

Beal City Public Schools Renewal Date: July 1, 2014



Benefits	ASR - Shared Funding - HSA Current		ASR - Shared Funding - HSA Renewal		BCBSM - HSA - 1250 Option 1	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Plan Deductible					
Individual	\$1,250	\$5,000	\$1,250	\$5,000	\$1,250	\$2,500
Family	\$2,500	\$10,000	\$2,500	\$10,000	\$2,500	\$5,000
Employee Deductible						
Individual	\$0	\$5,000	\$0	\$5,000	\$0	\$2,500
Family	\$0	\$10,000	\$0	\$10,000	\$0	\$5,000
Co-Insurance	100%	50%	100%	50%	100%	80%
Co-Insurance Max	(Excludes Deductible)		(Excludes Deductible)		(Includes Deductible and Copays)	
Individual	\$1,250	\$10,000	\$1,250	\$10,000	\$2,250	\$4,500
Family	\$2,500	\$20,000	\$2,500	\$20,000	\$4,500	\$9,000
PCP Office Visits	100% after ded	50% after ded	100% after ded	50% after ded	100% after ded	80% after ded
Specialists Office Visits	100% after ded	50% after ded	100% after ded	50% after ded	100% after ded	80% after ded
Urgent Care Visits	100% after ded	50% after ded	100% after ded	50% after ded	100% after ded	80% after ded
Emergency Room	100% after ded		100% after ded		100% after ded	
In/Out Patient Facility Charges	100% after ded	50% after ded	100% after ded	50% after ded	100% after ded	80% after ded
Diagnostic Imaging	100% after ded	50% after ded	100% after ded	50% after ded	100% after ded	80% after ded
Diagnostic X-Ray/Lab	100% after ded	50% after ded	100% after ded	50% after ded	100% after ded	80% after ded
Preventive Care	100%	Not Covered	100%	Not Covered	100%	Not Covered
Prescription Drugs						
Generic	100% after ded		100% after ded		\$10 copay after ded	copay plus 20% after ded
Formulary - Preferred	100% after ded		100% after ded		\$40 copay after ded	ded
Non-Formulary - Non-Preferred	100% after ded		100% after ded		\$80 copay after ded	Covered
Contraceptives	Covered		Covered		Covered	Covered
Mail Order	100% after ded		100% after ded		2x	Not Covered

Rates

Single	3	\$451.28	\$566.31	\$520.65
Double	6	\$892.68	\$1,134.25	\$1,249.56
Family	11	\$1,193.62	\$1,521.45	\$1,561.95
HSA Employer Funding		\$46,250.00	\$46,250.00	\$46,250.00
Total Monthly Premium		\$19,839.74	\$25,240.38	\$26,240.76
Total Annual Premium		\$238,076.88	\$302,884.56	\$314,889.12
Total Expected Annual Plan Costs		\$284,326.88	\$349,134.56	\$361,139.12
% Increase over Current			22.79%	27.02%

NOTES:

ASR rates do not include ACA Taxes and Fees.
BCBSM rates include ACA Taxes and Fees.

In accordance with Treasury Circular 230 Disclosure, this document is not intended to be used & cannot be used for: I) avoiding Federal tax-related penalties, or II) promoting, marketing or recommending anything that is tax-related.

Rates are subject to final enrollment. This is not a guarantee of benefits or rates and should not be relied upon as such.

