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# Current Bargained Benefits Group Benefit Program Statement

**Fowler Public Schools**  
 700 N Main St  
 Fowler, MI 48835-9777

Group: **Administration**  
 County: **Clinton**  
 Employer ID: **526**

Benefit Program As Of Date: **03/01/2018**  
 Contact: **Teresa Pline, Billing Contact**

Job	FT/PT Eligibility Rule ID
Business Manager - 110009	FT/PT 526A
Supervisor - 100023	FT/PT 526A

Job	FT/PT Eligibility Rule ID
Principal - 110004	FT/PT 526A

PAK A	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA ABC Plan 1	In-Network Ded: \$1350 Single Cov; \$2700 2-Person & Family Cov Medical In-Network OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Person & Family Cov Total IN OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov Out-of-Network Ded: \$2700 Single Cov; \$5400 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4700 Single Cov; \$9400 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 708.16 2-Person: 1,593.37 Family: 1,982.86	7V            2L20 2L21 2L22
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0003	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No <u>Cleanings: 2 per year</u>	Single: 41.45 2-Person: 83.14 Family: 158.84	D2064D            2L23 2L24 2L25
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V3F 2L26 2L27 2L28
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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 <u>Educational Supplemental Program: No</u>	36.23	LT250B 2L2B
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250B 2L29
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250B 2L2A
<b>Basic Term Life</b>	Basic Term Life w/ Med \$5,000		1.50	BTLM03 001Z

**COBRA RATES:**

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



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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0004	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 48.63 2-Person: 98.76 Family: 180.17	D2064E  2L2C 2L2D 2L2E
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V3J 2L2F 2L2G 2L2H
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	36.23	LT250C 2L2K
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250C 2L2I
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250C 2L2J

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## Current Bargained Benefits Group Benefit Program Statement

PAK C	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Medical In-Network OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total IN OOP Max: \$3000 Single/\$6000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4000 Single/\$8000 Family Prescription Coverage: MESSA Saver Rx	Single: 747.99 2-Person: 1,682.97 Family: 2,094.36	8CB         3AHV 3AHW 3AHX
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0003	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 41.45 2-Person: 83.14 Family: 158.84	D2064F         3AHY 3AHZ 3AI0
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V311 3AI1 3AI2 3AI3
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	36.23	LT250I 3AI6
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250I 3AI4
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250I 3AI5
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM07 001Z

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



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## Current Bargained Benefits Group Benefit Program Statement

**Fowler Public Schools**  
700 N Main St  
Fowler, MI 48835-9777

Group: **Maintenance & Office Personnel**  
County: **Clinton**  
Employer ID: **526**

Benefit Program As Of Date: **03/01/2018**  
Contact: **Teresa Pline, Billing Contact**

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Secretary - 190022	FT/PT 526C	Facilities Maint Worker - 180003	FT/PT 526C

PAK A	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA ABC Plan 1	In-Network Ded: \$1350 Single Cov; \$2700 2-Person & Family Cov Medical In-Network OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Person & Family Cov Total IN OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov Out-of-Network Ded: \$2700 Single Cov; \$5400 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4700 Single Cov; \$9400 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 708.16 2-Person: 1,593.37 Family: 1,982.86	7VB            2L2L 2L2M 2L2N
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0005	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 41.45 2-Person: 83.14 Family: 158.84	D2064H            2L2O 2L2P 2L2Q
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V3N 2L2R 2L2S 2L2T
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	34.37	LT250D 2L2U
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250D 2L2V
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250D 2L2W
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM04 001Z

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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0006	Class I: 100%		D2064I
		Class II: 100%		
		Class III: 50%		
		Class IV: 50%		
		Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: No	Single: 48.63	2L30
		Sealants: No	2-Person: 98.76	2L31
		Cleanings: 2 per year	Family: 180.17	2L32
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23	V3K 2L2X
			2-Person: 13.39	2L2Y
			Family: 20.14	2L2Z
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67	34.37	LT250E 2L33
		Maximum Benefit: \$3,000		
		Maximum Monthly Salary: \$4,500		
		Waiting Period: 60 Calendar Days Modified Fill		
		Alcohol/Drug: Same as any other illness		
		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		
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250E 2L34
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250E 2L35

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## Current Bargained Benefits Group Benefit Program Statement

