

800.292.4910

2017 Rate Renewal Exclusively for

Decatur Public Schools (056)

(Part of Van Buren County Consortium)

Renewal Effective 07/01/2017

Quote #: 337447

MESSA Field Rep: Jacqueline Mast

Date Created: 03/25/2017

NON-PAK - VBCC ACA E	ELIGIBLE VBCC ACA Eligible	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$1000/\$2000 20% \$20/\$25/\$50 Saver Rx EA1	\$583.04 \$1,309.96 \$1,629.79	Single: 0 2-Person: 0 Family: 0	\$623.84 \$1,401.77 \$1,744.05	\$637.28 \$1,432.00 \$1,781.67
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 3 \$3500 1P; \$7000 2P&FF 10% N/A ABC Rx EA1	\$513.79 \$1,154.17 \$1,435.91	Single: 0 2-Person: 0 Family: 0	\$545.35 \$1,225.17 \$1,524.27	\$557.09 \$1,251.59 \$1,557.16
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 1 \$1300 1P; \$2600 2P&FF N/A N/A ABC Rx EA1	\$616.51 \$1,385.30 \$1,723.54	Single: 0 2-Person: 0 Family: 0	\$654.40 \$1,470.53 \$1,829.62	\$668.49 \$1,502.26 \$1,869.09
IN Deductible: \$5 IN Coinsurance: N. IN Copay (OV/UC/ER): \$1 Rx Coverage: Sa Riders Included: E/	MESSA Choices \$500/\$1000 N/A \$10/\$25/\$50 Saver Rx EA1	\$697.13 \$1,566.68 \$1,949.27	Single: 0 2-Person: 0 Family: 0	\$745.94 \$1,676.51 \$2,085.93	\$762.02 \$1,712.68 \$2,130.94
	NON-PAK COBRA RATES:	MESSA Choices	Single 2-Person Family	\$622.34 \$1,400.27 \$1,742.55	\$635.78 \$1,430.50 \$1,780.17
		MESSA ABC Plan 3	Single 2-Person Family	\$543.85 \$1,223.67 \$1,522.77	\$555.59 \$1,250.09 \$1,555.66
		MESSA ABC Plan 1	Single 2-Person Family	\$652.90 \$1,469.03 \$1,828.12	\$666.99 \$1,500.76 \$1,867.59
		MESSA Choices	Single 2-Person Family	\$744.44 \$1,675.01 \$2,084.43	\$760.52 \$1,711.18 \$2,129.44



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NON-PAK - VBCC AL	L EMPLOYEES VBCC All Employees	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Life Insurance: Rate/\$1000 Volume	\$100,000	\$0.10	0		\$0.10 \$0.00
AD&D Coverage: Rate/\$1000 Volume	\$100,000	\$0.03	0		\$0.03 \$0.00



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MESSA Choices :1000/\$2000 :0% :20/\$25/\$50 :Saver Rx :A1	\$571.41 \$1,283.80 \$1,597.23	Single: 0 2-Person: 1 Family: 0	\$611.39 \$1,373.77 \$1,709.20	\$624.56 \$1,403.40 \$1,746.07
90%	¢20.70			
90% 90% 91,500 90% 91,200 9 Cleanings	\$30.70 \$60.82 \$109.56	Single: 0 2-Person: 1 Family: 0	\$29.81 \$59.27 \$109.19	\$30.31 \$60.27 \$111.03
/SP 3	\$5.97 \$12.84 \$19.31	Single: 0 2-Person: 1 Family: 0	\$5.11 \$10.98 \$16.53	\$5.22 \$11.22 \$16.88
\$20,000 \$20,000	\$2.00	1		\$0.10 \$20,000.00 \$2.29 \$0.03 \$20,000.00
66 2/3% Max \$5,000 67,500 60 CDMF Same as any other illness Same as any other illness Primary Vaived	\$23.11	1		\$0.69 \$0.60 \$2,790.00 \$23.80
er - Single er - 2-Person er - Family	\$633.79 \$1,383.17 \$1,751.81			\$686.87 \$1,501.67 \$1,900.76
PAK A COBRA RATES:	Medical	Single 2-Person Family	\$609.89 \$1,372.27 \$1,707.70	\$623.06 \$1,401.90 \$1,744.57
	Cleanings (SP 3) (SP 3) (S20,000) (6 2/3% Max \$5,000) (7,500) (0 CDMF) (same as any other illness same as any other	SP 3 \$5.97 \$12.84 \$19.31 \$20,000 \$20,000 \$2.00 \$2.00 \$0.60 \$	SP 3	SP 3