**Beal City Public Schools
Renewal Date: July 1, 2014**



Benefits	ASR - Shared Funding - PPO Current		ASR - Shared Funding - PPO Renewal		McLaren Health Plan - HMO-POS Option 2		McLaren Health Plan - HMO-POS Option 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	Option A Benefit*	Option B Benefit**	Option A Benefit*	Option B Benefit**
Plan Deductible								
Individual	\$1,500	\$5,000	\$1,500	\$5,000	\$1,500	\$3,000	\$1,500	\$3,000
Family	\$3,000	\$10,000	\$3,000	\$10,000	\$3,000	\$6,000	\$3,000	\$6,000
Employee Deductible								
Individual	\$100	\$5,000	\$100	\$5,000	\$100	\$3,000	\$500	\$3,000
Family	\$200	\$10,000	\$200	\$10,000	\$200	\$6,000	\$1,000	\$6,000
Co-Insurance	100%	50%	100%	50%	80%	60%	80%	60%
Co-Insurance Max					(Includes Ded, Coinsurance, Copays, RX)		(Includes Ded, Coinsurance, Copays, RX)	
Individual	\$1,500	\$10,000	\$1,500	\$10,000	\$6,350	\$6,350	\$6,350	\$6,350
Family	\$3,000	\$20,000	\$3,000	\$20,000	\$12,700	\$12,700	\$12,700	\$12,700
PCP Office Visits	\$5	50% after ded	\$5	50% after ded	\$10	70% after ded	\$10	70% after ded
Specialists Office Visits	\$5	50% after ded	\$5	50% after ded	\$10	70% after ded	\$10	70% after ded
Urgent Care Visits	\$10	50% after ded	\$10	50% after ded	\$50	70% after ded	\$50	70% after ded
Emergency Room		\$25		\$25		\$75		\$75
In/Out Patient Facility Charges								
Diagnostic Imaging	100% after ded	50% after ded	100% after ded	50% after ded	80% after ded	60% after ded**	80% after ded	60% after ded**
Diagnostic X-Ray/Lab	100% after ded	50% after ded	100% after ded	50% after ded	80% after ded	60% after ded**	80% after ded	60% after ded**
Preventive Care	100%	Not Covered	100%	Not Covered	100%	70% after ded	100%	70% after ded
Prescription Drugs								
Generic	\$10		\$10		\$10		\$10	
Formulary - Preferred	\$20		\$20		\$25		\$25	
Non-Formulary - Non-Preferred	\$20		\$20		\$50***		\$50***	
Contraceptives	Covered		Covered		Covered		Covered	
Mail Order	1x	Not Covered	1x	Not Covered	2x		2x	
Rates								
Single	3	\$508.60		\$640.06		\$404.62		\$404.62
Double	6	\$1,013.06		\$1,289.13		\$930.63		\$930.63
Family	11	\$1,357.00		\$1,731.67		\$1,092.48		\$1,092.48
Estimated Employer HRA Funding								
Total Monthly Premium		\$51,800.00		\$51,800.00		\$51,800.00		\$37,000.00
Total Annual Premium		\$22,531.16		\$28,703.33		\$18,814.92		\$18,814.92
Total Expected Annual Plan Costs		\$270,373.92		\$344,439.96		\$225,779.04		\$225,779.04
% Increase over Current		\$322,173.92		\$396,239.96		\$277,579.04		\$262,779.04
				22.99%		-13.84%		-18.44%

NOTES:
 *Option A requires pre-notification or pre-authorization for most services. No referrals required for in-network specialty consultations or for the care provided in the in-network specialist office.
 **Option B requires pre-authorization for certain services.
 ***Prior authorization or step therapy required.
 ASR rates do not include ACA Taxes and Fees.
 McLaren rates include ACA Taxes and Fees.
 Employer HRA Funding is estimated at 100% utilization.

