



Good health. Good business. Great schools.
 15555 Kendale Boulevard, PO Box 2560
 Farmington Hills, MI 48334-2560
 Phone: 248.292.4910

**2014 Rate Renewal Exclusively for
 Reed City Public Schools
 Renewal Effective 07/01/2014**

Quote #: 327165
 MESSA Field Rep: Nicole Birkett
 Date Created: 04/10/2014

N-PAK - 207AB Supervisors, Princ, CentOff		2013-14 Rates	Enrollment	2014-15 Rates
Insurance: e/\$1000 ume	Volume As Enrolled	\$0.13	13	\$0.12 \$860,000.00
&D Coverage: e/\$1000 ume	Volume As Enrolled	\$0.03	13	\$0.03 \$860,000.00

above rates are effective 07/01/2014 and based on plans and enrollment as of 04/10/2014. 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, State Premium Tax and ACA Federal Taxes/Fees that may be included on your invoice.



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K B - 207AB Supervisors, Princ, CentOff		2013-14 Rates	Enrollment	2014-15 Rates
total:		\$30.48	Single: 0	\$29.09
ss I:	80%	\$57.11	2-Person: 1	\$54.79
ss II:	80%	\$101.38	Family: 4	\$96.91
ss III:	80%			
ual Max:	\$1,000			
ss IV:	80%			
time Max:	\$1,300			
ers:	2 Cleanings, Adult Ortho			
on:	VSP 3	\$7.32	Single: 0	\$7.17
		\$15.73	2-Person: 1	\$15.42
		\$23.66	Family: 4	\$23.19
Insurance:	\$30,000		5	
e/\$1000				\$0.12
ume				\$150,000.00
nposite:		\$3.90		\$3.60
%D Coverage:	\$30,000		5	
e/\$1000				\$0.03
ume				\$150,000.00
nposite:		\$0.90		\$0.90
Benefit	66 2/3% Max \$2,500		5	
Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
cho/Drug:	2 Year Limitation			
rtal/Nervous:	2 Year Limitation			
. Sec. Offset:	Family			
-Exist Cond.:	Waived			
LA:	No			
e/\$100				\$0.60
ered Salary				\$18,592.00
nposite:		\$27.00		\$22.31
al Monthly Rate per Member - Single		\$69.60		\$63.07
al Monthly Rate per Member - 2-Person		\$104.64		\$97.02
al Monthly Rate per Member - Family		\$156.84		\$146.91

PAK B COBRA RATES:

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

above rates are effective 07/01/2014 and based on plans and enrollment as of 04/10/2014. 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, State Premium Tax (CA) Federal Taxes/Fees that may be included on your invoice.



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 Date Created: 04/10/2014

K A - 207DE Parapros, Office		2013-14 Rates	Enrollment	2014-15 Rates
Medical:	MESSA Choices	\$553.20	Single: 3	\$563.84
Deductible:	\$300/\$600	\$1,242.82	2-Person: 5	\$1,266.77
Coinsurance:	N/A	\$1,546.26	Family: 7	\$1,576.05
Copay (OV/UC/ER):	\$20/\$25/\$50			
Coverage:	Saver Rx			
Voluntary Abortion:	Included			
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Total:		\$34.68	Single: 3	\$32.18
Class I:	80%	\$64.87	2-Person: 6	\$60.54
Class II:	80%	\$113.01	Family: 6	\$105.24
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	80%			
Time Max:	\$1,500			
Services:	2 Cleanings			
<hr/>				
Option:	VSP 3	\$7.32	Single: 3	\$7.17
		\$15.73	2-Person: 6	\$15.42
		\$23.66	Family: 6	\$23.19
<hr/>				
Insurance:	\$20,000		15	
Per \$1000				\$0.12
Time				\$300,000.00
Contribution:		\$2.60		\$2.40
Dental Coverage:	\$20,000		15	
Per \$1000				\$0.03
Time				\$300,000.00
Contribution:		\$0.60		\$0.60
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Benefit	60% Max \$2,500		15	
Per Monthly Salary:	\$4,167			
Waiting Period:	90 CDMF			
Cholesterol/Drug:	2 Year Limitation			
Alcohol/Nervous:	2 Year Limitation			
Pre-Existing Sec. Offset:	Family			
Pre-Existing Cond.:	Waived			
LA:	No			
Per \$100				\$1.31
Per Member Salary				\$28,841.00
Contribution:		\$28.67		\$25.19
<hr/>				
Final Monthly Rate per Member - Single		\$627.07		\$631.38
Final Monthly Rate per Member - 2-Person		\$1,355.29		\$1,370.92
Final Monthly Rate per Member - Family		\$1,714.80		\$1,732.67

PAK A COBRA RATES:

Medical	Single	\$562.34
	2-Person	\$1,265.27
	Family	\$1,574.55

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K B - 207DE Paraprofessionals, Office

