

Otsego Public Schools

Effective 09/01/2014

	MetLife	Lincoln Financial	BCBSM	UHC
Maximums				
Deductible	\$25	\$0	\$25	\$25
Benefit Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Maximum	\$2,000	\$2,000	\$2,000	\$2,000
Class I	100%	100%	100%	100%
Class II	90%	90%	90%	90%
Class III	60%	60%	60%	60%
Orthodontia	50%	60%	50%	60%
Rates				
Employee Only 32			\$37.77	\$51.44
Employee + Spouse 33	\$98.01	\$102.28	\$90.65	\$100.57
Employee/Child(ren) 86			\$113.31	\$169.37
Estimated Total Monthly Premium	\$14,799.51	\$15,444.28	\$13,944.75	\$19,530.71
Estimated Total Annual Premium	\$177,594.12	\$185,331.36	\$167,337.00	\$234,368.52

Comparisons are a brief summary of benefits. In the event of a conflict, the Certificate of Coverage will override this document. All rates are estimates subject to change based on final submission.

