

st Lansing, MI 48826-2560 0.292.4910

Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503361 MESSA Field Rep: Grace Benedict

tuoted Group(s): 264A-Teachers

Current Rate Rate Rate Quoted Without With With Rate	
Current Benefits Taxes Used Without With Benefits Taxes Taxes	
PAK A Deductible:	
PAK A	
Deductible: \$500/\$1000 \$699.52 S:1 \$375/\$750 \$510.39 \$532.52 Coinsurance: 20% \$1,572.03 2P:1 20% \$1,146.50 \$1,196.30 LOVISV Copay: \$20\$200 \$1,955.95 C/ER Copay: \$25\$50	
Coinsurance 20% \$1,572.03 2P: 1 20% \$1,146.50 \$1,196.30 \$1,488.36 \$20/\$20/\$20 \$1,955.95 F: 3 \$10/\$25/\$550 \$1,426.39 \$1,488.36 \$20/\$20/\$20 \$1,955.95 F: 3 \$10/\$25/\$550 \$1,426.39 \$1,488.36 \$20/\$20/\$20 \$1,955.95 F: 3 \$10/\$25/\$550 \$1,426.39 \$1,488.36 \$25/\$50 \$20/\$20/\$20/\$20 \$1,955.95 F: 3 \$10/\$25/\$550 \$1,426.39 \$1,488.36 \$25/\$20/\$20/\$20/\$20/\$20/\$20/\$20/\$20/\$20/\$20	
IL/OV/SV Copay: \$20/\$20/\$20 \$1,955.95 F: 3 \$10/\$25/\$50	
C/ER Copay: \$25/\$50 \$50/\$200 x Coverage: SRX Mail EbM iders Included: None None ental: 80% \$31.64 asic Services: 80% (X-Rays) \$60.73 lajor Services: 80% \$122.34 stoo \$1500 wrthodontics: 80% ifetime Max: \$2100 iders Included: 2 Clean \$7.59 \$16.30 \$16.30 \$2P: 1 \$16.30 \$2P: 1 \$15.72 \$16.30 \$24.52 F: 3 \$20,000 \$20,000 olume: \$2,60 D&D Ins: \$20,000 olume: \$20,000 ate/\$1,000: \$20,000 olume: \$20,000 ate/\$1,000: \$0.03	
SRX Mail None	
Ideas Included: None	
rental: riag & Prev: 80% \$31.64 sic Services: 80% (X-Rays) \$60.73 2P: 1 80% (X-Rays) \$60.73 lajor Services: 80% \$122.34 F: 3 80% \$122.34 sic Services: 80% \$1500 sic Services: 80% \$122.34 sic Services: 80% \$1500 sic Services: 80% \$122.34 sic Services: 8	
iag & Prev: 80% \$31.64 asic Services: 80% (X-Rays) \$60.73 2P: 1 80% (X-Rays) \$60.73 3ajor Services: 80% \$122.34 31500 31500 31600	
asic Services: 80% (X-Rays) \$60.73	
ajor Services: 80% \$122.34 F: 3 80% \$122.34	
nnual Max: \$1500 withodontics: 80% ifetime Max: \$2100 iders Included: 2 Clean ision: VSP 3 \$7.59 \$16,30 \$16,30 \$21.0 \$24.52 \$16,30 \$24.52 \$20,000 olume: \$20,000 olume: \$2.60 D&D Ins: \$20,000 olume: \$20,000 ol	
rthodontics: 80%	
ifetime Max: \$2100 iders Included: 2 Clean ision: VSP 3 \$7.59 \$16.30 \$16.30 \$24.52 F: 3 \$23.65 \$24.52 ife Ins: \$20,000 olume: \$0.13 omposite Rate: \$2.60 D&D Ins: \$20,000 olume: \$20,000 olume: \$20,000 olume: \$20,000 aae/\$1,000: \$0.03	
iders Included: 2 Clean ision: VSP 3 \$7.59 \$16.30 \$2P: 1 \$15.72 \$16.30 \$24.52 ife Ins: \$20,000 \$5 olume: \$20,000 \$5 ate/\$1,000: \$0.13 \$0.13 \$0.00 \$0.0	
ision: VSP 3	
\$7.59 \$:1 \$7.32 \$7.59 \$16.30 \$2P:1 \$15.72 \$16.30 \$24.52 F:3 \$23.65 \$24.52 \$16.90 \$100,000.00 \$100,000.	
\$16.30	
\$24.52 F: 3 \$23.65 \$24.52 \$ ife Ins: \$20,000 5 \$20,000	
ife Ins: \$20,000 5 \$20,000 olume: 100,000.00 .ate/\$1,000: \$ 0.13 omposite Rate: \$2.60 \$ 2.60 D&D Ins: \$20,000 5 olume: 100,000.00 .ate/\$1,000: \$ 0.03	
olume: 100,000.00 .ate/\$1,000: \$ 0.13 omposite Rate: \$2.60 D&D Ins: \$20,000 olume: 100,000.00 .ate/\$1,000: \$ 0.03	
ate/\$1,000: \$ 0.13 omposite Rate: \$ 2.60 D&D Ins: \$ 20,000 olume: 100,000.00 ate/\$1,000: \$ 0.03	
omposite Rate: \$2.60 D&D Ins: \$20,000 olume: 100,000.00 ate/\$1,000: \$ 0.03	
D&D Ins: \$20,000 5 \$20,000 colume: 100,000.00 ate/\$1,000: \$ 0.03	
olume: 100,000.00 ate/\$1,000: \$ 0.03	
ate/\$1,000: \$ 0.03	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
omposite Rate: \$0,60 \$ 0.60	
TD: 60% Max \$5,000 5 60% Max \$5,000	
/aiting Period: 90 CDMF 90 CDMF	
Icohol/Drug: Same as any other illness Same as any other illness	
lental/Nervous: Same as any other illness Same as any other illness	
oc, Sec, Offset: Family Primary	
wn-Occupation: 2 years 2 years	
re-Exist Condition: Yes Yes	
OLA: Yes No	
S Freeze: Yes Yes Yes	
olume: 21,690.00	
ate/\$100: \$ 0.46	
om ₀ osite Rate: \$22.12 \$ 19.95	

