



Good health. Good business. Great schools.  
 5555 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
 Phone: 517.292.4910

**2013 Rate Renewal Exclusively for  
 Reed City Public Schools  
 Renewal Effective 07/01/2013**

Quote #: 322739  
 MESSA Field Rep: Nicole Birkett  
 Date Created: 04/09/2013

N-PAK - 207AB Supervisors, Princ, CentOff		2012-13 Rates	Enrollment	2013-14 Rates
Insurance: Per \$1000 Volume	Volume As Enrolled	\$0.12	10	\$0.13 \$650,000.00
SLD Coverage: Per \$1000 Volume	Volume As Enrolled	\$0.03	10	\$0.03 \$650,000.00

The above rates are based on plans and enrollment as of 04/02/2013. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. These rates do not include the Michigan Claims Tax Assessment or other Federal Taxes under consideration that may be included on your invoice.





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K B - 207AB Supervisors, Princ, CentOff		2012-13 Rates	Enrollment	2013-14 Rates
total:		\$36.86	Single: 0	\$30.48
ss I:	80%	\$68.21	2-Person: 1	\$57.11
ss II:	80%	\$114.60	Family: 3	\$101.38
ss III:	80%			
Annual Max:	\$1,000			
ss IV:	80%			
time Max:	\$1,300			
ers:	2 Cleanings, Adult Ortho			
on:	VSP 3	\$7.32	Single: 0	\$7.32
		\$15.73	2-Person: 1	\$15.73
		\$23.66	Family: 3	\$23.66
Insurance:	\$30,000		4	
e/\$1000				\$0.13
ume				\$120,000.00
nposite:		\$3.60		\$3.90
%D Coverage:	\$30,000		4	
e/\$1000				\$0.03
ume				\$120,000.00
nposite:		\$0.90		\$0.90
) Benefit	66 2/3% Max \$2,500		4	
κ Monthly Salary:	\$3,750			
iting Period:	90 CDMF			
chol/Drug:	2 Year Limitation			
rtal/Nervous:	2 Year Limitation			
. Sec. Offset:	Family			
-Exist Cond.:	Waived			
LA:	No			
e/\$100				\$0.72
ered Salary				\$15,000.00
nposite:		\$27.65		\$27.00
al Monthly Rate per Member - Single		\$76.33		\$69.60
al Monthly Rate per Member - 2-Person		\$116.09		\$104.64
al Monthly Rate per Member - Family		\$170.41		\$156.84

**PAK B COBRA RATES:**

The COBRA rates for Dental and Vision are the same as the rates above.

above rates are based on plans and enrollment as of 04/02/2013. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. These rates do not include the Michigan Claims Tax Assessment or other Federal Taxes under consideration that may be included on your invoice.



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**KA - 207DE Parapros, Office**

		2012-13 Rates	Enrollment	2013-14 Rates
Medical:	MESSA Choices II	\$626.10	Single: 3	\$634.65
Deductible:	\$100/\$200	\$1,406.84	2-Person: 4	\$1,426.09
Coinsurance:	N/A	\$1,562.99	Family: 6	\$1,774.33
Copay (OV/UC/ER):	\$10/\$25/\$50			
Coverage:	\$10/\$20			
Voluntary Abortion:	Included			
<hr/>				
Annual:		\$33.36	Single: 3	\$34.68
Class I:	80%	\$61.89	2-Person: 5	\$64.87
Class II:	80%	\$107.29	Family: 5	\$113.01
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	80%			
Time Max:	\$1,500			
Services:	2 Cleanings			
<hr/>				
Plan:	VSP 3	\$7.32	Single: 3	\$7.32
		\$15.73	2-Person: 5	\$15.73
		\$23.66	Family: 5	\$23.66
<hr/>				
Insurance:	\$20,000		13	
Per \$1000				\$0.13
Time				\$260,000.00
Contribution:		\$2.40		\$2.60
Dental Coverage:	\$20,000		13	
Per \$1000				\$0.03
Time				\$260,000.00
Contribution:		\$0.60		\$0.60
<hr/>				
Life Benefit	60% Max \$2,500		13	
Per Monthly Salary:	\$4,167			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Accidental/Nervous:	2 Year Limitation			
Per Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
LA:	No			
Per \$100				\$1.43
Per Year Salary				\$26,067.00
Contribution:		\$27.19		\$28.67
<hr/>				
Annual Monthly Rate per Member - Single		\$696.97		\$708.52
Annual Monthly Rate per Member - 2-Person		\$1,514.65		\$1,538.56
Annual Monthly Rate per Member - Family		\$1,724.13		\$1,942.87

