

800.292.4910

2020 Rate Renewal Exclusively for

Menominee Area Schools

(Part of APA - Upper Peninsula)

Rates Effective 01/01/2020 through 12/31/2020

Quote #: 344785 MESSA Field Rep: RaeAnn Loy Date Created: 08/19/2019

				2020 Rates	2020 Rates
PAK A - 168A APA - UP	Teacher		Enrollment	without Taxes	with Taxes
Medical:	MESSA Choices		Single: 0	\$634.11	\$661.62
IN Deductible:	\$1000/\$2000		2-Person: 0	\$1,424.86	\$1,486.76
IN Coinsurance:	N/A		Family: 0	\$1,772.79	\$1,849.82
IN OL/OV/SV Copay:	\$20/\$20/\$20		,		
IN UC/ER Copay:	\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
Dental:	6072-0002		Single: 12	\$32.95	\$33.34
Diag & Prev:	100%		2-Person: 5	\$62.37	\$63.12
Basic Services:	90%		Family: 9	\$120.67	\$122.11
Major Services:	90%			•	ŗ
Annual Max:	\$2,000				
Orthodontics:	90%				
Lifetime Max:	\$2,000				
Riders:	2 Cleanings				
Vision:	VSP 3		Single: 12	\$7.32	\$7.59
VIOIOIII			2-Person: 5	\$15.72	\$16.30
			Family: 9	\$23.65	\$24.52
Life Insurance:	\$100,000		26	φ20.00	ψ24.02
Rate/\$1000	\$100,000		20		\$0.12
Volume					\$2,600,000.00
Composite:					\$12.00
Composite.					ψ12.00
AD&D Coverage:	\$100.000		26		
Rate/\$1000	\$100,000		20		\$0.03
Volume					\$2,600,000.00
Composite: LTD Benefit	70% Max \$3,000		26		\$3.00
			20		
Max Monthly Salary:	\$4,286				
Waiting Period:	60 CDSW				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Not Waived				
COLA:	Yes				A A A A
Rate/\$100					\$0.84
Covered Salary					\$92,104.00
Composite:					\$29.76
Total Composite Rate pe					A7 17 0 1
Total Monthly Rate per M					\$747.31
Total Monthly Rate per M					\$1,610.94
Total Monthly Rate per M	lember - Family				\$2,041.21
	PAK A COBRA RATES:				
		Medical	Single	\$632.61	\$660.12
			2-Person	\$1,423.36	\$1,485.26
			Family	\$1,771.29	\$1,848.32
			for Dontol and Mining an	- the come of the ret	have
		The COBRA rates	tor Dental and Vision are	e the same as the rates a	IDOVÊ.



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Quote #: 344785 MESSA Field Rep: RaeAnn Loy Date Created: 08/19/2019

Rates Effective 01/01/2020 through 12/31/2020

			2020 Rates	2020 Rates
PAK B - 168A APA - UP	Teacher	Enrollment	without Taxes	with Taxes
Dental:	6072-0003	Single: 4	\$32.10	\$32.48
Diag & Prev:	100%	2-Person: 4	\$61.45	\$62.19
Basic Services:	90%	Family: 12	\$119.90	\$121.34
Major Services:	90%	-		
Annual Max:	\$2,000			
Orthodontics:	90%			
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Vision:	VSP 3	Single: 4	\$7.32	\$7.59
		2-Person: 4	\$15.72	\$16.30
		Family: 12	\$23.65	\$24.52
Life Insurance:	\$100,000	20		
Rate/\$1000				\$0.12
Volume				\$2,000,000.00
Composite:				\$12.00
AD&D Coverage:	\$100,000	20		
Rate/\$1000				\$0.03
Volume				\$2,000,000.00
Composite:				\$3.00
LTD Benefit	70% Max \$3,000	20		
Max Monthly Salary:	\$4,286			
Waiting Period:	60 CDSW			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Not Waived			
COLA:	Yes			
Rate/\$100				\$0.84
Covered Salary				\$70,849.00
Composite:				\$29.76
Total Composite Rate pe				
Total Monthly Rate per M				\$84.83
Total Monthly Rate per M				\$123.25
Total Monthly Rate per M	ember - Family			\$190.62