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

Quote #: 327074
 MESSA Field Rep: Grace Romzick
 Date Created: 04/01/2014

PAK A - 357C Teachers		2013-14 Rates	Enrollment	2014-15 Rates
Medical:	MESSA Choices	\$491.02	Single: 0	\$496.94
Deductible:	\$300/\$600	\$1,102.92	2-Person: 2	\$1,116.26
Coinsurance:	N/A	\$1,372.16	Family: 5	\$1,388.75
Copay (OV/UC/ER):	\$10/\$25/\$50			
Prescription Coverage:	Saver Rx			
Voluntary Abortion:	Included			
Dental:		\$34.47	Single: 0	\$35.78
Class I:	100%	\$64.97	2-Person: 2	\$67.45
Class II:	80%	\$125.84	Family: 5	\$130.63
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$2,000			
Cleanings:	2 Cleanings			
Vision:	VSP 2 Silver	\$6.12	Single: 0	\$6.00
		\$13.16	2-Person: 2	\$12.90
		\$19.82	Family: 5	\$19.42
Life Insurance:	\$10,000		7	
Rate/\$1000				\$0.09
Volume				\$70,000.00
Composite:		\$0.90		\$0.90
Accident & Sickness Coverage:	\$10,000		7	
Rate/\$1000				\$0.03
Volume				\$70,000.00
Composite:		\$0.30		\$0.30
Disability Benefit	66 2/3% Max \$2,500		7	
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Dental/Nervous:	Same as any other illness			
Acc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
DLA:	No			
Rate/\$100				\$0.50
Covered Salary				\$25,544.00
Composite:		\$20.11		\$18.25
Final Monthly Rate per Member - Single		\$552.92		\$558.17
Final Monthly Rate per Member - 2-Person		\$1,202.36		\$1,216.06
Final Monthly Rate per Member - Family		\$1,539.13		\$1,558.25

PAK A COBRA RATES:

Medical	Single	\$495.44
	2-Person	\$1,114.76
	Family	\$1,387.25

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



2014 Rate Renewal Exclusively for

Quote #: 327074
MESSA Field Rep: Grace Romzick
Date Created: 04/01/2014

Beal City Public Schools

Renewal Effective 07/01/2014

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PAK B - 357C Teachers		2013-14 Rates	Enrollment	2014-15 Rates
Annual:		\$31.51	Single: 0	\$32.71
Class I:	100%	\$59.58	2-Person: 0	\$61.85
Class II:	80%	\$120.83	Family: 2	\$125.43
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Set Time Max:	\$2,000			
Cleanings:	2 Cleanings			
<hr/>				
Insurance:	VSP 2 Silver	\$6.12	Single: 0	\$6.00
		\$13.16	2-Person: 0	\$12.90
		\$19.82	Family: 2	\$19.42
<hr/>				
Life Insurance:	\$15,000		2	
Rate/\$1000				\$0.09
Volume				\$30,000.00
Composite:		\$1.35		\$1.35
CO&D Coverage:	\$15,000		2	
Rate/\$1000				\$0.03
Volume				\$30,000.00
Composite:		\$0.45		\$0.45
<hr/>				
Disability Benefit	66 2/3% Max \$2,500		2	
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Dental/Nervous:	Same as any other illness			
Acc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
DLA:	No			
Rate/\$100				\$0.50
Covered Salary				\$7,298.00
Composite:		\$20.11		\$18.25
<hr/>				
Final Monthly Rate per Member - Single		\$59.54		\$58.76
Final Monthly Rate per Member - 2-Person		\$94.65		\$94.80
Final Monthly Rate per Member - Family		\$162.56		\$164.90

PAK B COBRA RATES:

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

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

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

Quote #: 327074
 MESSA Field Rep: Grace Romzick
 Date Created: 04/01/2014

PAK C - 357C Teachers		2013-14 Rates	Enrollment	2014-15 Rates
Medical:	MESSA ABC Plan 1	\$413.75	Single: 6	\$418.38
Deductible:	\$1250 1P; \$2500 2P&FF	\$929.07	2-Person: 0	\$939.49
Coinsurance:	N/A	\$1,155.80	Family: 23	\$1,168.77
Copay (OV/UC/ER):	N/A			
Prescription Coverage:	ABC Rx			
Voluntary Abortion:	Included			
Dental:		\$34.47	Single: 6	\$35.78
Class I:	100%	\$64.97	2-Person: 0	\$67.45
Class II:	80%	\$125.84	Family: 23	\$130.63
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$2,000			
Cleanings:	2 Cleanings			
Vision:	VSP 2 Silver	\$6.12	Single: 6	\$6.00
		\$13.16	2-Person: 0	\$12.90
		\$19.82	Family: 23	\$19.42
Life Insurance:	\$10,000		29	
Rate/\$1000				\$0.09
Volume				\$290,000.00
Composite:		\$0.90		\$0.90
Accident & Sickness Coverage:	\$10,000		29	
Rate/\$1000				\$0.03
Volume				\$290,000.00
Composite:		\$0.30		\$0.30
Disability Benefit	66 2/3% Max \$2,500		29	
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Acc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
DLA:	No			
Rate/\$100				\$0.50
Averaged Salary				\$105,827.00
Composite:		\$20.11		\$18.25
Final Monthly Rate per Member - Single		\$475.65		\$479.61
Final Monthly Rate per Member - 2-Person		\$1,028.51		\$1,039.29
Final Monthly Rate per Member - Family		\$1,322.77		\$1,338.27

