

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

Bundle 1 - 322A PT Su	nnort Staff	2019 Rates with Taxes	En mallima a mé	2020 Rates	2020 Rates
Medical: IN Deductible: IN Coinsurance: IN OL/OV/SV Copay: IN UC/ER Copay:	MESSA Choices \$0 N/A \$5/\$5/\$5 \$10/\$25	\$911.46	Enrollment Single: 1 2-Person: 0 Family: 0	\$900.02	with Taxes \$939.10
Rx Coverage: Riders Included:	\$10/\$20 None				
Life Insurance: Rate/\$1000 Volume	\$15,000	\$0.27	1		\$0.24 \$15,000.00
AD&D Coverage: Rate/\$1000 Volume	\$15,000	\$0.03	1		\$0.03 \$15,000.00
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA:	50% Max \$2,000 \$4,000 120 CDMF 2 Year Limitation 2 Year Limitation Family Waived No		1		
Rate/\$100 Covered Salary		\$1.02			\$0.93 \$1,086.00
	Bundle 1 COBRA RATES:	Medical	Single	\$898.52	\$937.60



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Bundle 2 - 322A PT Support Staff		2019 Rates with Taxes	Enrollment	2020 Rates without Taxes	2020 Rates with Taxes
Life Insurance: Rate/\$1000 Volume	\$20,000	\$0.27	5		\$0.24 \$100,000.00
AD&D Coverage: Rate/\$1000 Volume	\$20,000	\$0.03	5		\$0.03 \$100,000.00
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA:	50% Max \$2,000 \$4,000 120 CDMF 2 Year Limitation 2 Year Limitation Family Waived No		5		ψ100,000.00
Rate/\$100 Covered Salary		\$1.02			\$0.93 \$6,234.00



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Bundle 3 - 322A PT Su	pport Staff	2019 Rates with Taxes	Enrollment	2020 Rates without Taxes	2020 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN OL/OV/SV Copay: IN UC/ER Copay: Rx Coverage: Riders Included:	MESSA ABC Plan 1 \$1400 1P; \$2800 2P&FF N/A N/A N/A ABC Rx None	\$643.68	Single: 0 2-Person: 0 Family: 0	\$635.60	\$663.18
Life Insurance: Rate/\$1000 Volume	\$15,000	\$0.27	0		\$0.24 \$0.00
AD&D Coverage: Rate/\$1000 Volume	\$15,000	\$0.03	0		\$0.03 \$0.00
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA:	50% Max \$2,000 \$4,000 120 CDMF 2 Year Limitation 2 Year Limitation Family Waived No		0		
Rate/\$100 Covered Salary		\$1.02			\$0.93 \$0.00
	Bundle 3 COBRA RATES:	Medical	Single	\$634.10	\$661.68



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NON-PAK - 322E Less	than PT Support Staff	2019 Rates with Taxes	Enrollment	2020 Rates without Taxes	2020 Rates with Taxes
Life Insurance: Rate/\$1000 Volume	\$10,000	\$0.27	5	William Faxed	\$0.24 \$50,000.00
AD&D Coverage: Rate/\$1000 Volume	\$10,000	\$0.03	5		\$0.03 \$50,000.00
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA:	50% Max \$2,000 \$4,000 120 CDMF 2 Year Limitation 2 Year Limitation Family Waived No		5		\$30,000.00
Rate/\$100 Covered Salary		\$0.93			\$0.94 \$2,901.00



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PAK A - 322R FT Supp	ort Staff	2019 Rates with Taxes	Enrollment	2020 Rates without Taxes	2020 Rates
Medical:	MESSA Choices	\$893.26	Single: 1	\$882.05	with Taxes
IN Deductible:	\$0	ф093.20	2-Person: 0	\$662.05	\$920.3
IN Coinsurance:	N/A		Family: 0		
IN OL/OV/SV Copay:	\$5/\$5/\$5		ramily: 0		
IN UC/ER Copay:	\$10/\$25				
Rx Coverage:	\$10/\$20 \$10/\$20				
Riders Included:	None				
Dental:	0363-0012				
Diag & Prev:	80%	\$41.32	Single: 1	\$39.81	\$40.29
Basic Services:			2-Person: 0		
	80%		Family: 0		
Major Services:	80%]	
Annual Max:	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 3	\$6.80	Single: 1	\$7.32	\$7.59
			2-Person: 0		
			Family: 0		
Life Insurance:	\$25,000		1		
Rate/\$1000					\$0.24
Volume					\$25,000.00
Composite:		\$6.75			\$6.00
AD&D Coverage:	\$25,000		1		
Rate/\$1000	·		'		\$0.03
Volume					\$25,000.00
Composite:		\$0.75			\$25,000.00
LTD Benefit	50% Max \$2,000	Ψ0.73	1		\$0.75
Max Monthly Salary:	\$4,000		'		
Waiting Period:	120 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100	NO				*
Covered Salary					\$0.98
Covered Salary Composite:		040.50			\$1,233.00
	In the second se	\$16.53	I		\$12.08
Total Monthly Rate per M	lember - Single	\$965.41			\$987.06
	PAK A COBRA RATES:				
		Medical	Single	\$880.55	\$918.85
		The CORRA rates	for Dental and Vision are	the name on the union of	21.0