		2013-14 Rates	Enrollment	2014-15 Rates
Total:		\$29.54	Single: 0	\$30.68
Class I:	80%	\$55.62	2-Person: 0	\$57.80
Class II:	80%	\$103.93	Family: 1	\$102.23
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	80%			
Time Max:	\$1,500			
Services:	2 Cleanings			
<hr/>				
Plan:	VSP 3	\$7.32	Single: 0	\$7.17
		\$15.73	2-Person: 0	\$15.42
		\$23.66	Family: 1	\$23.19
<hr/>				
Insurance:	\$30,000		1	
Per \$1000				\$0.12
Annual Premium				\$30,000.00
Contribution:		\$3.90		\$3.60
Dental Coverage:	\$30,000		1	
Per \$1000				\$0.03
Annual Premium				\$30,000.00
Contribution:		\$0.90		\$0.90
<hr/>				
Life Benefit	60% Max \$2,500		1	
Per Monthly Salary:	\$4,167			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Heart/Nervous:	2 Year Limitation			
Pre-Existing Sec. Offset:	Family			
Pre-Existing Cond.:	Waived			
LA:	No			
Per \$100				\$1.31
Annual Premium				\$1,923.00
Contribution:		\$27.30		\$25.19
<hr/>				
Final Monthly Rate per Member - Single		\$68.96		\$67.54
Final Monthly Rate per Member - 2-Person		\$103.45		\$102.91
Final Monthly Rate per Member - Family		\$159.69		\$155.11

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PAK A - 207F Teachers / Counselors

		2013-14 Rates	Enrollment	2014-15 Rates
Medical:	MESSA Choices	\$524.15	Single: 9	\$534.21
Deductible:	\$500/\$1000	\$1,177.46	2-Person: 8	\$1,200.11
Coinsurance:	N/A	\$1,464.92	Family: 37	\$1,493.10
Copay (OV/UC/ER):	\$20/\$25/\$50			
Coverage:	Saver Rx			
Voluntary Abortion:	Included			
<hr/>				
Medical:		\$29.88	Single: 9	\$28.31
Class I:	80%	\$56.12	2-Person: 10	\$53.38
Class II:	80%	\$102.40	Family: 35	\$95.58
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	80%			
Time Max:	\$1,300			
Services:	2 Cleanings, Adult Ortho			
<hr/>				
Plan:	VSP 3	\$7.32	Single: 9	\$7.17
		\$15.73	2-Person: 10	\$15.42
		\$23.66	Family: 35	\$23.19
<hr/>				
Insurance:	\$25,000		54	
Per \$1000				\$0.12
Annual				\$1,350,000.00
Coinsurance:		\$3.25		\$3.00
Dental Coverage:	\$25,000		54	
Per \$1000				\$0.03
Annual				\$1,350,000.00
Coinsurance:		\$0.75		\$0.75
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Death Benefit	66 2/3% Max \$2,500		54	
Death Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Medical/Nervous:	2 Year Limitation			
Death Sec. Offset:	Family			
Death-Exist Cond.:	Waived			
Death LA:	No			
Death Per \$100				\$0.39
Death Averaged Salary				\$200,091.00
Death Coinsurance:		\$15.92		\$14.45
<hr/>				
Final Monthly Rate per Member - Single		\$581.27		\$587.89
Final Monthly Rate per Member - 2-Person		\$1,269.23		\$1,287.11
Final Monthly Rate per Member - Family		\$1,610.90		\$1,630.07

PAK A COBRA RATES:

Medical	Single	\$532.71
	2-Person	\$1,198.61
	Family	\$1,491.60

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Annual:		\$28.81	Single: 0	\$26.80
Class I:	80%	\$54.17	2-Person: 7	\$50.65
Class II:	80%	\$100.68	Family: 21	\$93.16
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	80%			
Time Max:	\$1,300			
Services:	2 Cleanings, Adult Ortho			
<hr/>				
Plan:	VSP 3	\$7.32	Single: 0	\$7.17
		\$15.73	2-Person: 7	\$15.42
		\$23.66	Family: 21	\$23.19
<hr/>				
Insurance:	\$30,000		28	
Cost per \$1000				\$0.12
Annual Premium				\$840,000.00
Cost per \$1000		\$3.90		\$3.60
Insurance:	\$30,000		28	
Cost per \$1000				\$0.03
Annual Premium				\$840,000.00
Cost per \$1000		\$0.90		\$0.90
<hr/>				
Benefit:	66 2/3% Max \$2,500		28	
Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Chol/Drug:	2 Year Limitation			
Al/Nervous:	2 Year Limitation			
Sec. Offset:	Family			
-Exist Cond.:	Waived			
LA:	No			
Cost per \$100				\$0.39
Annual Premium				\$103,751.00
Cost per \$1000		\$15.96		\$14.45
<hr/>				
Annual Monthly Rate per Member - Single		\$56.89		\$52.92
Annual Monthly Rate per Member - 2-Person		\$90.66		\$85.02
Annual Monthly Rate per Member - Family		\$145.10		\$135.30

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