

# 2020 Rate Renewal Exclusively for **Onekama Consolidated Schools** Rates Effective 01/01/2020 through 12/31/2020

Quote #: 345071

		2019 Rates		2020 Rates	2020 Rates
PAK A - 784A Admin.,	Secretaries, Custodian	with Taxes	Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 2	\$580.95	Single: 2	\$582.36	\$607.62
N Deductible:	\$2000 1P; \$4000 2P&FF	\$1,305.26	2-Person: 1	\$1,308.43	\$1,365.27
N Coinsurance:	N/A	\$1,623.97	Family: 2	\$1,627.91	\$1,698.64
N OL/OV/SV Copay:	N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, , , , , , , , , , , , , , , , , , , ,	, ,
N UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	6101-0010	\$37.61	Single: 2	\$37.35	\$37.80
Diag & Prev:	100%	\$71.51	2-Person: 2	\$73.09	\$73.96
Basic Services:	90%	\$133.55	Family: 1	\$132.70	\$134.29
Major Services:	90%	Ψ100.00	i anny. i	ψ102.70	ψ104.25
Annual Max:	\$1.000				
Orthodontics:	90%				
ifetime Max:	\$1,500				
Riders:	2 Cleanings				
vision:	VSP 3 G	\$7.63	Single: 2	\$8.21	\$8.51
VIOIOII.	VOI 3 G	\$16.39	2-Person: 2	\$17.62	\$18.27
		\$16.39	Z-Person: 2 Family: 1	'	\$18.27 \$27.46
_ife Insurance:	\$50,000	\$24.63	Family: 1	\$26.49	\$27.46
Rate/\$1000	\$50,000		5		\$0.16
/olume					\$250,000.00
		\$8.50			
Composite:		\$8.50			\$8.00
ND0D Co	<b>ФГО 000</b>		_		
AD&D Coverage:	\$50,000		5		<b>#0.00</b>
Rate/\$1000					\$0.03
/olume		<b>*</b>			\$250,000.00
Composite:	00.0/00/ 14	\$1.50	_		\$1.50
TD Benefit	66 2/3% Max \$5,000		5		
Max Monthly Salary:	\$7,500				
Naiting 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:	No				
Rate/\$100					\$1.33
Covered Salary					\$18,177.00
Composite:		\$47.57			\$48.35
Total Monthly Rate per M	Nember - Single	\$683.76			\$711.78
Total Monthly Rate per Member - 2-Person		\$1,450.73			\$1,515.35
Total Monthly Rate per Member - Family		\$1,839.72			\$1,918.24
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	PAK A COBRA RATES:				
		Medical	Single	\$580.86	\$606.12
			2-Person	\$1,306.93	\$1,363.77
			Family	\$1,626.41	\$1,697.14



PAK B COBRA RATES:

# 2020 Rate Renewal Exclusively for **Onekama Consolidated Schools** Rates Effective 01/01/2020 through 12/31/2020

Quote #: 345071

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

		2019 Rates		2020 Rates	2020 Rates
PAK B - 784A Admin., Secretaries, Custodian		with Taxes	Enrollment	without Taxes	with Taxes
Dental:	6101-0011	\$32.44	Single: 0	\$32.68	\$33.07
Diag & Prev:	100%	\$61.11	2-Person: 0	\$61.46	\$62.20
Basic Services:	90%	\$117.97	Family: 0	\$117.51	\$118.92
Major Services:	90%	, ,	, ,	,	•
Annual Max:	\$1,000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 3 G	\$7.63 \$16.39 \$24.63	Single: 0 2-Person: 0 Family: 0	\$8.21 \$17.62 \$26.49	\$8.51 \$18.27 \$27.46
Life Insurance:	\$50,000		0	·	
Rate/\$1000					\$0.16
Volume					\$0.00
Composite:		\$8.50			\$8.00
AD&D Coverage:	\$50,000		0		
Rate/\$1000					\$0.03
Volume					\$0.00
Composite:		\$1.50			\$1.50
LTD Benefit	66 2/3% Max \$5,000		0		
Max Monthly Salary:	\$7,500				
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:	No				
Rate/\$100					\$1.33
Covered Salary					\$0.00
Composite:		\$47.57			\$48.35
Total Monthly Rate per Member - Single		\$97.64	•	·	\$99.43
Total Monthly Rate per Member - 2-Person		\$135.07			\$138.32
Total Monthly Rate per Member - Family		\$200.17			\$204.23

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

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.



# 2020 Rate Renewal Exclusively for Onekama Consolidated Schools Rates Effective 01/01/2020 through 12/31/2020

Quote #: 345071

		2019 Rates		2020 Rates	2020 Rates
NON-PAK - 784C Part Time Employees		with Taxes	Enrollment	without Taxes	with Taxes
Life Insurance:	\$7,500		5		
Rate/\$1000		\$0.17			\$0.16
Volume					\$40,000.00
AD&D Coverage:	\$7,500		5		
Rate/\$1000		\$0.03			\$0.03
Volume					\$40,000.00
Dependent Life:			5		
Rate/\$1000		\$0.23			\$0.23
Volume					\$10,000.00
LTD Benefit	66 2/3% Max \$2,500		5		
Max Monthly Salary:	\$3,750				
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		\$2.51			\$2.50
Covered Salary					\$8,095.00



