



**Medical Rate Summary**  
**Mesick Consolidated Schools**  
**All Employees**  
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF	49	Total Annual Cost
<b>All Employees</b>	Census 10	13	26	49	
Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx	Rate \$429.16	\$1,029.98	\$1,287.48		\$613,870
<b>TOTALS:</b>	10	13	26	49	<b>\$613,870</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
<b>MESSA Plans</b>					
MESSA ABC Plan 1 \$1300-0%; ABC Rx	\$593	\$1,332	\$1,660	\$796,886	-\$183,016
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$555	\$1,247	\$1,554	\$745,985	-\$132,115
MESSA \$500-0%; Saver Rx	\$659	\$1,480	\$1,843	\$885,071	-\$271,202
<b>BCN HMO HSA Plans</b>					
BCN HMO HSA \$1350-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$544	\$1,252	\$1,497	\$727,651	-\$113,782
BCN HMO HSA \$1300-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$475	\$1,092	\$1,305	\$634,598	-\$20,728
<b>BCBSM Simply Blue HSA Plans</b>					
BCBSM SB PPO HSA \$1250-0%; \$10/\$40/\$80 Rx	\$481	\$1,155	\$1,443	\$688,175	-\$74,305
BCBSM SB PPO HSA \$1250-20%; \$10/\$40/\$80 Rx	\$441	\$1,058	\$1,322	\$630,338	-\$16,468
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$424	\$1,017	\$1,272	\$606,390	\$7,480
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$391	\$939	\$1,174	\$559,769	\$54,101
<b>Aetna Plans</b>					
Aetna PPO HSA 1500-10%; NA/100%/100%/100%/100%/100% Rx	\$389	\$904	\$1,228	\$570,695	\$43,175

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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**Priority Health:**

\*7/1/2016 Priority Health renewal rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

**MESSA:**

MESSA rates include estimated blended taxes and fees for the 2016-2017 policy period.

**BCBSM/BCN:**

\*BCBSM and BCN rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

\*BCBSM and BCN quoted rates do not include commissions paid to SET SEG. Fees for SET SEG services are addressed in a separate agreement. BCBSM rates may change based on final BCBSM underwriting guidelines, actual group enrollment and participation.

\*Rates do not include enrollment and billing service fee.



**Dental Rate Summary**  
**Mesick Consolidated Schools**  
**Teachers**  
**Assumed Effective Date: 7/1/2016**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers	<b>Census</b>	4	3	29	\$102.68	\$44,356	7/1/2015-6/30/2016
MESSA 80/80/80/80-1000/UCR Dental Plan	<b>Rate</b>	\$28.49	\$57.61	\$117.57			
	<b>TOTALS:</b>	<b>4</b>	<b>3</b>	<b>29</b>		<b>\$44,356</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
Guardian 80/80/80/60-1000/1000 Dental Plan	7/1/2016 - 6/30/2017	\$32.19	\$65.10	\$132.85	\$116.02	\$50,121	-\$5,765
Principal 80/80/80/80-1000/1000 Dental Plan	7/1/2016 - 6/30/2017	\$33.72	\$63.90	\$107.79	\$95.90	\$41,430	\$2,926
MetLife			Declined to quote				
ADN			Declined to quote				

\*Guardian rates include taxes and fees.

\*Principal rates include taxes and fees.



**Dental Rate Summary**  
**Mesick Consolidated Schools**  
**Administrators & Support Staff**  
**Assumed Effective Date: 7/1/2016**

<b>Current Plan(s) and Segment:</b>		<b>1P</b>	<b>2P</b>	<b>FF</b>	<b>Monthly Composite</b>	<b>Total Annual Cost</b>	<b>Rate Period</b>
Administrators and Support Staff	<b>Census</b>	8	7	9	\$100.57	\$28,963	Unknown
MetLife 80/80/80/60-1000/1500 Dental Plan	<b>Rate</b>	\$44.27	\$87.18	\$161.02			
<b>TOTALS:</b>		<b>8</b>	<b>7</b>	<b>9</b>		<b>\$28,963</b>	

