

**Western Michigan Health Insurance Pool
Ravenna Public Schools
January 2020 Renewal**

Rate Category	2018/2019 Premium Rate	2020 Premium Rate (4.3%)
PPO Select \$250 - 052		
<i>Single</i>	\$676.76	\$705.86
<i>Double</i>	\$1,522.71	\$1,588.19
<i>Family</i>	\$1,894.93	\$1,976.41
H.S.A 1400/2800 - 036/037		
<i>Single</i>	\$565.32	\$589.63
<i>Double</i>	\$1,271.97	\$1,326.66
<i>Family</i>	\$1,582.89	\$1,650.96
H.S.A 2000/4000 - 040/041		
<i>Single</i>	\$533.84	\$556.79
<i>Double</i>	\$1,201.14	\$1,252.79
<i>Family</i>	\$1,494.99	\$1,559.27
Versatile 3 90% - 005		
<i>Single</i>	\$609.43	\$635.63
<i>Double</i>	\$1,371.20	\$1,430.16
<i>Family</i>	\$1,706.40	\$1,779.77





1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

**Quote Summary Exclusively for
Ravenna Public Schools
Rates Effective 01/01/2020 through 12/31/2020**

Quote Request ID: 228621
MESSA Field Rep: Grace Benedict

Quoted Group(s): 203G-Teachers

			Quote ID 345758				
	Current Rate With	Census	Quoted	Rate	Rate		
Description	Benefits Taxes	Used	Benefits	Without Taxes	With Taxes		
NON-PAK			PAK A				
Medical: Not Included in Benefit Package			ABC Plan 1				
IN Deductible:		S: 4	\$1400/\$2800	\$564.75	\$589.25		
IN Coinsurance:		2P: 2	0%	\$1,268.81	\$1,323.93		
OL/OV/SV Copay:		F: 23	N/A	\$1,578.61	\$1,647.20		
UC/ER Copay:			N/A				
Rx Coverage:			ABC Rx				
Riders Included:			HEQ				
Dental:							
Diag & Prev:	80%	\$33.59	S: 4	80%	\$ 32.92		
Basic Services:	80% (X-Rays)	\$64.42	2P: 3	80% (X-Rays)	\$ 63.13		
Major Services:	80%	\$130.93	F: 22	80%	\$128.31		
Annual Max:	\$2000		\$2000				
Orthodontics:	80%		80%				
Lifetime Max:	\$2000		\$2000				
Riders Included:	2 Clean		2 Clean				
Vision:	VSP 3 G		VSP 3 G				
		\$8.51	S: 4	\$8.21	\$ 8.51		
		\$18.27	2P: 3	\$17.62	\$18.27		
		\$27.46	F: 22	\$26.49	\$27.46		
Life Ins:	\$40,000	29	\$40,000				
Volume:					1,160,000.00		
Rate/\$1,000:	\$0.09				\$ 0.09		
Composite Rate:					\$ 3.60		
AD&D Ins:	\$40,000	29	\$40,000				
Volume:					1,160,000.00		
Rate/\$1,000:	\$0.03				\$ 0.03		
Composite Rate:					\$ 1.20		

Total Monthly Rate/Member - S \$ 635.48
Total Monthly Rate/Member - 2P \$1,410.13
Total Monthly Rate/Member - F \$1,807.77

MESSA medical plans include \$5,000 Basic Term Life and AD&D. Rates are based on the information provided. 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, Grace Benedict, at 800.292.4910.



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Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 345758				
				Quoted Benefits	Rate Without Taxes	Rate With Taxes		
Medical: Not Included in Benefit Package				PAK C				
IN Deductible:			S: 0	ABC Plan 2				
IN Coinsurance:			2P: 0	\$2000/\$4000	\$483.65	\$504.62		
OL/OV/SV Copay:			F: 0	20%	\$1,086.33	\$1,133.51		
UC/ER Copay:				N/A	\$1,351.51	\$1,410.22		
Rx Coverage:				N/A				
Riders Included:				ABC Rx				
				HEQ				
Dental: Not Included in Benefit Package								
Diag & Prev:			S: 0	80%		\$ 32.92		
Basic Services:			2P: 0	80% (X-Rays)		\$ 63.13		
Major Services:			F: 0	80%		\$128.31		
Annual Max:				\$2000				
Orthodontics:				80%				
Lifetime Max:				\$2000				
Riders Included:				2 Clean				
Vision: Not Included in Benefit Package				VSP 3 G				
			S: 0		\$8.21	\$ 8.51		
			2P: 0		\$17.62	\$18.27		
			F: 0		\$26.49	\$27.46		
Life Ins: Not Included in Benefit Package			0	\$40,000				
Volume:						0.00		
Rate/\$1,000:						\$ 0.09		
Composite Rate:						\$ 3.60		
AD&D Ins: Not Included in Benefit Package			0	\$40,000				
Volume:						0.00		
Rate/\$1,000:						\$ 0.03		
Composite Rate:						\$ 1.20		
Total Monthly Rate/Member - S						\$ 550.85		
Total Monthly Rate/Member - 2P						\$1,219.71		
Total Monthly Rate/Member - F						\$1,570.79		

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