

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-LCCTeacher/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		
		ΡΑΚ Α		
Medical:	Single: 162	MESSA Choices 633.07		
IN Deductible:	2-Person: 134	\$500/\$1000 1,422.53		
OON Deductible:	Family: 457	\$1000/\$2000 1,769.87		
OV/UC/ER Copay:		\$20/\$25/\$50		
RX Drug Copay:		Saver Rx		
Riders Included:		EA1		
Dental:	Single: 161	32.14		
Class I:	2-Person: 145	100% 64.03		
Class II:	Family: 447	80% 118.47		
Class III:		80%		
Annual Max:		\$1,500		
Class IV:		80%		
Lifetime Max:		\$1,500		
Riders Included:		2 Cleanings		
Vision:	Single: 160	VSP 2 S 7.21		
	2-Person: 145	15.50		
	Family: 448	23.34		
		20.04		
Life Ins:	752	\$45,000		
Volume:		33,840,000		
Rate/\$1,000:		0.09		
Composite:		4.05		
AD&D Ins:	752	\$45,000		
Volume:		33,840,000		
Rate/\$1,000:		0.03		
Composite:		1.35		
Dep Life Ins:		Not Included in Benefit Package		
Volume:				
Rate/\$1,000:				
Composite:				
LTD:	753	66 2/3% Max \$6,000		
Waiting Period:		90 CDMF		
Alcohol/Drug:		Same as any other illness		
Mental/Nervous:		Same as any other illness		
SS Offset:		Primary		
COLA:		No		
Volume:		3,398,558		
Rate/\$100:		0.57		
Composite:	<u> </u>	25.75 \$703.57	1	
Total Monthly Rate Per Member - Single		\$703.57		

Total Monthly Rate Per Member - 2 Person

Total Monthly Rate Per Member - Family

\$1,533.21 \$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 CMOD Bate	Census Used	Quote ID 334355 Rate	
Description Current - LCC EA, ADM, CMOP Rate	Census Used	Quote ID 334355 Rate	
Medical:			
		Not Included in Benefit Package	
IN Deductible:			
OON Deductible:			
OV/UC/ER Copay:			
RX Drug Copay:			
Riders Included:			
	0. 1 00		
Dental:	Single: 33	31.89	
Class I:	2-Person: 70	100% 64.15	
Class II:	Family: 210	80% 120.52	
Class III:		80%	
Annual Max:		\$1,500	
Class IV:		80%	
Lifetime Max:		\$1,500	
Riders Included:		2 Cleanings	
Vision:	Single: 33	VSP 2 S 7.21	
	2-Person: 70	15.50	
	Family: 210	23.34	
Life Ins:	313	\$50,000	
Volume:		15,650,000	
Rate/\$1,000:		0.09	
Composite:		4.50	
AD&D Ins:	313	\$50,000	
Volume:		15,650,000	
Rate/\$1,000:		0.03	
Composite:		1.50	
Dep Life Ins:		Not Included in Benefit Package	
Volume:			
Rate/\$1,000:			
Composite:			
LTD:	312	66 2/3% Max \$6,000	
Waiting Period:		90 CDMF	
Alcohol/Drug:		Same as any other illness	
Mental/Nervous:		Same as any other illness	
SS Offset:		Primary	
COLA:		No	
Volume:		1,408,168	
Rate/\$100:		0.57	
Composite:		25.75	
Total Monthly Rate Per Member - Single		\$70.85	

Total Monthly Rate Per Member - 2 Person

Total Monthly Rate Per Member - Family

\$111.40 \$175.61

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Description Current - LCC EA, ADM, CMOP Rate	Census Used	Quote ID 334355 Rate	
	'	PAK C	
Medical:	Single: 35	MESSA ABC Plan 1 569.91	
IN Deductible:	2-Person: 46	\$1300/\$2600 1,280.45	
OON Deductible:	Family: 152	\$2600/\$5200 1,593.06	
OV/UC/ER Copay:		N/A	
RX Drug Copay:		ABC Rx	
Riders Included:		EA1	
Dental:	Single: 34	32.14	
Class I:	2-Person: 49	100% 64.03	
Class II:	Family: 150	80% 118.47	
Class III:		80%	
Annual Max:		\$1,500	
Class IV:		80%	
Lifetime Max:		\$1,500	
Riders Included:		2 Cleanings	
		2 0102	
Vision:	Single: 34	VSP 2 S 7.21	
	2-Person: 49	15.50	
	Family: 150	23.34	
Life Ins:	233	\$45,000	
Volume:		10,485,000	
Rate/\$1,000:		0.09	
Composite:		4.05	
AD&D Ins:	233	\$45,000	
Volume:		10,485,000	
Rate/\$1,000:		0.03	
Composite:		1.35	
Dep Life Ins:		Not Included in Benefit Package	
Volume:		Not moleced in Donoit i donage	
Rate/\$1,000:			
Composite:			
LTD:	233	66 2/3% Max \$6,000	
Waiting Period:	200	90 CDMF	
Alcohol/Drug:		Same as any other illness	
Mental/Nervous:		Same as any other illness	
SS Offset:		Primary	
COLA:		-	
		No 1.051.612	
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