PAK B COBRA RATES:

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



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Quote #: 344785 MESSA Field Rep: RaeAnn Loy Date Created: 08/19/2019

Rates Effective 01/01/2020 through 12/31/2020

				2020 Rates	2020 Rates
PAK C - 168A APA - U			Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 1		Single: 0	\$600.42	\$626.47
IN Deductible:	\$1400 1P; \$2800 2P&FF		2-Person: 0	\$1,349.07	\$1,407.68
IN Coinsurance:	N/A		Family: 0	\$1,678.48	\$1,751.41
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	6072-0002		Single: 9	\$32.95	\$33.34
Diag & Prev:	100%		2-Person: 2	\$62.37	\$63.12
Basic Services:	90%		Family: 24	\$120.67	\$122.11
Major Services:	90%				
Annual Max:	\$2,000				
Orthodontics:	90%				
Lifetime Max:	\$2,000				
Riders:	2 Cleanings				
Vision:	VSP 3		Single: 9	\$7.32	\$7.59
			2-Person: 2	\$15.72	\$16.30
			Family: 24	\$23.65	\$24.52
Life Insurance:	\$100,000		35		
Rate/\$1000					\$0.12
Volume					\$3,500,000.00
Composite:					\$12.00
AD&D Coverage:	\$100,000		35		
Rate/\$1000					\$0.03
Volume					\$3,500,000.00
Composite:					\$3.00
LTD Benefit	70% Max \$3,000		35		
Max Monthly Salary:	\$4,286				
Waiting Period:	60 CDSW				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Not Waived				
COLA:	Yes				
Rate/\$100					\$0.84
Covered Salary					\$123,986.00
Composite:					\$29.76
Total Composite Rate po	er Member				
Total Monthly Rate per	/lember - Single				\$712.16
Total Monthly Rate per I					\$1,531.86
Total Monthly Rate per I					\$1,942.80
, , , , , , , , , , , , , , , , , , , ,	•				· · ·
	PAK C COBRA RATES:				
		Medical	Single	\$598.92	\$624.97
			2-Person	\$1,347.57	\$1,406.18
			Family	\$1,676.98	\$1,749.91
		The COBRA rate	es for Dental and Vision ar	e the same as the rates a	above.



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Quote #: 344785 MESSA Field Rep: RaeAnn Loy Date Created: 08/19/2019

Rates Effective 01/01/2020 through 12/31/2020

				2020 Rates	2020 Rates
PAK D - 168A APA - UI			Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 2		Single: 3	\$514.18	\$536.48
IN Deductible:	\$2000 1P; \$4000 2P&FF		2-Person: 0	\$1,155.02	\$1,205.19
IN Coinsurance:	20%		Family: 0	\$1,437.00	\$1,499.43
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None			* ***	* ~~~~
Dental:	6072-0002		Single: 3	\$32.95	\$33.34
Diag & Prev:	100%		2-Person: 0	\$62.37	\$63.12
Basic Services:	90%		Family: 0	\$120.67	\$122.11
Major Services:	90%				
Annual Max:	\$2,000				
Orthodontics:	90%				
Lifetime Max:	\$2,000				
Riders:	2 Cleanings		01221	A7 00	** -*
Vision:	VSP 3		Single: 3	\$7.32	\$7.59
			2-Person: 0	\$15.72	\$16.30
	A / A A A A		Family: 0	\$23.65	\$24.52
Life Insurance:	\$100,000		3		.
Rate/\$1000					\$0.12
Volume					\$300,000.00
Composite:					\$12.00
AD&D Coverage:	\$100,000		3		
Rate/\$1000	\$100,000		3		\$0.03
Volume					
					\$300,000.00
Composite: LTD Benefit	70% May \$2,000		3		\$3.00
	70% Max \$3,000		3		
Max Monthly Salary:	\$4,286 60 CDSW				
Waiting Period:					
Alcohol/Drug: Mental/Nervous:	Same as any other illness				
	Same as any other illness				
Soc. Sec. Offset: Pre-Exist Cond.:	Family Not Waived				
COLA:	Yes				
	Yes				#0.04
Rate/\$100					\$0.84
Covered Salary					\$10,627.00
Composite: Total Composite Rate po	or Mombor				\$29.76
					¢600.47
Total Monthly Rate per I					\$622.17 \$1,220.27
Total Monthly Rate per I					\$1,329.37 \$1,600.82
Total Monthly Rate per I	VIEITIDEI - Fallilly				\$1,690.82
	PAK D COBRA RATES:	Medical	Single	\$512.68	\$534.98
		Medical	2-Person	\$1,153.52	\$1,203.69
			Family	\$1,435.50	\$1,497.93
			i anny	ψ 1, +00.00	ψι,+97.93
		The COBRA rate	es for Dental and Vision are	e the same as the rates al	oove.