PAK C COBRA RATES:

Medical	Single	\$416.88
	2-Person	\$937.99
	Family	\$1,167.27

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

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**Quote Summary Exclusively for
 Beal City Public Schools**
 Quote Effective 07/01/2014

Requested: 06/02/2014
 Quote Request ID: 217178
 MESSA Field Rep: Grace Romzick

Quoted Group(s): NEW-Custodians

Description	Current - NEW	Rate	Census Used	Quote ID 328364	Rate		
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 2 2-Person: 0 Family: 0	NON-PAK <i>MESSA Choices</i> \$300/\$600 \$600/\$1200 \$10/\$25/\$50 <i>Saver Rx</i> None	507.06 1,139.01 1,417.06		
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:				Not Included in Benefit Package			
Vision:				Not Included in Benefit Package			
Life Ins: Volume: Rate/\$1,000:			3	\$10,000	30,000 0.09		
AD&D Ins: Volume: Rate/\$1,000:			3	\$10,000	30,000 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 Family No	7,332 1.48		

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**Quote Summary Exclusively for
 Beal City Public Schools**
 Quote Effective 07/01/2014

Requested: 05/30/2014
 Quote Request ID: 217174
 MESSA Field Rep: Grace Romzick

Quoted Group(s): NEW-Transportation

Description	Current - NEW	Rate	Census Used	Quote ID 328366	Rate		
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 1 2-Person: 3 Family: 4	NON-PAK MESSA Choices \$300/\$600 \$600/\$1200 \$10/\$25/\$50 Saver Rx None	507.06 1,139.01 1,417.06		
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:				Not Included in Benefit Package			
Vision:				Not Included in Benefit Package			
Life Ins: Volume: Rate/\$1,000:			8	\$10,000	80,000 0.12		
AD&D Ins: Volume: Rate/\$1,000:			8	\$10,000	80,000 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:				Not Included in Benefit Package			

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**Quote Summary Exclusively for
 Beal City Public Schools**

Quote Effective 07/01/2014

Requested: 06/02/2014
 Quote Request ID: 217176
 MESSA Field Rep: Grace Romzick

Quoted Group(s): NEW-Administration

Description	Current - NEW	Rate	Census Used	Quote ID 328360	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 1 2-Person: 0 Family: 6	PAK A <i>MESSA Choices</i> \$300/\$600 \$600/\$1200 \$10/\$25/\$50 <i>Saver Rx</i> <i>None</i>	496.94 1,116.26 1,388.75
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:			Single: 1 2-Person: 0 Family: 6	<i>100%</i> <i>80%</i> <i>80%</i> <i>\$1,500</i> <i>50%</i> <i>\$2,000</i> <i>2 Cleanings</i>	36.80 69.20 130.33
Vision:			Single: 1 2-Person: 0 Family: 6	<i>VSP 2 Silver</i>	6.00 12.90 19.42
Life Ins: Volume: Rate/\$1,000: Composite:			7	<i>Volume As Enrolled</i>	427,778 0.11 6.72
AD&D Ins: Volume: Rate/\$1,000: Composite:			7	<i>Volume As Enrolled</i>	427,778 0.03 1.83
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:			7	<i>66 2/3% Max \$5,000</i> <i>90 CDMF</i> <i>Same as any other illness</i> <i>Same as any other illness</i> <i>Family</i> <i>No</i>	32,636 0.71 33.10
Total Monthly Rate Per Member - Single					\$581.39
Total Monthly Rate Per Member - 2 Person					\$1,240.01
Total Monthly Rate Per Member - Family					\$1,580.15

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 will affect final rates.

