

2021 Rate Renewal Exclusively for Iron Mountain Public Schools

(Part of APA - Upper Peninsula)

Quote #: 347107 MESSA Field Rep: RaeAnn Loy Date Created: 07/31/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610A - APA - UP Teachers

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)			
IN Deductible:	\$500/\$1000			
IN Coinsurance:	0%	Single: 1	\$700.01	\$739.06
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 1	\$1,575.03	\$1,662.87
UC/ER Copay:	\$25/\$50	Family: 3	\$1,960.04	\$2,069.36
Rx Coverage:	Saver Rx			
Riders:	None			
Plan	MESSA Choices (8C)			
IN Deductible:	\$1000/\$2000			
IN Coinsurance:	0%	Single: 0	\$660.12	\$696.93
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 0	\$1,485.26	\$1,568.08
UC/ER Copay:	\$25/\$50	Family: 0	\$1,848.32	\$1,951.40
Rx Coverage:	Saver Rx			
Riders:	None			
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1400/\$2800			
IN Coinsurance:	0%	Single: 2	\$624.97	\$659.82
OL/OV/SV Copay:	\$0	2-Person: 2	\$1,406.18	\$1,484.61
UC/ER Copay:	\$0	Family: 18	\$1,749.91	\$1,847.50
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Plan	MESSA ABC Plan 2 (9H)			
IN Deductible:	\$2000/\$4000			
IN Coinsurance:	20%	Single: 0	\$534.98	\$564.81
OL/OV/SV Copay:	\$0	2-Person: 0	\$1,203.69	\$1,270.82
UC/ER Copay:	\$0	Family: 0	\$1,497.93	\$1,581.47
Rx Coverage:	ABC Rx	-		
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	27	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.547% for federal and state taxes and fees.



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Quote #: 347107 MESSA Field Rep: RaeAnn Loy Date Created: 07/31/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610A - APA - UP Teachers

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max:	06418-01 100% (X-Rays) 80% 80% \$1,000 80% \$1,500	Single: 3 2-Person: 3 Family: 21	\$32.73 \$62.92 \$122.25	\$32.73 \$62.92 \$122.25
Riders: Plan Year:	2 Cleanings Jul-Jun			
Vision Plan Year:	VSP 3 Jul-Jun	Single: 3 2-Person: 4 Family: 26	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$135,000	27	\$0.12 \$0.60	\$0.15 \$0.75
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$135,000	27	\$0.03 \$0.15	\$0.03 \$0.15
		e per Member: Single	\$41.07	\$41.22

Total Monthly Rate per Member: Single \$41.07 \$41.22 Total Monthly Rate per Member: 2-Person \$79.97 \$80.12 Total Monthly Rate per Member: Family \$147.52 \$147.67

COBRA RATES:



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Quoted Group(s): 610A - APA - UP Teachers

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06418-02			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 3	\$31.53	\$31.53
Annual Max:	\$1,000	2-Person: 1	\$59.47	\$59.47
Orthodontics:	80%	Family: 5	\$117.76	\$117.76
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 3	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 4	\$16.30	\$16.30
		Family: 26	\$24.52	\$24.52
Life Insurance				
Volume:	\$10,000			
Total Volume:	\$60,000	6		
Rate/\$1,000:			\$0.12	\$0.15
Composite:			\$1.20	\$1.50
AD&D Coverage				
Volume:	\$10,000			
Total Volume:	\$60,000	6		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.30	\$0.30
	Total Monthly Rat	te per Member: Single	\$40.62	\$40.92
		te ner Memher: 2-Person	\$77.27	\$77.57

Total Monthly Rate per Member: Single \$40.62 \$40.92 Total Monthly Rate per Member: 2-Person \$77.27 \$77.57 Total Monthly Rate per Member: Family \$143.78 \$144.08

COBRA RATES:



2021 Rate Renewal Exclusively for Iron Mountain Public Schools

(Part of APA - Upper Peninsula)

Quote #: 347107 MESSA Field Rep: RaeAnn Loy Date Created: 07/31/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610CE - APA - UP Superintendent/Admins

Medical plans

Description	Benefits	Enrollmer	nt	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 0 2	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 0 1	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
Basic Term Life with Medical Volume:	\$5,000		3	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.547% for federal and state taxes and fees.