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				2020 Rates	2020 Rates
PAK E - 168A APA - UP	Teacher		Enrollment	without Taxes	with Taxes
Medical:	MESSA Choices		Single: 0	\$672.34	\$701.51
IN Deductible:	\$500/\$1000		2-Person: 0	\$1,510.89	\$1,576.53
IN Coinsurance:	N/A		Family: 0	\$1,879.85	\$1,961.54
IN OL/OV/SV Copay:	\$20/\$20/\$20		- , -	· · · · · ·	+)
IN UC/ER Copay:	\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
Dental:	None		Single: 0	\$32.95	\$33.34
	100%		2-Person: 0	\$62.37	\$63.12
Diag & Prev:					
Basic Services:	90%		Family: 0	\$120.67	\$122.11
Major Services:	90%				
Annual Max:	\$2,000				
Orthodontics:	90%				
Lifetime Max:	\$2,000				
Riders:	2 Cleanings				
Vision:	VSP 3		Single: 0	\$7.32	\$7.59
			2-Person: 0	\$15.72	\$16.30
			Family: 0	\$23.65	\$24.52
Life Insurance:	\$100,000		0		
Rate/\$1000					\$0.12
Volume					\$0.00
Composite:					\$12.00
					* · - · • •
AD&D Coverage:	\$100,000		0		
Rate/\$1000	\$100,000		5		\$0.03
Volume					\$0.00
Composite:					\$3.00
LTD Benefit	70% Max \$3,000		0		φ3.00
			0		
Max Monthly Salary:	\$4,286				
Waiting Period:	60 CDSW				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Not Waived				
COLA:	Yes				
Rate/\$100					\$0.84
Covered Salary					\$0.00
Composite:					\$29.76
Total Composite Rate pe					
Total Monthly Rate per M					\$787.20
Total Monthly Rate per M	1ember - 2-Person				\$1,700.71
Total Monthly Rate per M					\$2,152.93
	-				
	PAK E COBRA RATES:				
		Medical	Single	\$670.84	\$700.01
			2-Person	\$1,509.39	\$1,575.03
			Family	\$1,878.35	\$1,960.04
			,		. ,
		The COBRA rate	s for Dental and Vision ar	e the same as the rates at	oove.



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Rates Effective 01/01/2020 through 12/31/2020

NON-PAK - 168CDEIM	APA-UP Adm,Dir,BusOff,Cler,Ser	Enrollment	2020 Rates without Taxes	2020 Rates with Taxes
Life Insurance: Rate/\$1000 Volume	\$10,000	3		\$0.12 \$30,000.00
AD&D Coverage: Rate/\$1000 Volume	\$10,000	3		\$0.03 \$30,000.00



