume Composite:	\$10,000 \$10,000	\$1.70 \$0.30	0		\$0.13 \$0.00 \$1.30 \$0.03 \$0.00 \$0.30
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary	66 2/3% Max \$2,500 \$3,750 30 CDSW Same as any other illness Same as any other illness Family Waived Yes	\$74.00	0		\$3.46 \$0.00
Composite: Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$74.99 \$114.88 \$152.84 \$212.72			\$83.85 \$120.38 \$155.48 \$213.68

PAK B COBRA RATES:

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