

2014 Rate Renewal Exclusively for

Marshall Public Schools

Renewal Effective 07/01/2014

Quote #: 327202 MESSA Field Rep: Renee Szurna Date Created: 04/01/2014

PAK A - 159B Administrators		2013-14 Rates	Enrollment	2014-15 Rates	
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Voluntary Abortion:	MESSA ABC Plan 1 \$1250 1P; \$2500 2P&FF N/A N/A ABC Rx Excluded	\$447.46 \$1,004.92 \$1,250.20	Single: 2 2-Person: 1 Family: 15	\$473.80 \$1,064.18 \$1,323.95	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	100% 100% 90% \$1,000 80% \$1,500 2 Cleanings, Adult Ortho	\$37.72 \$70.58 \$124.40	Single: 2 2-Person: 2 Family: 14	\$36.09 \$67.85 \$119.80	
Vision:	VSP 2	\$5.45 \$11.72 \$17.63	Single: 2 2-Person: 2 Family: 14	\$5.34 \$11.49 \$17.28	
Life Insurance: Rate/\$1000 Volume Composite: AD&D Coverage: Rate/\$1000 Volume Composite:	\$60,000 \$60,000	\$7.80 \$1.80	18 18	\$0.13 \$1,080,000.00 \$7.80 \$0.03 \$1,080,000.00 \$1.80	
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary Composite:	66 2/3% Max \$6,000 \$9,000 30 CDMF Same as any other illness Same as any other illness Primary Waived No	\$49.91	18	\$0.75 \$98,080.00 \$40.87	
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$550.14 \$1,146.73 \$1,451.74		\$565.70 \$1,193.99 \$1,511.50	
	PAK A COBRA RATES:	Medical	Single 2-Person Family for Dental and Vision are the	\$472.30 \$1,062.68 \$1,322.45	

The above rates are effective 07/01/2014 and based on plans and enrollment as of 04/01/2014. Rates will be guaranteed for 12 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. These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.



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PAK C - 159B Administrators		2013-14 Rates	Enrollment	2014-15 Rates	
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Voluntary Abortion:	MESSA Choices \$200/\$400 N/A \$5/\$10/\$25 Saver Rx Excluded	\$553.43 \$1,243.34 \$1,546.91	Single: 1 2-Person: 0 Family: 0	\$586.02 \$1,316.67 \$1,638.17	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	100% 100% 90% \$1,000 80% \$1,500 2 Cleanings, Adult Ortho	\$37.72 \$70.58 \$124.40	Single: 1 2-Person: 0 Family: 0	\$36.09 \$67.85 \$119.80	
Vision:	VSP 2	\$5.45 \$11.72 \$17.63	Single: 1 2-Person: 0 Family: 0	\$5.34 \$11.49 \$17.28	
Life Insurance: Rate/\$1000 Volume Composite: AD&D Coverage: Rate/\$1000	\$60,000 \$60,000	\$7.80	1	\$0.13 \$60,000.00 \$7.80 \$0.03	
Volume Composite:		\$1.80		\$60,000.00 \$1.80	
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary Composite:	66 2/3% Max \$6,000 \$9,000 30 CDMF Same as any other illness Same as any other illness Primary Waived No	\$49.91	1	\$0.75 \$5,449.00 \$40.87	
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$656.11 \$1,385.15 \$1,748.45		\$677.92 \$1,446.48 \$1,825.72	
	PAK C COBRA RATES:	Medical	Single 2-Person Family	\$584.52 \$1,315.17 \$1,636.67	

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PAK B - 159B Administrators		2013-14 Rates	Enrollment	2014-15 Rates	
Dental:		\$35.95	Single: 0	\$37.09	
Class I:	100%	\$67.37	2-Person: 1	\$69.70	
Class II:	100%	\$121.07	Family: 2	\$121.86	
Class III:	90%				
Annual Max:	\$1,000				
Class IV:	80%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings, Adult Ortho				
Vision:	VSP 2	\$5.45	Single: 0	\$5.34	
		\$11.72	2-Person: 1	\$11.49	
		\$17.63	Family: 2	\$17.28	
Life Insurance:	\$60,000		3		
Rate/\$1000				\$0.13	
Volume				\$180,000.00	
Composite:		\$7.80		\$7.80	
AD&D Coverage:	\$60,000		3		
Rate/\$1000				\$0.03	
Volume				\$180,000.00	
Composite:		\$1.80		\$1.80	
LTD Benefit Max Monthly Salary:	66 2/3% Max \$6,000 \$9,000		3		
Waiting Period:	30 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Primary				
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100				\$0.75	
Covered Salary				\$16,347.00	
Composite:		\$49.91		\$40.87	
Total Monthly Rate per Member - Single		\$100.91		\$92.90	
Total Monthly Rate per Member - 2-Person		\$138.60		\$131.66	
Total Monthly Rate per Member - Family		\$198.21		\$189.61	
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PAK B COBRA RATES:

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

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