

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

2020 Rate Renewal Exclusively for Atlanta Community Schools Rates Effective 01/01/2020 through 12/31/2020

Quote #: 344859 MESSA Field Rep: Robert Kwiatkoski Date Created: 08/09/2019

PAK A - 289H Adminis	tration		Enrollment					
Medical:	MESSA Choices		Single: 0					
IN Deductible:	\$1000/\$2000		2-Person: 1					
N Coinsurance:	N/A		Family: 1	,				
N OL/OV/SV Copay:	\$20/\$20/\$20							
N UC/ER Copay:	\$25/\$50							
Rx Coverage:	3Tier							
Riders Included:	None							
Dental:	6146-0009	_	Single: 0		-			
Diag & Prev:	100%		2-Person: 1					
Basic Services:	80%		Family: 1					
Major Services:	80%							
Annual Max:	\$1,000							
Orthodontics:	80%							
Lifetime Max:	\$3,000							
Riders:	2 Cleanings							
Vision:	VSP 3 Plus		Single: 0					
			2-Person: 1					
			Family: 1					
Life Insurance:	\$40,000		2					
Rate/\$1000	+,		_					
√olume								
Composite:								
AD&D Coverage:	\$40,000		2					
Rate/\$1000	ψ 101000	i .	_					
Volume								
Composite:								
LTD Benefit	66 2/3% Max \$3,500		2					
Max Monthly Salary:	\$5,250		_					
Waiting Period:	60 CDMF							
Alcohol/Drug:	2 Year Limitation							
Mental/Nervous:	Same as any other illness							
Soc. Sec. Offset:	Family							
Pre-Exist Cond.:	Waived							
COLA:	No							
Rate/\$100	NO							
Covered Salary								
Composite:								
	·							
		Medical	Single					
			2-Person					
			Family	1				
			r arring					
		The COBRA rates for Dental and Vision are the same as the rates above,						



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PAK B COBRA RATES:

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PAK B - 289H Adminis	tration			Enrollment		
Dental: Diag & Prev: Basic Services: Major Services: Annual Max:	6146-0011 100% 80% 80% \$1,000	,	<i>i</i>	Single: 0 2-Person: 0 Family: 0		
Orthodontics: Lifetime Max: Riders:	80% \$3,000 2 Cleanings				,	
Vision:	VSP 3 Plus		1	Single: 0 2-Person: 0 Family: 0		,
Life Insurance: Rate/\$1000 Volume Composite:	\$45,000			0		<u>.</u>
AD&D Coverage: Rate/\$1000 Volume Composite:	\$45,000			0		
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100	66 2/3% Max \$3,500 \$5,250 60 CDMF 2 Year Limitation Same as any other illness Family Waived No			0		
Covered Salary Composite:						
		*	er e			

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