otal Monthly Rate/Member - S \$ 764.07 otal Monthly Rate/Member - 2P \$1,674.38

594.90

otal Monthly Rate/Member - F \$2,128.13

\$1,296.48 \$1,658.37



Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503361 MESSA Field Rep: Grace Benedict

luoted Group(s): 264A-Teachers

		Current		Quot	e ID 34534	5		
		Rate			Rate	Rate		
	Current	With	Census	Quoted	Without	With		
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes		
	PAK B			PAK B				
ental:								
iag & Prev:	80%	\$29.11	S: 0	80%		\$ 29.11		
asic Services:	80% (X-Rays)	\$55.27	2P: 3	80% (X-Rays)		\$ 55.27		
lajor Services:	80%	\$112.55	F: 6	80%		\$112.55		
nnual Max:	\$1500			\$1500				
rthodontics:	80%			80%				
fetime Max:	\$2100			\$2100				
iders Included:	2 Clean			2 Clean				
ision:	VSP 3			VSP 3				
		\$7.59	S: 0		\$7.32	\$ 7.59		
		\$16.30	2P: 3		\$15.72	\$16.30		
		\$24.52	F: 6		\$23.65	\$24.52		
fe Ins:	\$20,000		9	\$20,000				
olume:						180,000.00		
ate/\$1,000:						\$ 0.13		
omposite Rate:	<u> </u>	\$2.60				\$ 2.60		
D&D Ins:	\$20,000		9	\$20,000				
olume:						180,000.00		
ate/\$1,000:						\$ 0.03		
omposite Rate:		\$0.60				\$ 0.60		
ΓD:	60% Max \$5,00	0	9	60% Max \$5,000				
'aiting Period:	90 CDMF			90 CDMF				
cohol/Drug:	Same as any ot			Same as any oth				
ental/Nervous:	Same as any ot	her illness		Same as any oth	er illness			
c. Sec. Offset:	Family			Primary				
wn-Occupation:	2 years			2 years				
e-Exist Condition				Yes				
OLA:	Yes			No				
3 Freeze:	Yes			Yes				
olume:						39,041.00		
ate/\$100:						\$ 0.46		
omposite Rate:		\$22.12				\$ 19.95		
otal Monthly Rate						\$ 59.85		
stal Monthly Rate						\$ 94.72		
otal Monthly Rate/	Member - F \$	162.39				\$ 160.22		