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				2020 Rates	2020 Rates
PAK A - 168CDEIM AP	A-UP Adm,Dir,BusOff,Cler,Ser		Enrollment	without Taxes	with Taxes
Medical:	MESSA Choices		Single: 0	\$634.11	\$661.62
IN Deductible:	\$1000/\$2000		2-Person: 0	\$1,424.86	\$1,486.76
IN Coinsurance:	N/A		Family: 0	\$1,772.79	\$1,849.82
IN OL/OV/SV Copay:	\$20/\$20/\$20				
IN UC/ER Copay:	\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
Dental:	6072-0010, 0012, 0014, 0016, 0018		Single: 5	\$30.39	\$30.75
Diag & Prev:	100%		2-Person: 3	\$59.81	\$60.53
Basic Services:	90%		Family: 1	\$111.69	\$113.03
Major Services:	90%		,		
Annual Max:	\$1,000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 2		Single: 5	\$5.46	\$5.66
			2-Person: 3	\$11.72	\$12.15
			Family: 1	\$17.63	\$18.28
Life Insurance:	1.5X Salary (Max of \$225,000)		9	ψ17.00	φ10.20
Rate/\$1000			č		\$0.12
Volume					\$573,300.00
Composite:					\$7.64
Composite.					ψ1.04
AD&D Coverage:	1.5X Salary (Max of \$225,000)		9		
Rate/\$1000	1.5X Salary (Max 01 \$225,000)		9		\$0.03
Volume					\$573,300.00
Composite:					\$373,300.00 \$1.91
LTD Benefit	70% Max \$5,000		9		φ1.91
Max Monthly Salary:	\$7,143		9		
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	110				\$1.24
Covered Salary					\$1.24 \$30,858.00
-					
Composite:	ar Mambar				\$42.52
Total Composite Rate per					\$750.10
Total Monthly Rate per N					
Total Monthly Rate per N					\$1,611.51
Total Monthly Rate per N	viember - Family				\$2,033.20
	PAK A COBRA RATES:				
		Medical	Single	\$632.61	\$660.12
			2-Person	\$1,423.36	\$1,485.26
			Family	\$1,771.29	\$1,848.32
		The COBRA rat	es for Dental and Vision are	e the same as the rates at	oove.



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Rates Effective 01/01/2020 through 12/31/2020

		Frankliment	2020 Rates without Taxes	2020 Rates with Taxes
Dental:	PA-UP Adm,Dir,BusOff,Cler,Ser 6072-0011, 0013, 0015, 0017, 0019	Enrollment Single: 3	\$32.48	\$32.87
Diag & Prev:	100%	2-Person: 1	\$59.07	\$59.78
Basic Services:	90%	Family: 3	\$116.10	+
Major Services:	90%	Family: 3	\$110.10	\$117.49
Annual Max:	\$1,000			
Orthodontics:	\$1,000 90%			
Lifetime Max:				
	\$1,500 2 Classics			
Riders:	2 Cleanings	Cineta: 2	¢5.40	Ф Е СО
Vision:	VSP 2	Single: 3	\$5.46	\$5.66
		2-Person: 1	\$11.72	\$12.15
		Family: 3	\$17.63	\$18.28
Life Insurance:	1.5X Salary (Max of \$225,000)	7		AO 1O
Rate/\$1000				\$0.12
Volume				\$445,900.00
Composite:				\$7.64
AD&D Coverage:	1.5X Salary (Max of \$225,000)	7		
Rate/\$1000				\$0.03
Volume				\$445,900.00
Composite:				\$1.91
LTD Benefit	70% Max \$5,000	7		
Max Monthly Salary:	\$7,143			
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				\$1.24
Covered Salary				\$24,000.00
Composite:				\$42.52
Total Composite Rate	per Member	·		
Total Monthly Rate per				\$90.60
Total Monthly Rate per				\$124.00
Total Monthly Rate per				\$187.84

PAK B COBRA RATES:

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



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Rates Effective 01/01/2020 through 12/31/2020

