

		<i>Kelloggsville Public Schools</i>		
Current Rates - Lincoln Financial				
Life	0.130	\$7,327,250	\$ 952.54	\$ 11,430.51
Long Term Disability	0.262	\$820,590	\$ 2,149.94	\$ 26,550.00
			\$ 3,102.49	\$ 37,980.51
Renewal Rates - Lincoln Financial				
Effective 7/1/2015 and guaranteed until 7/1/2017				
Life	0.220	\$7,327,250	\$ 1,612.00	\$ 19,343.94
Long Term Disability	0.470	\$820,590	\$ 3,856.77	\$ 46,281.28
Totals			\$ 5,468.77	\$ 65,625.22
Proposed Rates - UNUM				
Effective 7/1/2015 and guaranteed until 7/1/2018				
Life	0.170	\$7,327,250	\$ 1,245.63	\$ 14,947.59
Long Term Disability	0.320	\$820,590	\$ 2,625.89	\$ 31,510.66
Totals			\$ 3,871.52	\$ 46,458.25
			Projected monthly savings	\$1,597.25
			Projected annualized savings	\$ 19,167.00



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**Quote Summary Exclusively for
 Kelloggsville Public Schools**
 Quote Effective 07/01/2015

Requested: 06/01/2015
 Quote Request ID: 219404
 MESSA Field Rep: Larry Donston

Quoted Group(s): 124B-KESSA Support Staff

Description	Current - 124B	Rate	Census Used	Quote ID 331639	Rate
Medical:	MESSA Choices	648.91	Single: 3	MESSA Choices	648.91
IN Deductible:	\$200/\$400	1,458.16	2-Person: 5	\$200/\$400	1,458.16
OON Deductible:	\$400/\$800	1,814.23	Family: 2	\$400/\$800	1,814.23
OV/UC/ER Copay:	\$20/\$25/\$50			\$20/\$25/\$50	
RX Drug Copay:	Saver Rx			Saver Rx	
Riders Included:	None			None	
Dental:	Not Included in Benefit Package		Single: 11		26.25
Class I:			2-Person: 8	60%	52.06
Class II:			Family: 4	60%	98.34
Class III:				60%	
Annual Max:				\$1,000	
Class IV:				60%	
Lifetime Max:				\$3,500	
Riders Included:				2 Cleanings	
Vision:	Not Included in Benefit Package			Not Included in Benefit Package	
Life Ins:	Not Included in Benefit Package		23	\$25,000	
Volume:					575,000
Rate/\$1,000:					0.28
AD&D Ins:	Not Included in Benefit Package		23	\$25,000	
Volume:					575,000
Rate/\$1,000:					0.03
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
LTD:	Not Included in Benefit Package		23	66 2/3% Max \$5,000	
Waiting Period:				90 CDMF	
Alcohol/Drug:				Same as any other illness	
Mental/Nervous:				Same as any other illness	
SS Offset:				Primary	
COLA:				No	
Volume:					56,798
Rate/\$100:					1.92

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**Quote Summary Exclusively for
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 Quote Effective 07/01/2015