**Quote Summary Exclusively for
 Beal City Public Schools**
 Quote Effective 07/01/2014

Requested: 06/02/2014
 Quote Request ID: 217176
 MESSA Field Rep: Grace Romzick

Quoted Group(s): NEW-Administration

Description	Current - NEW	Rate	Census Used	Quote ID 328360	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: 0 2-Person: 0 Family: 2	100% 80% 80% \$1,500 50% \$2,000 2 Cleanings	36.55 68.78 129.89
Vision:			Single: 0 2-Person: 0 Family: 2	VSP 2 Silver	6.00 12.90 19.42
Life Ins: Volume: Rate/\$1,000: Composite:			2	Volume As Enrolled	122,222 0.11 6.72
AD&D Ins: Volume: Rate/\$1,000: Composite:			2	Volume As Enrolled	122,222 0.03 1.83
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:			2	66 2/3% Max \$5,000 90 CDMF Same as any other illness Same as any other illness Family No	9,325 0.71 33.10
Total Monthly Rate Per Member - Single					\$84.20
Total Monthly Rate Per Member - 2 Person					\$123.33
Total Monthly Rate Per Member - Family					\$190.96

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 will affect final rates.



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**Quote Summary Exclusively for
 Beal City Public Schools**
 Quote Effective 07/01/2014

Requested: 05/30/2014
 Quote Request ID: 217175
 MESSA Field Rep: Grace Romzick

Quoted Group(s): NEW-Secretaries

Description	Current - NEW	Rate	Census Used	Quote ID 328365	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:			Single: 0 2-Person: 2 Family: 1	PAK A <i>MESSA Choices</i> \$300/\$600 \$600/\$1200 \$10/\$25/\$50 <i>Saver Rx</i> <i>None</i>	496.94 1,116.26 1,388.75
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:			Single: 0 2-Person: 2 Family: 1	100% 80% 80% \$1,500 50% \$2,000 <i>2 Cleanings</i>	45.29 84.57 146.27
Vision:			Single: 0 2-Person: 2 Family: 1	<i>VSP 2 Silver</i>	6.00 12.90 19.42
Life Ins: Volume: Rate/\$1,000: Composite:			3	\$10,000	30,000 0.10 1.00
AD&D Ins: Volume: Rate/\$1,000: Composite:			3	\$10,000	30,000 0.03 0.30
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:				Not Included in Benefit Package	

Total Monthly Rate Per Member - Single \$549.53
 Total Monthly Rate Per Member - 2 Person \$1,215.03
 Total Monthly Rate Per Member - Family \$1,555.74

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 will affect final rates.



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**Quote Summary Exclusively for
 Beal City Public Schools**
 Quote Effective 07/01/2014

Requested: 05/30/2014
 Quote Request ID: 217175
 MESSA Field Rep: Grace Romzick

Quoted Group(s): NEW-Secretaries

Description	Current - NEW	Rate	Census Used	Quote ID 328365	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: 0 2-Person: 0 Family: 0	100% 80% 80% \$1,500 50% \$2,000 2 Cleanings	45.29 84.57 146.27
Vision:			Single: 0 2-Person: 0 Family: 0	VSP 2 Silver	6.00 12.90 19.42
Life Ins: Volume: Rate/\$1,000: Composite:			0	\$10,000	0 0.10 1.00
AD&D Ins: Volume: Rate/\$1,000: Composite:			0	\$10,000	0 0.03 0.30
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:				Not Included in Benefit Package	

Total Monthly Rate Per Member - Single \$52.59
 Total Monthly Rate Per Member - 2 Person \$98.77
 Total Monthly Rate Per Member - Family \$166.99

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 will affect final rates.