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DAI( A TO(D T )	•••	2019 Rates		2020 Rates	2020 Rates
PAK A - 784D Teachers		with Taxes	Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 1	\$620.66	Single: 0	\$622.16	\$649.15
IN Deductible:	\$1400 1P; \$2800 2P&FF	\$1,394.61	2-Person: 2	\$1,397.99	\$1,458.72
IN Coinsurance:	N/A	\$1,735.14	Family: 6	\$1,739.36	\$1,814.94
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				<b></b>
Dental:	6101-0002	\$35.16	Single: 0	\$35.90	\$36.33
Diag & Prev:	100%	\$66.93	2-Person: 2	\$69.05	\$69.88
Basic Services:	90%	\$130.63	Family: 6	\$132.29	\$133.87
Major Services:	90%				
Annual Max:	\$1,000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 3 G	\$7.63	Single: 0	\$8.21	\$8.51
		\$16.39	2-Person: 2	\$17.62	\$18.27
		\$24.63	Family: 6	\$26.49	\$27.46
Life Insurance:	\$50,000		8		
Rate/\$1000					\$0.16
Volume					\$400,000.00
Composite:		\$8.50			\$8.00
AD&D Coverage:	\$50,000		8		
Rate/\$1000					\$0.03
Volume					\$400,000.00
Composite:		\$1.50			\$1.50
LTD Benefit	66 2/3% Max \$5,000	·	8		
Max Monthly Salary:	\$7,500				
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:	No				
Rate/\$100	-				\$0.85
Covered Salary					\$37,579.00
Composite:		\$35.57			\$39.93
Total Monthly Rate per N	Member - Single	\$709.02	1	ı	\$743.42
	Total Monthly Rate per Member - 3-Person				\$1,596.30
Total Monthly Rate per Member - Family		\$1,523.50 \$1,935.97			\$2,025.70
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	PAK A COBRA RATES:				
		Medical	Single	\$620.66	\$647.65
			2-Person	\$1,396.49	\$1,457.22
			Family	\$1,737.86	\$1,813.44
		The COBRA rates	for Dental and Vision are	e the same as the rates al	pove.



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

		2019 Rates		2020 Rates	2020 Rates
PAK B - 784D Teachers		with Taxes	Enrollment	without Taxes	with Taxes
Dental:	6101-0003	\$32.44	Single: 0	\$33.02	\$33.42
Diag & Prev:	100%	\$61.78	2-Person: 0	\$62.41	\$63.16
Basic Services:	90%	\$124.69	Family: 5	\$126.79	\$128.31
Major Services:	90%				
Annual Max:	\$1,000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 3 G	\$7.63	Single: 0	\$8.21	\$8.51
		\$16.39	2-Person: 0	\$17.62	\$18.27
		\$24.63	Family: 5	\$26.49	\$27.46
Life Insurance:	\$50,000		5		
Rate/\$1000					\$0.16
Volume					\$250,000.00
Composite:		\$8.50			\$8.00
AD&D Coverage:	\$50,000		5		
Rate/\$1000					\$0.03
Volume					\$250,000.00
Composite:		\$1.50			\$1.50
LTD Benefit	66 2/3% Max \$5,000		5		
Max Monthly Salary:	\$7,500				
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:	No				
Rate/\$100					\$0.85
Covered Salary					\$23,487.00
Composite:		\$35.57			\$39.93
Total Monthly Rate per I	Member - Single	\$85.64			\$91.36
Total Monthly Rate per I		\$123.74			\$130.86
Total Monthly Rate per Member - Family		\$194.89			\$205.20

PAK B COBRA RATES:

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



# 2020 Rate Renewal Exclusively for **Onekama Consolidated Schools** Rates Effective 01/01/2020 through 12/31/2020

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		2019 Rates		2020 Rates	2020 Rates
PAK C - 784D Teachers	& Counselors	with Taxes	Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 1	\$577.94	Single: 4	\$579.34	\$604.47
IN Deductible:	\$1400 1P; \$2800 2P&FF	\$1,298.48	2-Person: 1	\$1,301.63	\$1,358.17
IN Coinsurance:	10%	\$1,615.51	Family: 2	\$1,619.44	\$1,689.80
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	6101-0002	\$35.16	Single: 4	\$35.90	\$36.33
Diag & Prev:	100%	\$66.93	2-Person: 1	\$69.05	\$69.88
Basic Services:	90%	\$130.63	Family: 2	\$132.29	\$133.87
Major Services:	90%	· ·	,	,	
Annual Max:	\$1.000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 3 G	\$7.63	Single: 4	\$8.21	\$8.51
		\$16.39	2-Person: 1	\$17.62	\$18.27
		\$24.63	Family: 2	\$26.49	\$27.46
Life Insurance:	\$50,000	•	7	, , ,	•
Rate/\$1000					\$0.16
Volume					\$350,000.00
Composite:		\$8.50			\$8.00
•		·			•
AD&D Coverage:	\$50,000		7		
Rate/\$1000	***,***				\$0.03
Volume					\$350,000.00
Composite:		\$1.50			\$1.50
LTD Benefit	66 2/3% Max \$5,000	¥1.00	7		Ψ1.00
Max Monthly Salary:	\$7,500				
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:	No				
Rate/\$100					\$0.85
Covered Salary					\$32,882.00
Composite:		\$35.57			\$39.93
	Member - Single	\$666.30			\$698.74
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person		\$1,427.37			\$1,495.75
Total Monthly Rate per Member - 2-Person  Total Monthly Rate per Member - Family		\$1,816.34			\$1,900.56
Total Worlding Rate per N		Ψ1,010.54			Ψ1,300.00
	PAK C COBRA RATES:				
		Medical	Single	\$577.84	\$602.97
			2-Person	\$1,300.13	\$1,356.67
			Family	\$1,617.94	\$1,688.30
				e the same as the rates at	