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Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503361 MESSA Field Rep: Grace Benedict

luoted Group(s): 264A-Teachers

	Current		Quot	e ID 345345	5		
	Rate			Rate	Rate		
Current	With	Census	Quoted	Without	With		
Benefits	Taxes	Used	Benefits	Taxes	Taxes		
			PAK C				
	\$707.72	S: 10		\$678.29	\$707.72		
	4.,0.0.0			* - *		i i	
71124							
80%	\$31.64	S: 11	80%		\$ 31.64		
	4 122.0 1				*		
			l '				
	\$7.59	S: 11		\$7.32	\$ 7.59		
	\$16.30	2P: 5		\$15.72	\$16.30		
				\$23.65	\$24.52		
\$20,000		29	\$20,000				
					580,000.00		
					\$ 0.13		
	\$2.60				\$ 2.60		
\$20,000		29	\$20,000				
					580,000.00		
					\$ 0.03		
	\$0.60				\$ 0.60		
	00	29	60% Max \$5,000	1			
90 CDMF			90 CDMF				
Same as any o	other illness		Same as any oth	er illness			
Same as any o	other illness		,	er illness			
Family			Primary				
•			2 years				
Yes			Yes				
Yes			No				
Yes			Yes				
					125,799.00		
					\$ 0.46		
	\$22.12				\$ 19.95		
	Benefits PAK C ABC Plan 1 \$1350/\$2700 0% N/A N/A ABC Rx HEQ 80% 80% (X-Rays) 80% \$1500 80% \$2100 2 Clean VSP 3 \$20,000 \$20,000 \$20,000 \$20,000 \$20,000 \$20,000	Rate Current Benefits PAK C ABC Plan 1 \$1350/\$2700 \$707.72 0% \$1,590.50 N/A N/A ABC RX HEQ 80% \$31.64 80% (X-Rays) 860.73 80% \$2100 2 Clean VSP 3 \$7.59 \$16.30 \$24.52 \$20,000 \$2.60 60% Max \$5,000 90 CDMF Same as any other illness Same as any other illness Family 2 years Yes Yes Yes	Current With Taxes PAK C ABC Plan 1 \$1350/\$2700 \$707.72 \$10 0% \$1,590.50 PF: 14 N/A ABC RX HEQ 80% \$31.64 S: 11 80% (X-Rays) \$60.73 PF: 13 \$1500 80% \$1122.34 PF: 13 \$2100 2 Clean VSP 3 \$7.59 \$24.52 FF: 13 \$20,000 29 \$20,000 29 \$2.60 \$20,000 29 \$2.60 \$20 CDMF Same as any other illness Same as any other illness Same as any other illness Family 2 years Yes Yes	Rate With Census Guoted Benefits	Current Benefits Rate Taxes Used Quoted Benefits Rate Taxes PAK C ABC Plan 1 \$1350/\$2700 \$707.72 \$10 \$14400/\$2800 \$678.29 0% \$1,590.50 \$2P.5 \$0% \$1,594.27 0% \$1,596.52 N/A \$1,978.93 F: 14 N/A \$1,896.52 N/A ABC RX HEQ HEQ N/A ABC RX HEQ 80% (X-Rays) \$60.73 2P: 5 80% (X-Rays) 80% (X-Rays) \$60.73 2P: 5 80% (X-Rays) 80% \$122.34 F: 13 80% \$1500 \$0% \$1500 80% \$2100 \$2100 \$2 Clean VSP 3 \$7.59 \$11 \$7.32 \$16.30 2P: 5 \$24.52 \$15.72 \$20,000 \$2.60 \$29 \$20,000 \$20,000 \$0.60 \$0.60 \$29 \$20,000 \$20DMF Same as any other illness \$2 me as any other illness Same as any other illness \$2 me as any other illness Family \$2 years \$2 years Yes Yes Yes Yes	Current Benefits Rate Taxes Quoted Benefits Rate Without Taxes Rate Without With With With With With With With Taxes PAK C ABC Plan 1 \$1350/\$2700 \$707.72 \$1400/\$2800 \$678.29 \$707.72 0% \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,590.50 \$1,978.93 \$1,978.93 \$1,978.93 \$1,04 \$1,978.93 \$1,572.23 \$1,978.93 \$1,579.93 \$1,572.93 \$1,579.93 \$1,572.93 \$1,579.93 \$1,579.93 \$1,579.93 \$1,579.93 \$1,579.93 \$1,579.93 \$1,579.93 \$1,579.	Rate With Census Used Benefits Taxes Used Benefits Taxes Taxes Taxes

