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

## Benefit Program Cost Summary

Effective 10/01/2016

Negaunee Public Schools  
 101 S Pioneer Ave  
 Negaunee, MI 49866-1694

Group: 748C-Teacher

Employer ID: 748  
 MESSA Field Rep: RaeAnn Loy

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 100000	FT/PT 748C			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$200 Single/\$400 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1000 Single/\$2000 Family Out-of-Network Ded: \$400 Single/\$800 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single/\$4000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 17 691.21 2-Person: 11 1,555.23 Family: 41 1,935.37	6D         2A30 2A31 2A32
Dental	Dent80/80/80/80:1200/1000:2 6201-0001	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 16 25.90 2-Person: 11 52.23 Family: 42 98.55	D0210         2A33 2A34 2A35
Vision	VSP 3	Plan year July to July	Single: 16 6.88 2-Person: 11 14.80 Family: 42 22.26	V31 2A39 2A3A 2A3B
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 69 12.41 Volume: 244,577 Rate per 100: 0.35	LT539 18C2
PAK Life	\$30,000 PAK Life		Individuals: 69 2.40 Volume: 2,070,000 Rate per 1000: 0.08	P03002 18C3
PAK AD&D	\$30,000 PAK AD&D		Individuals: 69 0.90 Volume: 2,070,000 Rate per 1000: 0.03	K03002 18C1
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	BTLM01 001Z

**COBRA RATES:**

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



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PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6201-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 7 Family: 12	26.88 54.74 100.99	D0213A  2A36 2A37 2A38
Vision	VSP 3	Plan year July to July	Single: 2 2-Person: 7 Family: 12	6.88 14.80 22.26	V32 2A3C 2A3D 2A3E
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 21 Volume: 74,436 Rate per 100: 0.35	12.41	LT5392 18C9
PAK Life	\$40,000 PAK Life		Individuals: 21 Volume: 840,000 Rate per 1000: 0.08	3.20	P04002 18CA
PAK AD&D	\$40,000 PAK AD&D		Individuals: 21 Volume: 840,000 Rate per 1000: 0.03	1.20	K04002 18C7
PAK Dependent Life	\$10,000/5,000 PAK Dep Life		Individuals: 21 Volume: 210,000 Rate per 1000: 0.23	2.30	PDL010 18C8

**COBRA RATES:**

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## Benefit Program Cost Summary

### Effective 10/01/2016

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 2-Person & Family Cov Out-of-Network Ded: \$2600 Single Cov; \$5200 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 0	572.65 1,288.47 1,603.41	7UA       37EM 37EN 37EO
Dental	Dent80/80/80/80:1200/1000:2 6201-0001	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	25.90 52.23 98.55	D0210A       37EP 37EQ 37ER
Vision	VSP 3	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.88 14.80 22.26	V3 37ES 37ET 37EU
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 0 Volume: 0 Rate per 100: 0.35	12.41	LT539A 37EX
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.08	2.40	P03001 37EV
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K03001 37EW
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

**COBRA RATES:**

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

Please refer to plan coverage booklets for a complete description of benefits.



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2016 Rate Renewal Exclusively for

**Negaunee Public Schools**

Renewal Effective 07/01/2016

Quote #: 333480  
 MESSA Field Rep: RaeAnn Loy  
 Date Created: 03/22/2016

NON-PAK - 748F Administration		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$516.79	Single: 1	\$585.83
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,160.91	2-Person: 0	\$1,316.26
IN Coinsurance:	N/A	\$1,444.31	Family: 5	\$1,637.62
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Medical:	MESSA Choices	\$660.46	Single: 0	\$752.51
IN Deductible:	\$200/\$400	\$1,484.19	2-Person: 3	\$1,691.29
IN Coinsurance:	N/A	\$1,846.60	Family: 1	\$2,104.33
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	\$10/\$20			
Riders Included:	EA1			
NON-PAK COBRA RATES:				
	MESSA ABC Plan 1		Single	\$584.33
			2-Person	\$1,314.76
			Family	\$1,636.12
	MESSA Choices		Single	\$751.01
			2-Person	\$1,689.79
			Family	\$2,102.83

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. **These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.**



2016 Rate Renewal Exclusively for

Quote #: 333480

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Negaunee Public Schools

MESSA Field Rep: RaeAnn Loy
Date Created: 03/22/2016

Renewal Effective 07/01/2016

NON-PAK - 748A Educational Support Personnel

Table with 4 columns: Description, 2015-16 Rates, Enrollment, 2016-17 Rates. Rows include Medical, IN Deductible, IN Coinsurance, IN Copay, Rx Coverage, Riders Included for MESSA ABC Plan 1 and MESSA Choices.

NON-PAK COBRA RATES:

Table with 4 columns: Plan Name, Enrollment Type, 2016-17 Rates. Rows include MESSA ABC Plan 1 (Single, 2-Person, Family) and MESSA Choices (Single, 2-Person, Family).

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.



2016 Rate Renewal Exclusively for

Quote #: 333480

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Negaunee Public Schools
Renewal Effective 07/01/2016

MESSA Field Rep: RaeAnn Loy
Date Created: 03/22/2016

Table with 4 columns: NON-PAK - 748H Transportation/Mechanics, 2015-16 Rates, Enrollment, 2016-17 Rates. Rows include Medical, IN Deductible, IN Coinsurance, IN Copay, Rx Coverage, Riders Included for MESSA ABC Plan 1 and MESSA Choices, and NON-PAK COBRA RATES.

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.



**Thomas M. Conway**  
Chairman

**Emily M. Woodward**  
Executive Director

April 29, 2016

Mr. Dan Skewis  
Superintendent of Schools  
Negaunee Public Schools  
101 South Pioneer Avenue  
Negaunee, MI 49866

Re: **September 1, 2016 Renewal**  
**Group Nos. 16176-80, 81**

Dear Mr. Skewis:

Our records indicate that the Medical and Prescription Drug programs at Negaunee Public Schools are scheduled to renew September 1, 2016. The following monthly premium rates are effective September 1, 2016 through August 31, 2017.

	<b>Individual</b>	<b>Member + 1</b>	<b>Family</b>
Medical: PPO 100/80	\$435.96	\$1,155.32	\$1,329.70
Prescription Drug: R:\$10/\$20/\$35; MO:\$20/\$40/\$70	\$111.29	\$ 292.68	\$ 348.32
Fund Administrative Fee	\$4.00 per member per month		

**On the premium rate chart above and beginning with your September 1, 2016 billing statement, you will notice a new line item titled Fund Administrative Fee. In the past we have added the Fund Administrative Fee into your medical premium. This billing modification does not impact the coverage provided to your employees. Should you have any questions or concerns please let me know.**

An updated Participation Agreement will be sent for your review and signature within the next 60 days. This Agreement will provide for continued coverage through the Fund through August 31, 2017.

If you have any questions or need additional information, please do not hesitate to call me. I can be reached directly at (412) 562-2462.

Sincerely,

Diane Pickle  
Executive Director

CC: C. Haddock, USW District 2

**STEELWORKERS HEALTH AND WELFARE FUND**

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