

2017 Rate Renewal Exclusively for Ithaca Public Schools

Quote #: 337322

MESSA Field Rep: Matt Zimmerman

Date Created: 03/17/2017

Renewal Effective 07/01/2017

PAK A - 630CG Admin & Bldg Gds Super		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	\$510.34 \$1,146.39 \$1,426.25	Single: 1 2-Person: 2 Family: 4	\$539.21 \$1,211.34 \$1,507.08	\$550.82 \$1,237.47 \$1,539.60	
Riders Included: Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	90% 90% 90% \$1,000 80% \$1,500 2 Cleanings	\$37.56 \$75.57 \$141.70	Single: 1 2-Person: 2 Family: 4	\$36.86 \$74.29 \$142.24	\$37.52 \$75.62 \$144.78	
Vision:	VSP 2 S	\$5.76 \$12.38 \$18.64	Single: 1 2-Person: 2 Family: 4	\$4.93 \$10.58 \$15.93	\$5.04 \$10.81 \$16.27	
Life Insurance: Rate/\$1000 Volume	Volume As Enrolled	00.00	7		\$0.14 \$586,250.00	
Composite: AD&D Coverage: Rate/\$1000 Volume Composite:	Volume As Enrolled	\$9.30 \$2.33	7		\$11.73 \$0.03 \$586,250.00 \$2.51	
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary Composite:	70% Max \$7,000 \$10,000 30 CDMF Same as any other illness Same as any other illness Family Waived Yes	\$65.74	7		\$1.37 \$39,111.00 \$76.55	
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$631.03 \$1,311.71 \$1,663.96			\$684.17 \$1,414.69 \$1,791.44	
	PAK A COBRA RATES:	Medical	Single 2-Person Family	\$537.71 \$1,209.84 \$1,505.58	\$549.32 \$1,235.97 \$1,538.10	
		The COBRA rates for Dental and Vision are the same as the rates above.				

The above rates are effective 07/01/2017 through 12/31/2018 and based on plans and enrollment as of 03/17/2017. Rates will be effective for 18 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



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Dental: Class I: Class II: Class III:	90% 90% 90%	\$37.86 \$72.04 \$138.98	Single: 0 2-Person: 0 Family: 1	\$36.25 \$72.55 \$145.42	\$36.90 \$73.85 \$148.02
Annual Max: Class IV: Lifetime Max: Riders:	\$1,000 80% \$1,500 2 Cleanings				
Vision:	VSP 2 S	\$5.76 \$12.38 \$18.64	Single: 0 2-Person: 0 Family: 1	\$4.93 \$10.58 \$15.93	\$5.04 \$10.81 \$16.27
Life Insurance: Rate/\$1000 Volume	Volume As Enrolled		1		\$0.14 \$83,750.00
Composite: AD&D Coverage:	Volume As Enrolled	\$9.30	1		\$11.73
Rate/\$1000 Volume Composite:		\$2.33			\$0.03 \$83,750.00 \$2.51
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.:	70% Max \$7,000 \$10,000 30 CDMF Same as any other illness Same as any other illness Family Waived		1		
COLA: Rate/\$100 Covered Salary Composite:	Yes	\$65.74			\$1.37 \$5,587.00 \$76.55
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$120.99 \$161.79 \$234.99			\$132.73 \$175.45 \$255.08

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

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