			Encollement	2020 Rates without Taxes	2020 Rates
	A-UP Adm,Dir,BusOff,Cler,Ser		Enrollment		with Taxes
Medical:	MESSA ABC Plan 1		Single: 0	\$600.42	\$626.47
IN Deductible:	\$1400 1P; \$2800 2P&FF		2-Person: 0	\$1,349.07	\$1,407.68
IN Coinsurance:	N/A		Family: 0	\$1,678.48	\$1,751.41
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	6072-0010, 0012, 0014, 0016, 0018		Single: 4	\$30.39	\$30.75
Diag & Prev:	100%		2-Person: 2	\$59.81	\$60.53
Basic Services:	90%		Family: 5	\$111.69	\$113.03
Major Services:	90%				
Annual Max:	\$1,000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 2		Single: 4	\$5.46	\$5.66
			2-Person: 2	\$11.72	\$12.15
			Family: 5	\$17.63	\$18.28
Life Insurance:	1.5X Salary (Max of \$225,000)		11	\$17.03	\$10.20
Rate/\$1000	1.5× Salary (Wax 01 \$225,000)				\$0.12
Volume					\$700,700.00
Composite:					\$7.64
AD&D Coverage:	1.5X Salary (Max of \$225,000)		11		
Rate/\$1000					\$0.03
Volume					\$700,700.00
Composite:					\$1.91
LTD Benefit	70% Max \$5,000		11		
Max Monthly Salary:	\$7,143				
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	110				\$1.24
Covered Salary					\$37,715.00
Composite:					\$42.52
Total Composite Rate pe	or Mombor				φ 4 2.02
					¢714.05
Total Monthly Rate per N					\$714.95
Total Monthly Rate per N					\$1,532.43
Total Monthly Rate per N	lember - Family				\$1,934.79
	PAK C COBRA RATES:		.	•	
		Medical	Single	\$598.92	\$624.97
			2-Person	\$1,347.57	\$1,406.18
			Family	\$1,676.98	\$1,749.91
		The COBRA rat	es for Dental and Vision are	e the same as the rates al	oove.



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			_	2020 Rates	2020 Rates
	A-UP Adm,Dir,BusOff,Cler,Ser		Enrollment	without Taxes	with Taxes
Medical:	MESSA ABC Plan 2		Single: 3	\$514.18	\$536.48
IN Deductible:	\$2000 1P; \$4000 2P&FF		2-Person: 0	\$1,155.02	\$1,205.19
IN Coinsurance:	20%		Family: 0	\$1,437.00	\$1,499.43
IN OL/OV/SV Copay:	N/A				
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	6072-0010, 0012, 0014, 0016, 0018		Single: 2	\$30.39	\$30.75
Diag & Prev:	100%		2-Person: 1	\$59.81	\$60.53
Basic Services:	90%		Family: 0	\$111.69	\$113.03
Major Services:	90%				
Annual Max:	\$1,000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 2		Single: 2	\$5.46	\$5.66
			2-Person: 1	\$11.72	\$12.15
			Family: 0	\$17.63	\$18.28
Life Insurance:	1.5X Salary (Max of \$225,000)		3	\$17.03	\$10.20
Rate/\$1000	1.5× Salary (Wax 01 \$225,000)		5		\$0.12
Volume					
					\$191,100.00
Composite:					\$7.64
1515.0					
AD&D Coverage:	1.5X Salary (Max of \$225,000)		3		Aa aa
Rate/\$1000					\$0.03
Volume					\$191,100.00
Composite:					\$1.91
LTD Benefit	70% Max \$5,000		3		
Max Monthly Salary:	\$7,143				
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					\$1.24
Covered Salary					\$10,286.00
Composite:					\$42.52
Total Composite Rate pe	er Member				
Total Monthly Rate per M					\$624.96
Total Monthly Rate per M					\$1,329.94
Total Monthly Rate per M					\$1,682.81
	Nonioon Taniny				\$1,00 <u>2</u> .01
	PAK D COBRA RATES:				
		Medical	Single	\$512.68	\$534.98
			2-Person	\$1,153.52	\$1,203.69
			Family	\$1,435.50	\$1,497.93
			,	• •	
		The COBRA rat	tes for Dental and Vision are	e the same as the rates al	oove.



