

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

Rate Category	2018/2019 Premium Rate	2020 Premium Rate (4.3%)
<b>PPO Select \$250 - 052</b>		
<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
<b>H.S.A 1400/2800 - 036/037</b>		
<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
<b>H.S.A 2000/4000 - 040/041</b>		
<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
<b>Versatile 3 90% - 005</b>		
<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**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 345758		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes
<b>NON-PAK</b>				<b>PAK A</b>		
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				<b>PAK C</b>		
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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