Requested: 06/01/2015
 Quote Request ID: 219403
 MESSA Field Rep: Larry Donston

Quoted Group(s): 124E-Teachers, 124G-Itinerant-Special Ed Teacher

Description	Current - 124EG	Rate	Census Used	Quote ID 331635	Rate
NON-PAK					
Medical:	MESSA Choices	681.57	Single: 7	MESSA Choices	681.57
IN Deductible:	\$100/\$200	1,531.65	2-Person: 3	\$100/\$200	1,531.65
OON Deductible:	\$250/\$500	1,905.69	Family: 20	\$250/\$500	1,905.69
OV/UC/ER Copay:	\$10/\$25/\$50			\$10/\$25/\$50	
RX Drug Copay:	Saver Rx			Saver Rx	
Riders Included:	None			None	
NON-PAK					
Medical:	MESSA ABC Plan 1	540.54	Single: 8	MESSA ABC Plan 1	540.54
IN Deductible:	\$1300/\$2600	1,214.33	2-Person: 6	\$1300/\$2600	1,214.33
OON Deductible:	\$2600/\$5200	1,510.80	Family: 36	\$2600/\$5200	1,510.80
OV/UC/ER Copay:	N/A			N/A	
RX Drug Copay:	ABC Rx			ABC Rx	
Riders Included:	None			None	
Dental:	Not Included in Benefit Package		Single: 15		21.87
Class I:			2-Person: 10	60%	43.95
Class II:			Family: 89	60%	89.87
Class III:				60%	
Annual Max:				\$1,000	
Class IV:				60%	
Lifetime Max:				\$3,500	
Riders Included:				2 Cleanings	
Vision:	Not Included in Benefit Package			Not Included in Benefit Package	
Life Ins:	Not Included in Benefit Package		114	\$40,000	
Volume:					4,560,000
Rate/\$1,000:					0.09
AD&D Ins:	Not Included in Benefit Package		114	\$40,000	
Volume:					4,560,000
Rate/\$1,000:					0.03
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
LTD:	Not Included in Benefit Package		114	66 2/3% Max \$5,000	
Waiting Period:				90 CDMF	
Alcohol/Drug:				Same as any other illness	
Mental/Nervous:				Same as any other illness	
SS Offset:				Primary	
COLA:				No	
Volume:					634,593
Rate/\$100:					0.46

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**Quote Summary Exclusively for
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 Quote Effective 07/01/2015

Requested: 06/01/2015
 Quote Request ID: 219405
 MESSA Field Rep: Larry Donston

Quoted Group(s): 124I-Administrators

Description	Current - 124I	Rate	Census Used	Quote ID 331657	Rate	Quote ID 331658	Rate	Quote ID 331659	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 2 2-Person: 5 Family: 5	NON-PAK MESSA Choices \$200/\$400 \$400/\$800 \$20/\$25/\$50 Saver Rx None	648.91 1,458.16 1,814.23	NON-PAK MESSA Choices \$200/\$400 \$400/\$800 \$20/\$25/\$50 Saver Rx None	648.91 1,458.16 1,814.23	NON-PAK MESSA Choices \$200/\$400 \$400/\$800 \$20/\$25/\$50 Saver Rx None	648.91 1,458.16 1,814.23
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 0 2-Person: 0 Family: 0	MESSA ABC Plan 1 \$1300/\$2600 \$2600/\$5200 N/A ABC Rx None	540.54 1,214.33 1,510.80	MESSA ABC Plan 1 \$1300/\$2600 \$2600/\$5200 N/A ABC Rx None	540.54 1,214.33 1,510.80	MESSA ABC Plan 1 \$1300/\$2600 \$2600/\$5200 N/A ABC Rx None	540.54 1,214.33 1,510.80
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:			Single: 1 2-Person: 7 Family: 10		24.30 48.45 94.57		24.30 48.45 94.57		24.30 48.45 94.57
Vision:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Life Ins: Volume: Rate/\$1,000:			18	\$100,000	1,800,000 0.21	\$150,000	2,700,000 0.20	\$225,000	4,050,000 0.19
AD&D Ins: Volume: Rate/\$1,000:			18	\$100,000	1,800,000 0.03	\$150,000	2,700,000 0.03	\$225,000	4,050,000 0.03
Dep Life Ins: Volume: Rate/\$1,000:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:			18	66 2/3% Max \$5,000 90 CDMF Same as any other illness Same as any other illness Primary No	111,680 0.54	66 2/3% Max \$5,000 90 CDMF Same as any other illness Same as any other illness Primary No	111,680 0.54	66 2/3% Max \$5,000 90 CDMF Same as any other illness Same as any other illness Primary No	111,680 0.54

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**Quote Summary Exclusively for
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 Quote Effective 07/01/2015