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				2020 Rates	2020 Rates
PAK E - 168CDEIM APA	-UP Adm,Dir,BusOff,Cler,Ser		Enrollment	without Taxes	with Taxes
Medical:	MESSA Choices		Single: 0	\$672.34	\$701.51
IN Deductible:	\$500/\$1000		2-Person: 0	\$1,510.89	\$1,576.53
IN Coinsurance:	N/A		Family: 0	\$1,879.85	\$1,961.54
IN OL/OV/SV Copay:	\$20/\$20/\$20				
IN UC/ER Copay:	\$25/\$50				
Rx Coverage:	Saver Rx				
Riders Included:	None				
Dental:			Single: 0	\$30.39	\$30.75
Diag & Prev:	100%		2-Person: 0	\$59.81	\$60.53
Basic Services:	90%		Family: 0	\$111.69	\$113.03
Major Services:	90%				\$110100
Annual Max:	\$1,000				
Orthodontics:	90%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 2		Single: 0	\$5.46	\$5.66
VISION.	VSP 2		Single: 0		
			2-Person: 0	\$11.72	\$12.15
			Family: 0	\$17.63	\$18.28
Life Insurance:	1.5X Salary (Max of \$225,000)		0		A B B B
Rate/\$1000					\$0.12
Volume					\$0.00
Composite:					\$7.64
AD&D Coverage:	1.5X Salary (Max of \$225,000)		0		
Rate/\$1000					\$0.03
Volume					\$0.00
Composite:					\$1.91
LTD Benefit	70% Max \$5,000		0		
Max Monthly Salary:	\$7,143				
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					\$1.24
Covered Salary					\$0.00
Composite:					\$42.52
Total Composite Rate pe	r Member				ψ-12.02
Total Monthly Rate per M					\$789.99
Total Monthly Rate per M					\$1,701.28
Total Monthly Rate per M					\$2,144.92
rotal monthly rate per M	iembei - Family				φζ,144.9ζ
	PAK E COBRA RATES:				
	FAR E OUDRA KATES.	Medical	Single	\$670.84	\$700.01
		Weuldar	Single 2-Person		
				\$1,509.39 \$1,878.25	\$1,575.03
			Family	\$1,878.35	\$1,960.04
			e fen Dentel en d'Meters en		
		The COBRA rate	s for Dental and Vision are	e the same as the rates ab	oove.



1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560 800.292.4910 2020 Rate Renewal Exclusively for

Menominee Area Schools

(Part of APA - Upper Peninsula)

Rates Effective 01/01/2020 through 12/31/2020

Quote #: 344785 MESSA Field Rep: RaeAnn Loy Date Created: 08/19/2019

NON-PAK - 168K Tec	hnical/Clerical	Enrollment	2020 Rates without Taxes	2020 Rates with Taxes
Life Insurance: Rate/\$1000 Volume	\$10,000	0		\$0.12 \$0.00
AD&D Coverage: Rate/\$1000 Volume	\$10,000	0		\$0.03 \$0.00



800.292.4910

2020 Rate Renewal Exclusively for

Menominee Area Schools

(Part of APA - Upper Peninsula)

Quote #: 344785 MESSA Field Rep: RaeAnn Loy Date Created: 08/19/2019

Rates Effective 01/01/2020 through 12/31/2020

Service	Enrollment	2020 Rates without Taxes	2020 Rates with Taxes
66 2/3% Max \$3,000	2		
\$4,500			
60 CDSW			
Same as any other illness			
Same as any other illness			
Family			
Waived			
No			
			\$4.08
			\$2,816.00
	66 2/3% Max \$3,000 \$4,500 60 CDSW Same as any other illness Same as any other illness Family Waived	66 2/3% Max \$3,0002\$4,50060 CDSWSame as any other illnessSame as any other illnessFamilyWaived	ServiceEnrollmentwithout Taxes66 2/3% Max \$3,0002\$4,500260 CDSW5ame as any other illnessSame as any other illness5ame as any other illnessFamilyWaived