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Class II: 8 Class III: 8 Annual Max: 9 Class IV: 8 Lifetime Max: 9 Vision: 9 Life Insurance:	80% 80% \$1,500 80% \$1,200 2 Cleanings VSP 3	\$28.82 \$58.28 \$107.32 \$5.97 \$12.84 \$19.31	Single: 5 2-Person: 1 Family: 15 Single: 5 2-Person: 1 Family: 15	\$28.28 \$57.13 \$107.35 \$5.11 \$10.98 \$16.53	\$28.76 \$58.09 \$109.16 \$5.22 \$11.22 \$16.88
Class I: 8 Class II: 8 Class III: 8 Annual Max: 9 Class IV: 8 Lifetime Max: 9 Vision: 9 Life Insurance:	80% 80% \$1,500 80% \$1,200 2 Cleanings	\$58.28 \$107.32 \$5.97 \$12.84	2-Person: 1 Family: 15 Single: 5 2-Person: 1	\$57.13 \$107.35 \$5.11 \$10.98	\$58.09 \$109.16 \$5.22 \$11.22
Class II: 8 Class III: 8 Annual Max: 9 Class IV: 8 Lifetime Max: 9 Vision: 9 Life Insurance:	80% 80% \$1,500 80% \$1,200 2 Cleanings	\$107.32 \$5.97 \$12.84	Family: 15 Single: 5 2-Person: 1	\$107.35 \$5.11 \$10.98	\$109.16 \$5.22 \$11.22
Class III: 8 Annual Max: 9 Class IV: 8 Lifetime Max: 9 Riders: 2 Vision: 9 Life Insurance:	80% \$1,500 80% \$1,200 2 Cleanings	\$5.97 \$12.84	Single: 5 2-Person: 1	\$5.11 \$10.98	\$5.22 \$11.22
Annual Max: Class IV: Lifetime Max: Riders: Vision: Life Insurance:	\$1,500 80% \$1,200 2 Cleanings VSP 3	\$12.84	2-Person: 1	\$10.98	\$11.22
Class IV: Lifetime Max: Riders: Vision: Life Insurance:	80% \$1,200 2 Cleanings VSP 3	\$12.84	2-Person: 1	\$10.98	\$11.22
Lifetime Max: Riders: Vision: Life Insurance:	\$1,200 2 Cleanings VSP 3	\$12.84	2-Person: 1	\$10.98	\$11.22
Riders: 2 Vision: V	2 Cleanings VSP 3	\$12.84	2-Person: 1	\$10.98	\$11.22
Vision:	VSP 3	\$12.84	2-Person: 1	\$10.98	\$11.22
Life Insurance:		\$12.84	2-Person: 1	\$10.98	\$11.22
	\$20,000				
	\$20,000	\$19.31	Family: 15	\$16.53	\$16.88
	\$20,000				ψ10.00
			21		
Rate/\$1000					\$0.10
Volume					\$420,000.00
Composite:		\$2.00			\$2.29
•	\$20,000	,	21		,
Rate/\$1000	Ψ20,000				\$0.03
Volume					\$420,000.00
Composite:		\$0.60			\$0.69
	66 2/3% Max \$5,000		21		
	\$7,500				
Waiting Period:	90 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
	Primary				
Pre-Exist Cond.:	Waived				
COLA:	No				
Rate/\$100					\$0.60
Covered Salary					\$77,320.00
Composite:		\$23.11			\$23.80
Total Monthly Rate per Memb		\$60.50			\$60.76
Total Monthly Rate per Memb		\$96.83			\$96.09
Total Monthly Rate per Memb	per - Family	\$152.34			\$152.82

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



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Date Created: 03/25/2017

PAK C - VBCC ALL EMP	LOYEES VBCC All Employees	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 3 \$3500 1P; \$7000 2P&FF 10% N/A ABC Rx EA1	\$503.54 \$1,131.12 \$1,407.23	Single: 0 2-Person: 1 Family: 2	\$534.47 \$1,200.70 \$1,493.82	\$545.98 \$1,226.59 \$1,526.05
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	80% 80% 80% \$1,500 80% \$1,200 2 Cleanings	\$30.70 \$60.82 \$109.56	Single: 0 2-Person: 1 Family: 2	\$29.81 \$59.27 \$109.19	\$30.31 \$60.27 \$111.03
Vision:	VSP 3	\$5.97 \$12.84 \$19.31	Single: 0 2-Person: 1 Family: 2	\$5.11 \$10.98 \$16.53	\$5.22 \$11.22 \$16.88
Life Insurance: Rate/\$1000 Volume Composite: AD&D Coverage: Rate/\$1000	\$20,000 \$20,000	\$2.00	3		\$0.10 \$60,000.00 \$2.29 \$0.03
Volume Composite:		\$0.60			\$60,000.00 \$0.69
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100	66 2/3% Max \$5,000 \$7,500 90 CDMF Same as any other illness Same as any other illness Primary Waived No		3		\$0.60
Covered Salary Composite:		\$23.11			\$13,384.00 \$23.80
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$565.92 \$1,230.49 \$1,561.81			\$608.29 \$1,324.86 \$1,680.74
	PAK C COBRA RATES:	Medical	Single 2-Person Family	\$532.97 \$1,199.20 \$1,492.32	\$544.48 \$1,225.09 \$1,524.55



