

2019 Rate Renewal Exclusively for Climax-Scotts Community Sch

Quote #: 342054

MESSA Field Rep: Jacqueline Mast

Date Created: 08/17/2018

Rates Effective 01/01/2019 through 12/31/2019

PAK A - 046A Adm, Tch	rs, Sup Staff & Bus Dr		Enrollment	2019 Rates without Taxes	2019 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 EA1		Single: 11 2-Person: 6 Family: 10	\$794.16 \$1,785.01 \$2,220.95	\$806.40 \$1,812.54 \$2,255.21	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	6123-0007 90% 80% 80% \$1,500 80% \$2,500 2 Cleanings		Single: 11 2-Person: 7 Family: 9	\$35.28 \$68.75 \$136.65	\$35.28 \$68.75 \$136.65	
Vision:	VSP 3 Plus P		Single: 11 2-Person: 7 Family: 9	\$11.70 \$25.12 \$37.79	\$11.81 \$25.36 \$38.15	
Life Insurance: Rate/\$1000 Volume Composite:	\$10,000		27		\$0.18 \$270,000.00 \$1.80	
AD&D Coverage: Rate/\$1000 Volume Composite:	\$10,000		27		\$0.03 \$270,000.00 \$0.30	
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary Composite:	66 2/3% Max \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family Waived No		27		\$0.67 \$95,491.00 \$23.70	
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family					\$879.29 \$1,932.45 \$2,455.81	
	PAK A COBRA RATES:	Medical	Single 2-Person Family	\$792.66 \$1,783.51 \$2,219.45	\$804.90 \$1,811.04 \$2,253.71	
		The COBRA ra	The COBRA rates for Dental and Vision are the same as the rates above.			

The above rates are based on plans and enrollment as of 08/14/2018. 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.



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PAK B - 046A Adm, Tchrs, Sup Staff & Bus Dr		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	6123-0008 90% 80% 80% \$1,500 80% \$2,500 2 Cleanings	Single: 14 2-Person: 1 Family: 3	\$32.96 \$63.31 \$128.98	\$32.96 \$63.31 \$128.98
Vision:	VSP 3 Plus P	Single: 14 2-Person: 1 Family: 3	\$11.70 \$25.12 \$37.79	\$11.81 \$25.36 \$38.15
Life Insurance: Rate/\$1000 Volume Composite:	\$10,000	18		\$0.18 \$180,000.00 \$1.80
AD&D Coverage: Rate/\$1000 Volume Composite:	\$10,000	18		\$0.03 \$180,000.00 \$0.30
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA:	66 2/3% Max \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family Waived No	18		
Rate/\$100 Covered Salary Composite:	NO			\$0.67 \$63,661.00 \$23.70
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family				\$70.57 \$114.47 \$192.93
	PAK B COBRA RATES:			

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

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Medical: IN Deductible:	MESSA ABC Plan 1 \$1350 1P; \$2700 2P&FF		Single: 2 2-Person: 0	\$709.19 \$1,593.83	\$720.12 \$1,618.41
IN Coinsurance: IN Copay (OV/UC/ER):	N/A N/A		Family: 2	\$1,983.04	\$2,013.63
Rx Coverage: Riders Included:	ABC Rx EA1				
Dental: Class I:	6123-0007 90%		Single: 2 2-Person: 0	\$35.28 \$68.75	\$35.28 \$68.75
Class II:	80%		Family: 2	\$136.65	\$136.65
Class III:	80%		i aiiiiy. Z	ψ130.03	ψ130.03
Annual Max:	\$1,500				
Class IV:	80%				
Lifetime Max:	\$2,500				
Riders:	2 Cleanings				
Vision:	VSP 3 Plus P		Single: 2	\$11.70	\$11.81
			2-Person: 0 Family: 2	\$25.12 \$37.79	\$25.36 \$38.15
Life Insurance:	\$10,000		4		
Rate/\$1000 Volume Composite:					\$0.18 \$40,000.00 \$1.80
AD&D Coverage: Rate/\$1000	\$10,000		4		\$0.03
Volume Composite:					\$40,000.00 \$0.30
LTD Benefit	66 2/3% Max \$5,000 \$7,500		4		
Max Monthly Salary: Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100	140				\$0.67
Covered Salary Composite:					\$14,147.00 \$23.70
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person					\$793.01 \$1,738.32
Total Monthly Rate per Member - Family					\$2,214.23
	PAK C COBRA RATES:				
		Medical	Single	\$707.69	\$718.62
			2-Person	\$1,592.33	\$1,616.91
			Family	\$1,981.54	\$2,012.13

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If you have any questions, please contact your MESSA Field Representative, Jacqueline Mast, at 800.292.4910.