Requested: 04/27/2015
 Quote Request ID: 219140
 MESSA Field Rep: Larry Donston

Quoted Group(s): 124B-KESSA Support Staff

Description	Current - 124B	Rate	Census Used	Quote ID 331190	Rate	Quote ID 331191	Rate	Quote ID 331192	Rate
Medical:	MESSA Choices	648.91	Single: 2	NON-PAK		NON-PAK		NON-PAK	
IN Deductible:	\$200/\$400	1,458.16	2-Person: 3	MESSA ABC Plan 1	540.54	MESSA ABC Plan 2	505.96	MESSA ABC Plan 3	450.49
OON Deductible:	\$400/\$800	1,814.23	Family: 2	\$1300/\$2600	1,214.33	\$2000/\$4000	1,136.54	\$3500/\$7000	1,011.74
OV/UC/ER Copay:	\$20/\$25/\$50			\$2600/\$5200	1,510.80	\$4000/\$8000	1,414.00	\$7000/\$14000	1,258.68
RX Drug Copay:	Saver Rx			N/A		N/A		N/A	
Riders Included:	None			ABC Rx		ABC Rx		ABC Rx	
				None		None		None	
Dental:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Class I:									
Class II:									
Class III:									
Annual Max:									
Class IV:									
Lifetime Max:									
Riders Included:									
Vision:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Volume:									
Rate/\$1,000:									
AD&D Ins:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Volume:									
Rate/\$1,000:									
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Volume:									
Rate/\$1,000:									
LTD:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Waiting Period:									
Alcohol/Drug:									
Mental/Nervous:									
SS Offset:									
COLA:									
Volume:									
Rate/\$100:									

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**Quote Summary Exclusively for
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 Quote Effective 03/01/2015

Requested: 02/04/2015
 Quote Request ID: 218622
 MESSA Field Rep: Larry Donston

Quoted Group(s): NEW-Administrators, Secretaries

Description	Current - NEW	Rate	Census Used	Quote ID 329969	Rate	Quote ID 329970	Rate	Quote ID 329971	Rate
Medical:			Single: 4	NON-PAK		NON-PAK		NON-PAK	
IN Deductible:			2-Person: 7	MESSA Choices	621.83	MESSA Choices	592.03	MESSA ABC Plan 1	493.18
OON Deductible:			Family: 6	\$100/\$200	1,397.24	\$200/\$400	1,330.20	\$1300/\$2600	1,107.80
OV/UC/ER Copay:				\$250/\$500	1,738.41	\$400/\$800	1,654.99	\$2600/\$5200	1,378.22
RX Drug Copay:				\$10/\$25/\$50		\$20/\$25/\$50		N/A	
Riders Included:				Saver Rx		Saver Rx		ABC Rx	
				None		None		None	
Dental:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Class I:									
Class II:									
Class III:									
Annual Max:									
Class IV:									
Lifetime Max:									
Riders Included:									
Vision:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Life Ins:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Volume:									
Rate/\$1,000:									
AD&D Ins:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Volume:									
Rate/\$1,000:									
Dep Life Ins:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Volume:									
Rate/\$1,000:									
LTD:				Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
Waiting Period:									
Alcohol/Drug:									
Mental/Nervous:									
SS Offset:									
COLA:									
Volume:									
Rate/\$100:									

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**Quote Summary Exclusively for
 Kelloggsville Public Schools**
 Quote Effective 07/01/2015

Requested: 06/04/2015
 Quote Request ID: 219451
 MESSA Field Rep: Larry Donston

Quoted Group(s): **NEW-Non Union Support**

Description	Current - NEW	Rate	Census Used	Quote ID 331633	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 1 2-Person: 0 Family: 1	NON-PAK <i>MESSA Choices</i> \$200/\$400 \$400/\$800 \$20/\$25/\$50 <i>Saver Rx</i> <i>None</i>	648.91 1,458.16 1,814.23
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 0 2-Person: 0 Family: 0	<i>MESSA ABC Plan 1</i> \$1300/\$2600 \$2600/\$5200 <i>N/A</i> <i>ABC Rx</i> <i>None</i>	540.54 1,214.33 1,510.80
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:			Single: 2 2-Person: 0 Family: 1	60% 60% 60% \$1,000 60% \$3,500 <i>2 Cleanings</i>	25.43 50.53 96.75
Vision:				Not Included in Benefit Package	
Life Ins: Volume: Rate/\$1,000:			3	\$40,000	120,000 0.34
AD&D Ins: Volume: Rate/\$1,000:			3	\$40,000	120,000 0.03
Dep Life Ins: Volume: Rate/\$1,000:				Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:			3	66 2/3% Max \$5,000 90 CDMF Same as any other illness Same as any other illness <i>Primary</i> <i>No</i>	11,693 1.00

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