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Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610CE - APA - UP Superintendent/Admins

Ancillary plans with medical

Description	Description Benefits Enrollment		2020 Rate	2021 Rate
Dental	06418-07			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 0	\$33.44	\$33.44
Annual Max:	\$1,000	2-Person: 0	\$61.90	\$61.90
Orthodontics:	80%	Family: 3	\$122.77	\$122.77
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 0	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 1	\$16.30	\$16.30
		Family: 3	\$24.52	\$24.52
Life Insurance				
Volume:	Volume As Enrolled			
Total Volume:	\$500,000	4		
Rate/\$1,000:			\$0.12	\$0.15
Composite:			\$12.00	\$18.75
AD&D Coverage				
Volume:	Volume As Enrolled			
Total Volume:	\$500,000	4		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$3.00	\$3.75
LTD Benefit				
Benefit:	66 2/3% Max \$3,000			
Max Monthly Salary:	\$4,500			
Waiting Period:	365 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$18,000	4		
Rate/\$100:			\$0.39	\$0.45
Composite:			\$17.55	\$20.25

Total Monthly Rate per Member: Single \$73.58 \$83.78
Total Monthly Rate per Member: 2-Person \$110.75 \$120.95
Total Monthly Rate per Member: Family \$179.84 \$190.04

COBRA RATES:



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Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610CE - APA - UP Superintendent/Admins

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06418-08			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 0	\$33.06	\$33.06
Annual Max:	\$1,000	2-Person: 1	\$62.48	\$62.48
Orthodontics:	80%	Family: 0	\$124.32	\$124.32
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 0	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 1	\$16.30	\$16.30
		Family: 3	\$24.52	\$24.52
Life Insurance				
Volume:	Volume As Enrolled			
Total Volume:	\$500,000	4		
Rate/\$1,000:			\$0.12	\$0.15
Composite:			\$12.00	\$18.75
AD&D Coverage				
Volume:	Volume As Enrolled			
Total Volume:	\$500,000	4		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$3.00	\$3.75
LTD Benefit				
Benefit:	66 2/3% Max \$3,000			
Max Monthly Salary:	\$4,500			
Waiting Period:	365 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$18,000	4		
Rate/\$100:			\$0.39	\$0.45
Composite:			\$17.55	\$20.25
	Total Monthly Rat	e per Member: Single	\$73.20	\$83.40

Total Monthly Rate per Member: Single \$73.20 \$83.40
Total Monthly Rate per Member: 2-Person \$111.33 \$121.53
Total Monthly Rate per Member: Family \$181.39 \$191.59

COBRA RATES:



2021 Rate Renewal Exclusively for Iron Mountain Public Schools

(Part of APA - Upper Peninsula)

Quote #: 347107 MESSA Field Rep: RaeAnn Loy Date Created: 07/31/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610G - APA - UP Non Union Staff

Medical plans

Description	Benefits	Enrollmen	ıt	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)				
IN Deductible:	\$500/\$1000				
IN Coinsurance:	0%	Single:	1	\$700.01	\$739.06
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	2	\$1,575.03	\$1,662.87
UC/ER Copay:	\$25/\$50	Family:	3	\$1,960.04	\$2,069.36
Rx Coverage:	Saver Rx				
Riders:	None				
Plan	MESSA Choices (8C)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	0%	Single:	1	\$660.12	\$696.93
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	1	\$1,485.26	\$1,568.08
UC/ER Copay:	\$25/\$50	Family:	0	\$1,848.32	\$1,951.40
Rx Coverage:	Saver Rx				
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1400/\$2800				
IN Coinsurance:	0%	Single:	2	\$624.97	\$659.82
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,406.18	\$1,484.61
UC/ER Copay:	\$0	Family:	2	\$1,749.91	\$1,847.50
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Plan	MESSA ABC Plan 2 (9H)				
IN Deductible:	\$2000/\$4000				
IN Coinsurance:	20%	Single:	0	\$534.98	\$564.81
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,203.69	\$1,270.82
UC/ER Copay:	\$0	Family:	0	\$1,497.93	\$1,581.47
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		12	\$1.50	\$1.50

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COBRA RATES:

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Quoted Group(s): 610G - APA - UP Non Union Staff

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06418-05			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 4	\$33.46	\$33.46
Annual Max:	\$1,000	2-Person: 3	\$63.89	\$63.89
Orthodontics:	80%	Family: 5	\$123.28	\$123.28
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 4	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 3	\$16.30	\$16.30
		Family: 9	\$24.52	\$24.52
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$60,000	12		
Rate/\$1,000:			\$0.12	\$0.15
Composite:			\$0.60	\$0.75
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$60,000	12		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.15	\$0.15
	Total Monthly Ra	te per Member: Single	\$41.80	\$41.95