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Quote #: 344876 MESSA Field Rep: Tim Heim Date Created: 08/09/2019

PAK B - 322R FT Supp	ant Staff	2019 Rates		2020 Rates	2020 Rates
Dental:	0363-0013	with Taxes	Enrollment	without Taxes	with Taxes
Diag & Prev:	80%	\$36.26	Single: 1	\$37.56	\$38.0°
Basic Services:	80%		2-Person: 0		
			Family: 0		
Major Services: Annual Max:	80%				
	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Vision:	VSP 3	\$6.80	Single: 1	\$7.32	\$7.59
			2-Person: 0		
			Family: 0		
Life Insurance:	\$30,000		1		
Rate/\$1000					\$0.24
Volume					\$30,000.00
Composite:		\$8.10			\$7.20
AD&D Coverage:	\$30,000		1		
Rate/\$1000		ļ			\$0.03
Volume					\$30,000.00
Composite:		\$0,90			\$0.90
LTD Benefit	50% Max \$2,000		1		Ψ0.00
Max Monthly Salary:	\$4,000			Trick and the state of the stat	
Waiting Period:	120 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family			C. Andrews	
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100					\$0.98
Covered Salary					\$1,233.00
Composite:		\$16.53			\$1,233.00 \$12.08
Total Monthly Rate per I	Member - Single	\$68.59		<u> </u>	\$12.08

PAK B COBRA RATES:

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



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PAK C - 322R FT Supp	ort Staff	2019 Rates	Envellment	2020 Rates	2020 Rates
Medical:	MESSA ABC Plan 1	with Taxes \$630.83	Enrollment	without Taxes	with Taxes
IN Deductible:	\$1400 1P; \$2800 2P&FF	\$630.63	Single: 1	\$622.92	\$649.9
IN Coinsurance:	N/A		2-Person: 0		
IN OL/OV/SV Copay:	N/A		Family: 0		
IN UC/ER Copay:	N/A				
Rx Coverage:	ABC Rx				
Riders Included:	None				
Dental:	0363-0012	\$41.32	Single: 1	\$39.81	\$40.29
Diag & Prev:	80%		2-Person: 0		
Basic Services:	80%		Family: 0		
Major Services:	80%				
Annual Max:	\$1,000				
Orthodontics:	80%				
Lifetime Max:	\$1,500				
Riders:	2 Cleanings			-	
Vision:	VSP 3	\$6.80	Single: 1	\$7.32	\$7.59
		\$0.00	2-Person: 0	Ψ1.52	φ1.58
			Family: 0		
Life Insurance:	\$25,000		1		
Rate/\$1000	425,500		'		
Volume					\$0.24
Composite:		60.75			\$25,000.00
Composite.		\$6.75			\$6.00
AD&D Coverage:	#0F 000				
	\$25,000		1		
Rate/\$1000					\$0.03
Volume					\$25,000.00
Composite:		\$0.75			\$0.75
LTD Benefit	50% Max \$2,000		1		
Max Monthly Salary:	\$4,000				
Waiting Period:	120 CDMF				
Alcohol/Drug:	2 Year Limitation	ļ			
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100					\$0.98
Covered Salary					
Composite:		\$16.53			\$1,233.00
Total Monthly Rate per M	Member - Single	\$702.98	L		\$12.08
Total Monany Trate per n	- Onlyle	\$702.98			\$716.66
	PAK C COBRA RATES:				
		Medical	Single	\$621.42	\$648.45