otal Monthly Rate/Member - S \$772:27 otal Monthly Rate/Member - 2P \$1,692.85 otal Monthly Rate/Member - F \$2,151.11 \$ 770.10

\$1,690.68 \$2,148.94



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RBI#: 503361 MESSA Field Rep: Grace Benedict

luoted Group(s): 264A-Teachers

		Current		Quot	e ID 34534	5		
		Rate			Rate	Rate		
	Current	With	Census	Quoted	Without	With		
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes		
	PAK D			PAK D				
ledical:	ABC Plan 2			ABC Plan 2				
↑ Deductible:	\$2000/\$4000	\$618.74	S: 3	\$2000/\$4000	\$593.02	\$618.74		(a)
Coinsurance: Coinsurance:	10%	\$1,390.31		10%	\$1,332.43	\$1,390.31		
L/OV/SV Copay:	N/A	\$1,729.79		N/A	\$1,657.76	\$1,729.79		
C/ER Copay:	N/A	ψ1,723.73	1.7	N/A	\$1,037.70	ψ1,725.75		
x Coverage:	ABC Rx			ABC Rx				
iders Included:	HEQ			HEQ				
ental:	пец			HEQ				
iag & Prev:	80%	#04.C4	0.0	80%				
•		\$31.64				\$ 31.64		
asic Services:	80% (X-Rays)			80% (X-Rays)		\$ 60.73	•	
lajor Services:	80%	\$122.34	F: 8	80%		\$122.34		
nnual Max:	\$1500			\$1500		and the same of th		
rthodontics:	80%			80%				
ifetime Max:	\$2100			\$2100				
iders Included:	2 Clean			2 Clean				
ision:	VSP 3			VSP 3				
		\$7.59			\$7.32	\$ 7.59		
		\$16.30			\$15.72	\$16.30		
		\$24.52	F: 8		\$23.65	\$24.52		
ife Ins:	\$20,000		12	\$20,000				
olume:						240,000.00		
ate/\$1,000:						\$ 0.13		
omposite Rate:		\$2.60				\$ 2.60		
D&D Ins:	\$20,000		12	\$20,000				
olume:						240,000.00		
ate/\$1,000:		Ì				\$ 0.03		
omposite Rate:		\$0.60				\$ 0.60		
TD:	60% Max \$5,0	00	12	60% Max \$5,000				
/aiting Period:	90 CDMF			90 CDMF				
lcohol/Drug:	Same as any	other illness		Same as any oth	er illness			
lental/Nervous:	Same as any			Same as any oth				
oc. Sec. Offset:	Family			Primary				
	2 years			2 years				
re-Exist Condition:	•			Yes				
OLA:	Yes			No		1		
S Freeze:	Yes			Yes				
olume:	103			103		52,055.00		
ate/\$100:								
•		#00.40				\$ 0.46		
omposite Rate:	Member - S-	\$22.12				\$ 19.95		

otal Monthly Rate/Member - 2P \$1,492.66 otal Monthly Rate/Member - F \$1,901.97 \$1,490.49 \$1,899.80



st Lansing, MI 48826-2560

0.292.4910

Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503362 MESSA Field Rep: Grace Benedict

luoted Group(s): 264N-Food Serv/Para Wrk 34+ Hrs

		Current		Quo	le ID 345228	B
		Rate			Rate	Rate
	Current	With	Census	Quoted	Without	With
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes
	NON-PAK			NON-PAK		
ledical:	ABC Plan 1			ABC Plan 1		
Deductible:	\$1350/\$2700	\$722.14		\$1400/\$2800	\$692.11	\$722.14
1 Coinsurance:	0%	\$1,622.93		0%	\$1,555.35	\$1,622.93
L/OV/SV Copay:		\$2,019.29	F: 0	N/A	\$1,935.19	\$2,019.29
C/ER Copay:	N/A			N/A ABC Rx		
x Coverage: iders Included:	ABC Rx HEQ			HEQ		
iders included:	HEW			I IILG		
ledical:	ABC Plan 2			ABC Plan 2		
Deductible:	\$2000/\$4000	\$631.34	S: 0	\$2000/\$4000	\$605.09	\$631.34
Coinsurance:	10%	\$1,418.65		10%	\$1,359.59	\$1,418.65
L/OV/SV Copay:		\$1,765.06		N/A	\$1,691.56	\$1,765.06
C/ER Copay:	N/A			N/A		
x Coverage:	ABC Rx			ABC Rx		
iders Included:	HEQ			HEQ		
ledical:	Choices			Essentials by Mi		
1 Deductible:	\$500/\$1000	\$713.76		\$375/\$750	\$520.78	\$543.36
1 Coinsurance:	20%	\$1,604.08		20%	\$1,169.87	\$1,220.68
IL/OV/SV Copay:		\$1,995.83	F: 0	\$10/\$25/\$50	\$1,455.48	\$1,518.71
C/ER Copay:	\$25/\$50			\$50/\$200		
x Coverage:	SRX Mail			EbM		
iders Included: ental:	None			None		
ental: iag & Prev:	80%	\$28.49	S- 2	80%		\$ 28.49
asic Services:	80% (X-Rays)			80% (X-Rays)		\$ 55.40
lajor Services:	80%	\$104.27		80%		\$104.27
nnual Max:	\$1000	ψ10-1.27		\$1000		Ţ.Ţ.,
rthodontics:	60%			60%		
ifetime Max:	\$1000			\$1000		
iders Included:	2 Clean			2 Clean		
ision:	VSP 2			VSP 2		
		\$5,66			\$5.46	\$ 5.66
		\$12.15			\$11.72	\$12.15
		\$18.28			\$17.63	\$18.28
ife Ins:	\$20,000		8	\$20,000		
olume:						160,000.00
ate/\$1,000:		\$0.13		******		\$ 0.13
D&D Ins:	\$20,000		8	\$20,000		400 000 00
olume:		00.00				160,000.00
ate/\$1,000:		\$0.03				\$ 0.03



Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503362 MESSA Field Rep: Grace Benedict

tuoted Group(s): 264N-Food Serv/Para Wrk 34+ Hrs

		Current		Qu	iote ID 345228	
		Rate			Rate	Rate
	Current	With	Census	Quoted	Without	With
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes
	NON-PAK (Continued)		NON-PAK (C	Continued)	
TD:	66 2/3% Max	x \$1,000	8	66 2/3% Max	\$1,000	
/aiting Period:	60 WDMF			60 WDMF		
Icohol/Drug:	2 Year Limita	ation		2 Year Limitat	ion	
lental/Nervous:	2 Year Limita	ation		2 Year Limitat	ion	
oc. Sec. Offset:	Family			Family		İ
wn-Occupation:	2 years			2 years		
re-Exist Condition	n: Yes			Yes		
OLA:	No			No		
S Freeze:	Yes			Yes		
olume:						10,535.00
ate/\$100:		\$1.68				\$ 1.68



Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503360 MESSA Field Rep: Grace Benedict

luoted Group(s): 264C-Admin NonCert Tea Sec

		Current		Quo	te ID 34522	7			
		Rate			Rate	Rate			
	Current	With	Census	Quoted	Without	With			
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes			
	PAK A			PAK A					
ledical:	Choices			Essentials by M	ESSA	1			
N Deductible:	\$500/\$1000	\$699.52	S: 0	\$375/\$750	\$510.39	\$532.52			
N Coinsurance:	20%	\$1,572.03	2P: 0	20%	\$1,146.50	\$1,196.30			
L/OV/SV Copay:									
		\$1,955.95	F: U	\$10/\$25/\$50	\$1,426.39	\$1,488.36			
C/ER Copay:	\$25/\$50			\$50/\$200					
x Coverage:	SRX Mail			EbM					
iders Included:	None			None					
ental:									
iag & Prev:	80%	\$33.01		80%		\$ 33.01			
asic Services:	80% (X-Rays)	\$62.27	2P: 0	80% (X-Rays)		\$ 62.27			
lajor Services:	80%	\$119.37	F: 0	80%		\$119.37			
nnual Max:	\$1500			\$1500					
rthodontics:	80%			80%					
ifetime Max:	\$2100			\$2100					
iders Included:	2 Clean			2 Clean					
ision:	VSP 3			VSP 3					
		\$7.59	S: 0		\$7.32	\$ 7.59			
		\$16.30			\$15.72	\$16.30			
		\$24.52			\$23.65	\$24.52			
fe Ins:	\$35,000	φ24.3Z	0	#2E 000	\$23.00	\$24.32			
olume:	\$35,000		٠	\$35,000		0.00			
						0.00			
ate/\$1,000:						\$ 0.13			
omposite Rate:		\$4.55	_			\$ 4.55			
D&D Ins:	\$35,000		0	\$35,000					
olume:						0.00	4		
ate/\$1,000:						\$ 0.03			
omposite Rate:		\$1.05				\$ 1.05			
ΓD:	60% Max \$5,0	00	0	60% Max \$5,000)				
aiting Period:	90 CDMF			90 CDMF					
cohol/Drug:	Same as any o	ther illness		Same as any oth	ner illness				
entai/Nervous:	Same as any o	ther illness		Same as any oth	er illness				
oc, Sec, Offset:	Family			Family					
wn-Occupation:	2 years		1	2 years					
re-Exist Condition	•			Yes					
OLA:	Yes			Yes					
S Freeze:	Yes			Yes					
olume:	163			103		0.00			
ate/\$100:		***				\$ 0.83			
mposite Rate:		\$28.37				\$ 28.37		1	

otal Monthly Rate/Member - 2P \$1,684.57 otal Monthly Rate/Member - F \$2,133.81 \$ 607.09 \$1,308.84 \$1,666.22



Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503360 MESSA Field Rep: Grace Benedict

luoted Group(s): 264C-Admin NonCert Tea Sec

		Current		Quot	e ID 34522	7	<u> </u>	
		Rate			Rate	Rate		
	Current	With	Census	Quoted	Without	With		
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes	1	
	PAK B			PAK B				
ental:							l	
ag & Prev:	80%	\$29.86	S: 1	80%		\$ 29.86	l	
asic Services:	80% (X-Rays)	\$59.32	2P: 1	80% (X-Rays)		\$ 59.32	l	
ajor Services:	80%	\$123.62	F: 4	80%		\$123.62	l	
nual Max:	\$1500			\$1500				
thodontics:	80%			80%				
etime Max:	\$2100			\$2100				
ders included:	2 Clean			2 Clean				
sion:	VSP 3			VSP 3				
	-	\$7.59	S: 1		\$7.32	\$ 7.59		
		\$16.30		And the second s	\$15.72	\$16.30		
		\$24,52			\$23.65	\$24.52		
e Ins:	\$35,000		6	\$35,000				
lume:	*,			ļ · ·		210,000.00	Į	
ate/\$1,000:						\$ 0.13		
omposite Rate:		\$4.55				\$ 4.55		
D&D Ins:	\$35,000	•	6	\$35,000				
olume:	. ,					210,000.00		
ate/\$1,000:						\$ 0.03		
mposite Rate:		\$1.05				\$ 1.05	_	
D:	60% Max \$5,0		6	60% Max \$5,000				
aiting Period:	90 CDMF			90 CDMF				
cohol/Drug:	Same as any o	ther illness		Same as any oth	er illness	1		
ental/Nervous:	Same as any o			Same as any oth	er illness	1		
c. Sec. Offset:	Family			Family			i	
vn-Occupation:	2 years			2 years				
e-Exist Condition				Yes				
DLA:	Yes			Yes				
Freeze:	Yes			Yes				
lume:	-					20,512.00		
te/\$100:						\$ 0.83		
mposite Rate:		\$28.37				\$ 28.37		
tal Monthly Rate	/Member - S	\$ 71.42				\$ 71.42		
tal Monthly Rate		\$ 109.59				\$ 109.59		
tal Monthly Rate		\$ 182.11				\$ 182.11		



Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503360 MESSA Field Rep: Grace Benedict

luoted Group(s): 264C-Admin NonCert Tea Sec

		Current		Quo	te ID 345227	7			
		Rate			Rate	Rate			
	Current	With	Census	Quoted	Without	With			
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes			
	PAK C			PAK C					
ledical:	ABC Plan 1			ABC Plan 1					
V Deductible:	\$1350/\$2700	\$707.72	S: 3	\$1400/\$2800	\$678.29	\$707.72			
I Coinsurance:	0%	\$1,590.50	I .	0%	\$1,524.27	\$1,590.50			
L/OV/SV Copay:		\$1,978.93	1	N/A	\$1,896.52	\$1,978.93			
C/ER Copay:	N/A	* .,		N/A	V.,000.02	V.,0			
x Coverage:	ABC Rx			ABC Rx		i			
iders Included:	HEQ			HEQ					
ental:	11.24			TIEG					
iag & Prev:	80%	\$33.01	S: 3	80%		\$ 33.01			
asic Services:	80% (X-Rays)			80% (X-Rays)		\$ 62.27			
laior Services:	80%	\$119.37	l	80% (X-1\ays)		\$119.37			
nnual Max:	\$1500	Ψ113.37	1.7	\$1500		\$115.51			
rthodontics:	80%			80%					
ifetime Max:	\$2100			\$2100					
iders Included:	2 Clean			2 Clean					
ision:	VSP 3			VSP 3				 	
ision.	VOF 5	\$7.59	S: 3	V3F 3	\$7.32	\$ 7.59			
		\$16.30			\$15.72	\$16.30			
		\$24.52			\$23.65	\$24.52			
ife Ins:	\$35,000	Ψ27.02	11	\$35,000	323.03	\$24.32			
olume:	4 00,000		' '	455,000		385,000.00			
ate/\$1,000:						\$ 0.13			
omposite Rate:		\$4.55				\$ 4.55			
D&D Ins:	\$35,000	Ψ7.00	11	\$35,000		\$ 4.33	0		
olume:	Ψ00,000			ψ55,000		385,000.00			
ate/\$1,000:						\$ 0.03			
omposite Rate:		\$1,05				\$ 1.05			
rD:	60% Max \$5,0		11	60% Max \$5,000		\$ 1.05			
aiting Period:	90 CDMF		11	90 CDMF	,				
cohol/Drug:	Same as any	other illnes-		Same as any oth	an illnaan				
ental/Nervous:	Same as any o			Same as any oth					
	Family	Juigi miless		Family	101 1111022				
	2 years			2 years					
wn-occupation: e-Exist Condition:	•			Yes					
e-Exist Condition: DLA:	Yes			Yes					
S Freeze:	Yes		Ì			ĺ			
olume:	res			Yes		27 605 00			
						37,605.00			
ate/\$100:		#00 C7				\$ 0.83			
omposite Rate:		\$28.37				\$ 28.37			