PAK C	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Medical In-Network OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total IN OOP Max: \$3000 Single/\$6000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4000 Single/\$8000 Family Prescription Coverage: MESSA Saver Rx	Single: 747.99 2-Person: 1,682.97 Family: 2,094.36	8CA         3AHJ 3AHK 3AHL
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0005	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No <u>Cleanings: 2 per year</u>	Single: 41.45 2-Person: 83.14 Family: 158.84	D2064C         3AHM 3AHN 3AHO
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V310 3AHP 3AHQ 3AHR
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	34.37	LT250H 3AHU
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250H 3AHS
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250H 3AHT
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM06 001Z

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## Current Bargained Benefits Group Benefit Program Statement

**Fowler Public Schools**  
**700 N Main St**  
**Fowler, MI 48835-9777**

Group: **Full & Part Time Teachers**  
 County: **Clinton**  
 Employer ID: **526**

Benefit Program As Of Date: **03/01/2018**  
 Contact: **Teresa Pline, Billing Contact**

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 100000	FT/PT 526E			
PAK A	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Medical In-Network OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total IN OOP Max: \$3000 Single/\$6000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4000 Single/\$8000 Family Prescription Coverage: MESSA Saver Rx	Single: 747.99 2-Person: 1,682.97 Family: 2,094.36	8C            2H9H 2H9I 2H9J
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0001	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No <u>Cleanings: 2 per year</u>	Single: 42.41 2-Person: 83.29 Family: 151.98	D2064            2H9K 2H9L 2H9M
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V3 2H9N 2H9O 2H9P
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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 <u>Educational Supplemental Program: No</u>	22.21	LT250 2H9Q
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P02501 2H9R
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K02501 2H9S
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM01 001Z

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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0002	Class I: 100%		D2064A
		Class II: 100%		
		Class III: 50%		
		Class IV: 50%		
		Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: No	Single: 41.35	2H9T
		Sealants: No	2-Person: 77.50	2H9U
		Cleanings: 2 per year	Family: 119.83	2H9V
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23	V3C 2H9W
			2-Person: 13.39	2H9X
			Family: 20.14	2H9Y
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67	22.21	LT250A 2H9Z
		Maximum Benefit: \$3,000		
		Maximum Monthly Salary: \$4,500		
		Waiting Period: 60 Calendar Days Modified Fill		
		Alcohol/Drug: Same as any other illness		
		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		
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P02502 2HAZ
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K02502 2HB0

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## Current Bargained Benefits Group Benefit Program Statement

PAK C	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA ABC Plan 2	In-Network Ded: \$2000 Single Cov; \$4000 2-Person & Family Cov Medical In-Network OOP Max Including IN Ded: \$3000 Single Cov; \$6000 2-Person & Family Cov Total IN OOP Max: \$3000 Single Cov; \$6000 2-Person & Family Cov Out-of-Network Ded: \$4000 Single Cov; \$8000 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$6000 Single Cov; \$12000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 662.75 2-Person: 1,491.18 Family: 1,855.70	7X           2R5N 2R5O 2R5P
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0001	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42.41 2-Person: 83.29 Family: 151.98	D2064L           2TDX 2TE0 2TE1
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V3A 2TE2 2TE3 2TE4
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	22.21	LT250F 2TE5
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250F 2TE6
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250F 2TE7
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM02 001Z

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## Current Bargained Benefits Group Benefit Program Statement

PAK D	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Medical In-Network OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$2000 Single/\$4000 Family Total IN OOP Max: \$4000 Single/\$8000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4000 Single/\$8000 Family Prescription Coverage: 3-Tier Rx with Mandatory Mail	Single: 704.79 2-Person: 1,585.77 Family: 1,973.40	AW           37BM 37BN 37BO
<b>Dental</b>	Dent100/100/50/50:1000/1500:2 6484-0001	Class I: 100% Class II: 100% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42.41 2-Person: 83.29 Family: 151.98	D2064B           37BP 37BQ 37BR
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.23 2-Person: 13.39 Family: 20.14	V31 37BS 37BT 37BU
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	22.21	LT250G 37BX
<b>PAK Life</b>	\$25,000 PAK Life		3.25	P0250G 37BV
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		0.75	K0250G 37BW
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM05 001Z

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