Total Monthly Rate Per Member - Family

\$1,391.13 \$1,766.02



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Description Current - LCC EA, ADM, CMOP Rate	Census Used	Quote ID 334355 Rate		
	1	PAK D		
Medical:	Single: 15	MESSA ABC Plan 2 533.47		
IN Deductible:	2-Person: 2	\$2000/\$4000 1,198.43		
OON Deductible:	Family: 14	\$4000/\$8000 1,490.99		
OV/UC/ER Copay:	1	N/A		
RX Drug Copay:	1	ABC Rx		
Riders Included:	1	EA1		
	Ļ'			
Dental:	Single: 15	32.14		
Class I:	2-Person: 3	100% 64.03		
Class II:	Family: 13	80% 118.47		
Class III:	1	80%		
Annual Max:	1	\$1,500		
Class IV:	1	80%		
Lifetime Max:	1	\$1,500		
Riders Included:	1	2 Cleanings		
	['	-		
Vision:	Single: 15	VSP 2 S 7.21		
	2-Person: 3	15.50		
	Family: 13	23.34		
	[]			
Life Ins:	31	\$45,000		
Volume:	1	1,395,000		
Rate/\$1,000:	1	0.09		
Composite:	<u> </u>	4.05		
AD&D Ins:	31	\$45,000		
Volume:	1	1,395,000		
Rate/\$1,000:	1	0.03		
Composite:	í'	1.35		
Dep Life Ins:	'	Not Included in Benefit Package		
Volume:	1			
Rate/\$1,000:	1			
Composite:	í'	[]	I	
LTD:	31	66 2/3% Max \$6,000		
Waiting Period:	1	90 CDMF		
Alcohol/Drug:	1	Same as any other illness		
Mental/Nervous:	1	Same as any other illness		
SS Offset:	1	Primary		
COLA:	1	No		
Volume:	1	139,914		
Rate/\$100:	1	0.57		
Composite:	1	25.75		
Total Monthly Rate Per Member - Single		\$603.97	<u> </u>	<u></u> ,

Total Monthly Rate Per Member - 2 Person

Total Monthly Rate Per Member - Family

\$1,309.11 \$1,663.95

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		[]	[]
Description Current - LCC EA, ADM, CMOP Rate	Census Used	Quote ID 334355 Rate	
		PAK E	
Medical:	Single: 0	MESSA Choices 597.06	
IN Deductible:	2-Person: 0	\$1000/\$2000 1,341.54	
OON Deductible:	Family: 0	\$2000/\$4000 1,669.09	
OV/UC/ER Copay:		\$20/\$25/\$50	
RX Drug Copay:		Saver Rx	
Riders Included:		EA1	
Dental:	Single: 0	32.14	
Class I:	2-Person: 0	100% 64.03	
Class II:	Family: 0	80% 118.47	
Class III:	-	80%	
Annual Max:		\$1,500	
Class IV:		80%	
Lifetime Max:		\$1,500	
Riders Included:		2 Cleanings	
Vision:	Single: 0	VSP 2 S 7.21	
vision.	2-Person: 0	15.50	
	Family: 0	23.34	
	r anniy. o	20.04	
Life Ins:	0	\$45,000	
Volume:	0	0	
Rate/\$1,000:		0.09	
Composite:		4.05	
AD&D Ins:	0	\$45,000	
Volume:	0	0	
Rate/\$1,000:		0.03	
Composite:		1.35	
Dep Life Ins:		Not Included in Benefit Package	
Volume:		Not included in benefit Package	
Rate/\$1,000:			
Composite:	0	00.0/0%/ Mars #0.000	
LTD:	0	66 2/3% Max \$6,000	
Waiting Period:		90 CDMF	
Alcohol/Drug:		Same as any other illness	
Mental/Nervous:		Same as any other illness	
SS Offset:		Primary	
COLA:		No	
Volume:		0	
Rate/\$100:		0.57	
Composite:		25.75	
Total Monthly Rate Per Member - Single		\$667.56	

Total Monthly Rate Per Member - Single

Total Monthly Rate Per Member - 2 Person

Total Monthly Rate Per Member - Family

\$667.56 \$1,452.22 \$1,842.05