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Date Created: 03/25/2017

PAK D - VBCC ALL EMP	LOYEES VBCC All Employees	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$500/\$1000 N/A \$10/\$25/\$50 Saver Rx EA1	\$683.22 \$1,535.38 \$1,910.32	Single: 5 2-Person: 4 Family: 9	\$731.06 \$1,643.01 \$2,044.25	\$746.81 \$1,678.46 \$2,088.36
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	80% 80% 80% \$1,500 80% \$1,200 2 Cleanings	\$30.70 \$60.82 \$109.56	Single: 5 2-Person: 4 Family: 9	\$29.81 \$59.27 \$109.19	\$30.31 \$60.27 \$111.03
Vision:	VSP 3	\$5.97 \$12.84 \$19.31	Single: 5 2-Person: 4 Family: 9	\$5.11 \$10.98 \$16.53	\$5.22 \$11.22 \$16.88
Life Insurance: Rate/\$1000 Volume Composite: AD&D Coverage: Rate/\$1000 Volume	\$20,000 \$20,000	\$2.00	18		\$0.10 \$360,000.00 \$2.29 \$0.03 \$360,000.00
Composite: 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 Same as any other illness Same as any other illness Primary Waived No	\$0.60	18		\$0.69 \$0.60 \$75,080.00 \$23.80
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$745.60 \$1,634.75 \$2,064.90			\$809.12 \$1,776.73 \$2,243.05
	PAK D COBRA RATES:	Medical	Single 2-Person Family	\$729.56 \$1,641.51 \$2,042.75	\$745.31 \$1,676.96 \$2,086.86
		The COBRA rate	s for Dental and Vision a	are the same as the rates at	oove.



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PAK E - VBCC ALL EMP	LOYEES VBCC All Employees	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 1 \$1300 1P; \$2600 2P&FF N/A N/A ABC Rx EA1	\$604.21 \$1,357.63 \$1,689.11	Single: 7 2-Person: 2 Family: 15	\$641.34 \$1,441.16 \$1,793.06	\$655.16 \$1,472.24 \$1,831.74
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	80% 80% 80% \$1,500 80% \$1,200 2 Cleanings	\$30.70 \$60.82 \$109.56	Single: 7 2-Person: 2 Family: 15	\$29.81 \$59.27 \$109.19	\$30.31 \$60.27 \$111.03
Vision:	VSP 3	\$5.97 \$12.84 \$19.31	Single: 7 2-Person: 2 Family: 15	\$5.11 \$10.98 \$16.53	\$5.22 \$11.22 \$16.88
Life Insurance: Rate/\$1000 Volume Composite: AD&D Coverage: Rate/\$1000 Volume Composite:	\$20,000 \$20,000	\$2.00 \$0.60	24		\$0.10 \$480,000.00 \$2.29 \$0.03 \$480,000.00 \$0.69
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 Same as any other illness Same as any other illness Primary Waived No	\$23.11	24		\$0.60 \$99,545.00 \$23.80
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family		\$666.59 \$1,457.00 \$1,843.69			\$717.47 \$1,570.51 \$1,986.43
	PAK E COBRA RATES:	Medical	Single 2-Person Family	\$639.84 \$1,439.66 \$1,791.56	\$653.66 \$1,470.74 \$1,830.24