<b>Product Name</b>	<b>Rate Period</b>	<b>1P Rate</b>	<b>2P Rate</b>	<b>FF Rate</b>	<b>Monthly Composite</b>	<b>Total Cost</b>	<b>Estimated Annual Savings</b>
Guardian 80/80/80/60-1000/1500 Dental Plan	7/1/2016 - 6/30/2017	\$46.48	\$91.54	\$169.07	\$105.59	\$30,411	-\$1,448
Principal 80/80/80/60-1000/1500 Dental Plan	7/1/2016 - 6/30/2017	\$33.72	\$63.90	\$107.79	\$70.30	\$20,246	\$8,717
MetLife		Declined to quote					
ADN		Declined to quote					

\*Guardian rates include taxes and fees.

\*Principal rates include taxes and fees.



**Vision Rate Summary**  
**Mesick Consolidated Schools**  
**All Employees**  
**Assumed Effective Date: 7/1/2016**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators & Support Staff		Census 7	7	9	\$15.08	\$4,161	Unknown
	EyeMed Vision Plan	Rate \$7.68	\$14.51	\$21.27			
Teachers		Census 4	3	29	\$29.03	\$12,542	7/1/2015-6/30/2016
	MESSA VSP Plan 3 Plus	Rate \$10.02	\$21.54	\$32.43			
<b>TOTALS:</b>		<b>11</b>	<b>10</b>	<b>38</b>		<b>\$16,703</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
NVA Vision Plan - \$80.00 frames	7/1/2016-6/30/2020	\$7.10	\$15.25	\$22.96	\$18.70	\$13,237	\$3,466
NVA Vision Plan - \$100.00 frames	7/1/2016-6/30/2020	\$5.38	\$10.16	\$14.89	\$12.32	\$8,719	\$7,984
Guardian		See additional segment quote					
MetLife		See additional segment quote					
ADN		Declined to quote					

\*NVA rates include taxes and fees.



**Vision Rate Summary**  
**Mesick Consolidated Schools**  
**Teachers**  
**Assumed Effective Date: 7/1/2016**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers	<b>Census</b>	4	3	29	\$29.03	\$12,542	7/1/2015-6/30/2016
	MESSA VSP Plan 3 Plus	<b>Rate</b>	\$10.02	\$21.54	\$32.43		
	<b>TOTALS:</b>	<b>4</b>	<b>3</b>	<b>29</b>		<b>\$12,542</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
Guardian Vision Plan	7/1/2016-6/30/2018	\$14.76	\$22.39	\$39.36	\$35.21	\$15,212	-\$2,670
MetLife Vision Plan	7/1/2016-6/30/2018	\$9.74	\$18.49	\$24.50	\$22.36	\$9,659	\$2,883

\*Guardian rates include taxes and fees.

\*MetLife rates include premium tax and all applicable PPACA taxes. The MI 1% claims tax is billed separately.



**Vision Rate Summary**  
**Mesick Consolidated Schools**  
**Administrators & Support Staff**  
**Assumed Effective Date: 7/1/2016**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators & Support Staff	Census	7	7	9	\$15.08	\$4,161	Unknown
EyeMed Vision Plan	Rate	\$7.68	\$14.51	\$21.27			
<b>TOTALS:</b>		<b>7</b>	<b>7</b>	<b>9</b>		<b>\$4,161</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
Guardian Vision Plan - \$130.00 frames	7/1/2016-6/30/2018	\$16.11	\$24.43	\$42.96	\$29.15	\$8,045	-\$3,884
Guardian Vision Plan - \$120.00 frames	7/1/2016-6/30/2018	\$13.94	\$21.14	\$37.18	\$25.23	\$6,962	-\$2,801
MetLife Vision Plan	7/1/2016-6/30/2018	\$9.74	\$18.49	\$24.50	\$18.18	\$5,017	-\$856

\*Guardian rates include taxes and fees.

\*MetLife rates include premium tax and all applicable PPACA taxes. The MI 1% claims tax is billed separately.