

Premium and Benefit Comparison
Prepared for: *Whitehall District Schools*
Effective Date: *January 1, 2021*



Item	MESSA	UNUM	Companion Life	BCBSM
				Blue Dental PPO
Deductible	None	\$50 (family max 3x)	\$100/lifetime per member	\$50 (family max 3x)
Deductible apply to Class I?	N/A	No	Yes	No
Diagnostic & Preventive Services	80%	80%	100%	100% 100% of approved amount
Basic Services	80%	80%	80%	80% 80% of approved amount
Major Restorative Services	80%	80%	50%	50% 50% of approved amount
Annual Max Benefit (per person)	\$1,000	\$1,000	\$1,000	\$1,250
Orthodontics	80%	50%	50%	50% 50% of approved amount
Orthodontia Max Benefit (per lifetime)	\$1,300	\$1,200	\$1,200	\$1,250
Rates Effective	1/1/2021	1/1/2021	1/1/2021	1/1/2021
Employee	\$27.30	\$28.55	\$25.54	\$29.95
Employee & Spouse	\$52.05	\$55.54	\$52.32	\$59.90
Family	\$99.62	\$121.60	\$108.78	\$104.82

Please note: This information is intended to summarize and illustrate the benefits, rates, taxes, and other fees associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance.