



Good health. Good business. Great schools.

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

### Quote Summary Exclusively for Lenawee County Consortium

Quote Effective 07/01/2016

Requested: 05/06/2016

Quote Request ID: 221163

MESSA Field Rep: Julie Berryman Adams

**Quoted Group(s):** 002A-LCC Teach/Admin/Cust/NonHeadst, 132I-LCC LIEA, LVEA Teach, NonUnion, 150C-LCC Teachers, 216A-LCC Admin, Food Service, Maint, 216C-LCC Teachers, 298M-LCC Teacher, Couns, Admin, 308A-LCC FT Teach, Cust, Mtc, 364A-LCC Teach, Admin, Assist, 377A-LCC Teacher/Cust/Admin, 411A-LCC Admin, Teach, Support Staf, 411I-LCC FT Trans hired before 1986, 579G-LCC Teach, Mech, Admin, Mtn, 746A-LCC Teach/Admin/Support, 791A-LCC Teachers/Custodians

Description	Current - LCC EA, ADM, CMOP	Rate	Census Used	Quote ID 334355	Rate
Medical:			Single: 162	<b>PAK A</b>	
IN Deductible:			2-Person: 134	<b>MESSA Choices</b>	<b>633.07</b>
OON Deductible:			Family: 457	<b>\$500/\$1000</b>	<b>1,422.53</b>
OV/UC/ER Copay:				<b>\$1000/\$2000</b>	<b>1,769.87</b>
RX Drug Copay:				<b>\$20/\$25/\$50</b>	
Riders Included:				<b>Saver Rx</b>	
				<b>EA1</b>	
Dental:			Single: 161		<b>32.14</b>
Class I:			2-Person: 145	<b>100%</b>	<b>64.03</b>
Class II:			Family: 447	<b>80%</b>	<b>118.47</b>
Class III:				<b>80%</b>	
Annual Max:				<b>\$1,500</b>	
Class IV:				<b>80%</b>	
Lifetime Max:				<b>\$1,500</b>	
Riders Included:				<b>2 Cleanings</b>	
Vision:			Single: 160	<b>VSP 2 S</b>	<b>7.21</b>
			2-Person: 145		<b>15.50</b>
			Family: 448		<b>23.34</b>
Life Ins:			752	<b>\$45,000</b>	
Volume:					<b>33,840,000</b>
Rate/\$1,000:					<b>0.09</b>
Composite:					<b>4.05</b>
AD&D Ins:			752	<b>\$45,000</b>	
Volume:					<b>33,840,000</b>
Rate/\$1,000:					<b>0.03</b>
Composite:					<b>1.35</b>
Dep Life Ins:				Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
LTD:			753	<b>66 2/3% Max \$6,000</b>	
Waiting Period:				<b>90 CDMF</b>	
Alcohol/Drug:				<b>Same as any other illness</b>	
Mental/Nervous:				<b>Same as any other illness</b>	
SS Offset:				<b>Primary</b>	
COLA:				<b>No</b>	
Volume:					<b>3,398,558</b>
Rate/\$100:					<b>0.57</b>
Composite:					<b>25.75</b>

Total Monthly Rate Per Member - Single \$703.57  
 Total Monthly Rate Per Member - 2 Person \$1,533.21  
 Total Monthly Rate Per Member - Family \$1,942.83

*The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates. These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees.*



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Description	Current - LCC EA, ADM, CMOP	Rate	Census Used	Quote ID 334355	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:				PAK B Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:			Single: 33 2-Person: 70 Family: 210	100% 80% 80% \$1,500 80% \$1,500 2 Cleanings	31.89 64.15 120.52
Vision:			Single: 33 2-Person: 70 Family: 210	VSP 2 S	7.21 15.50 23.34
Life Ins: Volume: Rate/\$1,000: Composite:			313	\$50,000	15,650,000 0.09 4.50
AD&D Ins: Volume: Rate/\$1,000: Composite:			313	\$50,000	15,650,000 0.03 1.50
Dep Life Ins: Volume: Rate/\$1,000: Composite:				Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100: Composite:			312	66 2/3% Max \$6,000 90 CDMF Same as any other illness Same as any other illness Primary No	1,408,168 0.57 25.75

Total Monthly Rate Per Member - Single \$70.85  
 Total Monthly Rate Per Member - 2 Person \$111.40  
 Total Monthly Rate Per Member - Family \$175.61

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Description	Current - LCC EA, ADM, CMOP	Rate	Census Used	Quote ID 334355	Rate
Medical:			Single: 35	<b>PAK C</b>	
IN Deductible:			2-Person: 46	<b>MESSA ABC Plan 1</b>	<b>569.91</b>
OON Deductible:			Family: 152	<b>\$1300/\$2600</b>	<b>1,280.45</b>
OV/UC/ER Copay:				<b>\$2600/\$5200</b>	<b>1,593.06</b>
RX Drug Copay:				<b>N/A</b>	
Riders Included:				<b>ABC Rx</b>	
				<b>EA1</b>	
Dental:			Single: 34		<b>32.14</b>
Class I:			2-Person: 49	<b>100%</b>	<b>64.03</b>
Class II:			Family: 150	<b>80%</b>	<b>118.47</b>
Class III:				<b>80%</b>	
Annual Max:				<b>\$1,500</b>	
Class IV:				<b>80%</b>	
Lifetime Max:				<b>\$1,500</b>	
Riders Included:				<b>2 Cleanings</b>	
Vision:			Single: 34	<b>VSP 2 S</b>	<b>7.21</b>
			2-Person: 49		<b>15.50</b>
			Family: 150		<b>23.34</b>
Life Ins:			233	<b>\$45,000</b>	
Volume:					<b>10,485,000</b>
Rate/\$1,000:					<b>0.09</b>
Composite:					<b>4.05</b>
AD&D Ins:			233	<b>\$45,000</b>	
Volume:					<b>10,485,000</b>
Rate/\$1,000:					<b>0.03</b>
Composite:					<b>1.35</b>
Dep Life Ins:				Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
LTD:			233	<b>66 2/3% Max \$6,000</b>	
Waiting Period:				<b>90 CDMF</b>	
Alcohol/Drug:				<b>Same as any other illness</b>	
Mental/Nervous:				<b>Same as any other illness</b>	
SS Offset:				<b>Primary</b>	
COLA:				<b>No</b>	
Volume:					1,051,612
Rate/\$100:					0.57
Composite:					25.75

Total Monthly Rate Per Member - Single \$640.41  
 Total Monthly Rate Per Member - 2 Person \$1,391.13  
 Total Monthly Rate Per Member - Family \$1,766.02

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Description	Current - LCC EA, ADM, CMOP	Rate	Census Used	Quote ID 334355	Rate
Medical:			Single: 15	<b>PAK D</b>	
IN Deductible:			2-Person: 2	<b>MESSA ABC Plan 2</b>	<b>533.47</b>
OON Deductible:			Family: 14	<b>\$2000/\$4000</b>	<b>1,198.43</b>
OV/UC/ER Copay:				<b>\$4000/\$8000</b>	<b>1,490.99</b>
RX Drug Copay:				<b>N/A</b>	
Riders Included:				<b>ABC Rx</b>	
				<b>EA1</b>	
Dental:			Single: 15		<b>32.14</b>
Class I:			2-Person: 3	<b>100%</b>	<b>64.03</b>
Class II:			Family: 13	<b>80%</b>	<b>118.47</b>
Class III:				<b>80%</b>	
Annual Max:				<b>\$1,500</b>	
Class IV:				<b>80%</b>	
Lifetime Max:				<b>\$1,500</b>	
Riders Included:				<b>2 Cleanings</b>	
Vision:			Single: 15	<b>VSP 2 S</b>	<b>7.21</b>
			2-Person: 3		<b>15.50</b>
			Family: 13		<b>23.34</b>
Life Ins:			31	<b>\$45,000</b>	
Volume:					<b>1,395,000</b>
Rate/\$1,000:					<b>0.09</b>
Composite:					<b>4.05</b>
AD&D Ins:			31	<b>\$45,000</b>	
Volume:					<b>1,395,000</b>
Rate/\$1,000:					<b>0.03</b>
Composite:					<b>1.35</b>
Dep Life Ins:				Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
LTD:			31	<b>66 2/3% Max \$6,000</b>	
Waiting Period:				<b>90 CDMF</b>	
Alcohol/Drug:				<b>Same as any other illness</b>	
Mental/Nervous:				<b>Same as any other illness</b>	
SS Offset:				<b>Primary</b>	
COLA:				<b>No</b>	
Volume:					139,914
Rate/\$100:					0.57
Composite:					25.75

Total Monthly Rate Per Member - Single \$603.97  
 Total Monthly Rate Per Member - 2 Person \$1,309.11  
 Total Monthly Rate Per Member - Family \$1,663.95

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Description	Current - LCC EA, ADM, CMOP	Rate	Census Used	Quote ID 334355	Rate
<b>PAK E</b>					
Medical:			Single: 0	<b>MESSA Choices</b>	<b>597.06</b>
IN Deductible:			2-Person: 0	<b>\$1000/\$2000</b>	<b>1,341.54</b>
OON Deductible:			Family: 0	<b>\$2000/\$4000</b>	<b>1,669.09</b>
OV/UC/ER Copay:				<b>\$20/\$25/\$50</b>	
RX Drug Copay:				<b>Saver Rx</b>	
Riders Included:				<b>EA1</b>	
Dental:			Single: 0		<b>32.14</b>
Class I:			2-Person: 0	<b>100%</b>	<b>64.03</b>
Class II:			Family: 0	<b>80%</b>	<b>118.47</b>
Class III:				<b>80%</b>	
Annual Max:				<b>\$1,500</b>	
Class IV:				<b>80%</b>	
Lifetime Max:				<b>\$1,500</b>	
Riders Included:				<b>2 Cleanings</b>	
Vision:			Single: 0	<b>VSP 2 S</b>	<b>7.21</b>
			2-Person: 0		<b>15.50</b>
			Family: 0		<b>23.34</b>
Life Ins:			0	<b>\$45,000</b>	
Volume:					<b>0</b>
Rate/\$1,000:					<b>0.09</b>
Composite:					<b>4.05</b>
AD&D Ins:			0	<b>\$45,000</b>	
Volume:					<b>0</b>
Rate/\$1,000:					<b>0.03</b>
Composite:					<b>1.35</b>
Dep Life Ins:				Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
LTD:			0	<b>66 2/3% Max \$6,000</b>	
Waiting Period:				<b>90 CDMF</b>	
Alcohol/Drug:				<b>Same as any other illness</b>	
Mental/Nervous:				<b>Same as any other illness</b>	
SS Offset:				<b>Primary</b>	
COLA:				<b>No</b>	
Volume:					<b>0</b>
Rate/\$100:					<b>0.57</b>
Composite:					<b>25.75</b>

Total Monthly Rate Per Member - Single \$667.56  
 Total Monthly Rate Per Member - 2 Person \$1,452.22  
 Total Monthly Rate Per Member - Family \$1,842.05

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