**PAK A COBRA RATES:**

Medical	Single	\$633.15
	2-Person	\$1,424.59
	Family	\$1,772.83

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total:		\$32.28	Single: 0	\$29.54
ss I:	80%	\$59.92	2-Person: 0	\$55.62
ss II:	80%	\$104.97	Family: 3	\$103.93
ss III:	80%			
Annual Max:	\$1,000			
ss IV:	80%			
time Max:	\$1,500			
ers:	2 Cleanings			
<hr/>				
on:	VSP 3	\$7.32	Single: 0	\$7.32
		\$15.73	2-Person: 0	\$15.73
		\$23.66	Family: 3	\$23.66
<hr/>				
Insurance:	\$30,000		3	
e/\$1000				\$0.13
ume				\$90,000.00
nposite:		\$3.60		\$3.90
&D Coverage:	\$30,000		3	
e/\$1000				\$0.03
ume				\$90,000.00
nposite:		\$0.90		\$0.90
<hr/>				
Benefit	60% Max \$2,500		3	
x Monthly Salary:	\$4,167			
iting Period:	90 CDMF			
hol/Drug:	2 Year Limitation			
rtal/Nervous:	2 Year Limitation			
. Sec. Offset:	Family			
-Exist Cond.:	Waived			
LA:	No			
e/\$100				\$1.43
ered Salary				\$5,728.00
nposite:		\$30.03		\$27.30
<hr/>				
al Monthly Rate per Member - Single		\$74.13		\$68.96
al Monthly Rate per Member - 2-Person		\$110.18		\$103.45
al Monthly Rate per Member - Family		\$163.16		\$159.69

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**K A - 207F Teachers / Counselors**

		2012-13 Rates	Enrollment	2013-14 Rates
Medical:	MESSA Choices	\$537.27	Single: 8	\$524.15
Deductible:	\$500/\$1000	\$1,206.97	2-Person: 11	\$1,177.46
Coinsurance:	N/A	\$1,340.91	Family: 39	\$1,464.92
Copay (OV/UC/ER):	\$20/\$25/\$50			
Coverage:	Saver Rx			
Voluntary Abortion:	Included			
Life:		\$29.79	Single: 8	\$29.88
Life I:	80%	\$55.36	2-Person: 11	\$56.12
Life II:	80%	\$99.56	Family: 39	\$102.40
Life III:	80%			
Annual Max:	\$1,000			
Life IV:	80%			
Time Max:	\$1,300			
Services:	2 Cleanings, Adult Ortho			
Dental:	VSP 3	\$7.32	Single: 8	\$7.32
		\$15.73	2-Person: 11	\$15.73
		\$23.66	Family: 39	\$23.66
Insurance:	\$25,000		58	
Life/\$1000				\$0.13
Time				\$1,450,000.00
Contribution:		\$3.00		\$3.25
Medical/Dental Coverage:	\$25,000		58	
Life/\$1000				\$0.03
Time				\$1,450,000.00
Contribution:		\$0.75		\$0.75
Life Benefit	66 2/3% Max \$2,500		58	
Life Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Life/Nervous:	2 Year Limitation			
Life Sec. Offset:	Family			
Life-Exist Cond.:	Waived			
Life LA:	No			
Life/\$100				\$0.43
Life Rerated Salary				\$214,761.00
Life Contribution:		\$16.60		\$15.92
Life Annual Monthly Rate per Member - Single		\$594.73		\$581.27
Life Annual Monthly Rate per Member - 2-Person		\$1,298.41		\$1,269.23
Life Annual Monthly Rate per Member - Family		\$1,484.48		\$1,610.90

**PAK A COBRA RATES:**

Medical	Single	\$522.65
	2-Person	\$1,175.96
	Family	\$1,463.42

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Annual Max:		\$27.63	Single: 0	\$28.81
Class I:	80%	\$51.43	2-Person: 6	\$54.17
Class II:	80%	\$95.33	Family: 18	\$100.68
Class III:	80%			
Class IV:	80%			
Time Max:	\$1,000			
Time Max:	\$1,300			
Services:	2 Cleanings, Adult Ortho			
Plan:	VSP 3	\$7.32	Single: 0	\$7.32
		\$15.73	2-Person: 6	\$15.73
		\$23.66	Family: 18	\$23.66
Insurance:	\$30,000		24	
Cost per \$1000				\$0.13
Annual Premium				\$720,000.00
Contribution:		\$3.60		\$3.90
Medical Coverage:	\$30,000		24	
Cost per \$1000				\$0.03
Annual Premium				\$720,000.00
Contribution:		\$0.90		\$0.90
Life Benefit	66 2/3% Max \$2,500		24	
Annual Monthly Salary:	\$3,750			\$0.43
Waiting Period:	90 CDMF			\$89,104.00
Alcohol/Drug:	2 Year Limitation			\$15.96
Heart/Nervous:	2 Year Limitation			
Family Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
LA:	No			
Cost per \$100				\$0.43
Annual Premium				\$89,104.00
Contribution:		\$16.88		\$15.96
Annual Monthly Rate per Member - Single		\$56.33		\$56.89
Annual Monthly Rate per Member - 2-Person		\$88.54		\$90.66
Annual Monthly Rate per Member - Family		\$140.37		\$145.10

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