otal Monthly Rate/Member - S 782.29 otal Monthly Rate/Member - 2P \$1,703.04 otal Monthly Rate/Member - F \$2,156.79 \$ 782.29 \$1,703.04 \$2,156.79



otal Monthly Rate/Member - 2P \$1,502.85

otal Monthly Rate/Member - F \$1,907.65

Request for Benefit Implementation/Cancellation White Cloud Public Schools RBI Rates Effective 01/01/2020 through 12/31/2020

RBI#: 503360 MESSA Field Rep: Grace Benedict

luoted Group(s): 264C-Admin NonCert Tea Sec

		Current		Quot	e ID 345227	7	
		Rate			Rate	Rate	
	Current	With	Census	Quoted	Without	With	
escription	Benefits	Taxes	Used	Benefits	Taxes	Taxes	
00011	PAK D			PAK D			
ledical:	ABC Plan 2			ABC Plan 2			
1 Deductible:	\$2000/\$4000	\$618.74	S: 0	\$2000/\$4000	\$593.02	\$618.74	
1 Coinsurance:	10%	\$1,390.31		10%	\$1,332.43	\$1,390.31	
L/OV/SV Copay:		\$1,729.79		N/A	\$1,657.76	\$1,729.79	
C/ER Copay:	N/A			N/A			
x Coverage:	ABC Rx			ABC Rx			
iders Included:	HEQ			HEQ			
ental:							
iag & Prev:	80%	\$33.01	S: 0	80%		\$ 33.01	
asic Services:	80% (X-Rays	\$62.27	2P: 0	80% (X-Rays)		\$ 62.27	
lajor Services:	80%	\$119.37		80%		\$119.37	
nnual Max:	\$1500			\$1500			
rthodontics:	80%			80%			
ifetime Max:	\$2100			\$2100			
iders Included:	2 Clean			2 Clean			
ision:	VSP 3			VSP 3			
		\$7.59	S: 0		\$7.32	\$ 7.59	
		\$16.30	2P: 0		\$15.72	\$16.30	
		\$24.52	F: 3		\$23.65	\$24.52	
ife Ins:	\$35,000		3	\$35,000			
olume:						105,000.00	
:ate/\$1,000:						\$ 0.13	
omposite Rate:		\$4.55				\$ 4.55	
D&D Ins:	\$35,000		3	\$35,000			
olume:						105,000.00	
:ate/\$1,000:						\$ 0.03	
omposite Rate:		\$1.05				\$ 1,05	
TD:	60% Max \$5,	000	3	60% Max \$5,000)		
/aiting Period:	90 CDMF			90 CDMF			
Icohol/Drug:	Same as any		1	Same as any oth			
lental/Nervous:	Same as any	other illness		Same as any oth	er illness		
oc. Sec. Offset:	Family			Family			
wn-Occupation:	2 years			2 years			
re-Exist Condition				Yes			
OLA:	Yes			Yes			
S Freeze:	Yes			Yes			
olume:						10,256.00	
ate/\$100:						\$ 0.83	
omposite Rate:		\$28.37				\$ 28.37	
otal Monthly Rate	/Member - S	\$ 693.31				-\$-693 . 31-	

\$1,502.85 \$1,907.65