Total Monthly Rate per Member: Single \$41.80 \$41.95
Total Monthly Rate per Member: 2-Person \$80.94 \$81.09
Total Monthly Rate per Member: Family \$148.55 \$148.70

COBRA RATES:



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Quote #: 347107 MESSA Field Rep: RaeAnn Loy Date Created: 07/31/2020

\$138.20

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610G - APA - UP Non Union Staff

Ancillary plans without medical

Description	Benefits	Enrollme	nt	2020 Rate	2021 Rate
Dental	06418-06				
Diag & Prev:	100% (X-Rays)				
Basic Services:	80%				
Major Services:	80%	Single:	0	\$29.66	\$29.66
Annual Max:	\$1,000	2-Person:	0	\$57.24	\$57.24
Orthodontics:	80%	Family:	4	\$112.18	\$112.18
Lifetime Max:	\$1,500				
Riders:	2 Cleanings				
Plan Year:	Jul-Jun				
Vision	VSP 3	Single:	4	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person:	3	\$16.30	\$16.30
		Family:	9	\$24.52	\$24.52
Life Insurance					
Volume:	\$10,000				
Total Volume:	\$40,000		4		
Rate/\$1,000:				\$0.12	\$0.15
Composite:				\$1.20	\$1.50
AD&D Coverage					
Volume:	\$10,000				
Total Volume:	\$40,000		4		
Rate/\$1,000:				\$0.03	\$0.03
Composite:				\$0.30	\$0.30
	Total Monthly Rat	e per Member: Single	'	\$38.75	\$39.05
	Total Monthly Rat	te per Member: 2-Perso	on	\$75.04	\$75.34

Total Monthly Rate per Member: Family

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

\$138.50



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Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610I - APA - UP Union Staff

Medical plans

Description	Benefits	Enrollment	t	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 0 0	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 0 0	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	1 0 0	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	4 0 0	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
Basic Term Life with Medical Volume:	\$5,000		5	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.547% for federal and state taxes and fees.



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Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610I - APA - UP Union Staff

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06418-03			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 3	\$31.24	\$31.24
Annual Max:	\$1,000	2-Person: 0	\$60.40	\$60.40
Orthodontics:	80%	Family: 2	\$120.96	\$120.96
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 6	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 2	\$16.30	\$16.30
		Family: 7	\$24.52	\$24.52
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$25,000	5		
Rate/\$1,000:			\$0.12	\$0.15
Composite:			\$0.60	\$0.75
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$25,000	5		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.15	\$0.15
Total Monthly Rate per Member: Single			\$39.58	\$39.73
	Total Monthly Ra	\$77.45	\$77.60	
	Total Monthly Rat	e per Member: Family	\$146.23	\$146.38

COBRA RATES:



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Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610I - APA - UP Union Staff

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06418-04			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 3	\$27.96	\$27.96
Annual Max:	\$1,000	2-Person: 2	\$53.94	\$53.94
Orthodontics:	80%	Family: 5	\$110.49	\$110.49
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 6	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 2	\$16.30	\$16.30
		Family: 7	\$24.52	\$24.52
Life Insurance				
Volume:	\$10,000			
Total Volume:	\$100,000	10		
Rate/\$1,000:			\$0.12	\$0.15
Composite:			\$1.20	\$1.50
AD&D Coverage				
Volume:	\$10,000			
Total Volume:	\$100,000	10		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.30	\$0.30
	Total Monthly Rat	te per Member: Single	\$37.05	\$37.35
		te ner Memher: 2-Person	\$71 7 <i>4</i>	\$72 04

Total Monthly Rate per Member: Single \$37.05 \$37.35 Total Monthly Rate per Member: 2-Person \$71.74 \$72.04 Total Monthly Rate per Member: Family \$136.51 \$136.81

COBRA RATES:



2021 Rate Renewal Exclusively for Iron Mountain Public Schools

(Part of APA - Upper Peninsula)

Quote #: 347107 MESSA Field Rep: RaeAnn Loy Date Created: 07/31/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 610K - APA-UP ACA Eligible Employees

Medical plans

Description	Benefits	Enrollme	ent	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 3 (7Z) \$3500/\$7000 10% \$0 \$0 ABC RX HEQ	Single: 2-Person: Family:	0 0 0	\$531.19 \$1,195.17 \$1,487.33	\$560.81 \$1,261.83 \$1,570.28
Basic Term Life with Medical Volume:	\$5,000		0	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.547% for federal and state taxes and fees.