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NON-PAK - VBCC COVE	RT VBCC Covert Adm and NU Staff	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$1000/\$2000 20% \$20/\$25/\$50 Saver Rx EA1	\$583.04 \$1,309.96 \$1,629.79	Single: 0 2-Person: 0 Family: 0	\$623.84 \$1,401.77 \$1,744.05	\$637.28 \$1,432.00 \$1,781.67
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 3 \$3500 1P; \$7000 2P&FF 10% N/A ABC Rx EA1	\$513.79 \$1,154.17 \$1,435.91	Single: 0 2-Person: 0 Family: 0	\$545.35 \$1,225.17 \$1,524.27	\$557.09 \$1,251.59 \$1,557.16
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 1 \$1300 1P; \$2600 2P&FF N/A N/A ABC Rx EA1	\$616.51 \$1,385.30 \$1,723.54	Single: 0 2-Person: 0 Family: 0	\$654.40 \$1,470.53 \$1,829.62	\$668.49 \$1,502.26 \$1,869.09
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$500/\$1000 N/A \$10/\$25/\$50 Saver Rx EA1	\$697.13 \$1,566.68 \$1,949.27	Single: 0 2-Person: 0 Family: 0	\$745.94 \$1,676.51 \$2,085.93	\$762.02 \$1,712.68 \$2,130.94
Vision:	VSP 3 G	\$6.70 \$14.39 \$21.63	Single: 0 2-Person: 0 Family: 0	\$5.74 \$12.32 \$18.51	\$5.86 \$12.58 \$18.91
	NON-PAK COBRA RATES:	MESSA Choices	Single 2-Person Family	\$622.34 \$1,400.27 \$1,742.55	\$635.78 \$1,430.50 \$1,780.17
		MESSA ABC Plan 3	Single 2-Person Family	\$543.85 \$1,223.67 \$1,522.77	\$555.59 \$1,250.09 \$1,555.66
		MESSA ABC Plan 1	Single 2-Person Family	\$652.90 \$1,469.03 \$1,828.12	\$666.99 \$1,500.76 \$1,867.59
		MESSA Choices	Single 2-Person Family	\$744.44 \$1,675.01 \$2,084.43	\$760.52 \$1,711.18 \$2,129.44
		The COBRA rates for	· Vision are the sam	e as the rates above.	



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NON-PAK - VBCC L	AWRENCE VBCC Trans.Paras w/o Health	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Dental:		\$31.36	Single: 0	\$29.92	\$30.43
Class I:	80%	\$63.50	2-Person: 0	\$61.64	\$62.68
Class II:	80%	\$113.87	Family: 0	\$112.24	\$114.14
Class III:	80%				
Annual Max:	\$1,000				
Class IV:	80%				
Lifetime Max:	\$1,000				
Riders:	2 Cleanings				
Vision:	VSP 3	\$5.97	Single: 0	\$5.11	\$5.22
		\$12.84	2-Person: 0	\$10.98	\$11.22
		\$19.31	Family: 0	\$16.53	\$16.88
	NON-PAK COBRA RATES:			are the same as the rates ab	



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NON-PAK - VBC	C LAWRENCE 2 VBCC Trans.Paras w/ Health	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Vision:	VSP 3	\$5.97 \$12.84 \$19.31	Single: 0 2-Person: 0 Family: 0	\$5.11 \$10.98 \$16.53	\$5.22 \$11.22 \$16.88
	NON-PAK COBRA RATES:	The COBRA rates	s for Vision are the sam	e as the rates above.	



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NON-PAK - VBCC OTHE	R ADMSUPP VBCC OTHER ADM SUPP	2016-17 Rates without Taxes	Enrollment	2017-18 Rates without Taxes	2017-18 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$1000/\$2000 20% \$20/\$25/\$50 Saver Rx EA1	\$583.04 \$1,309.96 \$1,629.79	Single: 0 2-Person: 0 Family: 0	\$623.84 \$1,401.77 \$1,744.05	\$637.28 \$1,432.00 \$1,781.67
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 3 \$3500 1P; \$7000 2P&FF 10% N/A ABC Rx EA1	\$513.79 \$1,154.17 \$1,435.91	Single: 0 2-Person: 0 Family: 0	\$545.35 \$1,225.17 \$1,524.27	\$557.09 \$1,251.59 \$1,557.16
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 1 \$1300 1P; \$2600 2P&FF N/A N/A ABC Rx EA1	\$616.51 \$1,385.30 \$1,723.54	Single: 0 2-Person: 0 Family: 0	\$654.40 \$1,470.53 \$1,829.62	\$668.49 \$1,502.26 \$1,869.09
IN Deductible: \$500/. IN Coinsurance: N/A IN Copay (OV/UC/ER): \$10/\$. Rx Coverage: Saver Riders Included: EA1	\$10/\$25/\$50 Saver Rx	\$697.13 \$1,566.68 \$1,949.27	Single: 0 2-Person: 0 Family: 0	\$745.94 \$1,676.51 \$2,085.93	\$762.02 \$1,712.68 \$2,130.94
	NON-PAK COBRA RATES:	MESSA Choices	Single 2-Person Family	\$622.34 \$1,400.27 \$1,742.55	\$635.78 \$1,430.50 \$1,780.17
		MESSA ABC Plan 3	Single 2-Person Family	\$543.85 \$1,223.67 \$1,522.77	\$555.59 \$1,250.09 \$1,555.66
		MESSA ABC Plan 1	Single 2-Person Family	\$652.90 \$1,469.03 \$1,828.12	\$666.99 \$1,500.76 \$1,867.59
		MESSA Choices	Single 2-Person Family	\$744.44 \$1,675.01 \$2,084.43	\$760.52 \$1,711.18 \$2,129.44