

**Quote Summary Exclusively for
 Vassar Public Schools**
 Quote Effective 09/01/2016

Selected Group(s): 936C-Teachers

Description	Current - 936C	Rate	Census Used	Quote ID 335490	Rate
Medical:	PAK A MESSA ABC Plan 1	537.64	Single: 1	PAK A MESSA ABC Plan 1	537.64
Deductible:	\$1300/\$2600	1,207.82	2-Person: 2	\$1300/\$2600	1,207.82
COB Deductible:	\$2600/\$5200	1,502.70	Family: 4	\$2600/\$5200	1,502.70
Out-of-Pocket/UC/ER Copay:	N/A			N/A	
Prescription Drug Copay:	ABC Rx			ABC Rx	
Services Included:	None			None	
Out-of-Pocket Max:		27.28	Single: 1		27.28
Class I:	75%	54.04	2-Person: 2	75%	54.04
Class II:	75%	100.40	Family: 4	75%	100.40
Class III:	60%			60%	
Annual Max:	\$1,000			\$1,000	
Class IV:	75%			75%	
Out-of-Pocket Max:	\$1,200			\$1,200	
Services Included:	2 Cleanings, Adlt Ortho			2 Cleanings, Adlt Ortho	
Vision:	VSP 2	5.13	Single: 1	VSP 2	5.13
		11.03	2-Person: 2		11.03
		16.59	Family: 4		16.59
Life Insurance:	\$50,000		7	\$50,000	
Volume:				350,000	
Rate/\$1,000:				0.09	
Composite:	4.50			4.50	
Life Insurance:	\$50,000		7	\$50,000	
Volume:				350,000	
Rate/\$1,000:				0.03	
Composite:	1.50			1.50	
Life Insurance:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
Life Insurance:	60% Max \$2,500		7	60% Max \$2,500	
Waiting Period:	90 CDMF			90 CDMF	
Alcohol/Drug:	2 Year Limitation			2 Year Limitation	
Out-of-Pocket/Nervous:	2 Year Limitation			2 Year Limitation	
Offset:	Family			Family	
Other LA:	No			No	
Volume:				27,995	
Rate/\$100:				0.29	
Composite:	11.60			11.60	
Final Monthly Rate Per Member - Single		\$587.65			\$587.65
Final Monthly Rate Per Member - 2 Person		\$1,290.49			\$1,290.49
Final Monthly Rate Per Member - Family		\$1,637.29			\$1,637.29

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 and services 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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 75 Kendale Boulevard, PO Box 2560
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**Quote Summary Exclusively for
 Vassar Public Schools**
 Quote Effective 09/01/2016

Requested: 08/10/2016
 Quote Request ID: 222112
 MESSA Field Rep: Matt Zimmerman

Quoted Group(s): 936C-Teachers

Description	Current - 936C	Rate	Census Used	Quote ID 335490	Rate
Medical:	PAK B			PAK B	
Medical:	Not Included in Benefit Package			Not Included in Benefit Package	
Non-Deductible:					
Non-Deductible:					
Out-of-Pocket Max:					
Out-of-Pocket Max:					
Co-insurance:					
Co-insurance:					
Class I:	80%	31.06	Single: 2	80%	31.06
Class II:	80%	61.87	2-Person: 4	80%	61.87
Class III:	80%	115.24	Family: 7	80%	115.24
Annual Max:	\$1,000			\$1,000	
Class IV:	80%			80%	
Lifetime Max:	\$1,300			\$1,300	
Co-insurance:	2 Cleanings, Adlt Ortho			2 Cleanings, Adlt Ortho	
Medical:	VSP 2	5.13	Single: 2	VSP 2	5.13
Medical:		11.03	2-Person: 4		11.03
Medical:		16.59	Family: 7		16.59
Life Ins:	\$50,000		13	\$50,000	
Volume:				650,000	
Rate/\$1,000:				0.09	
Composite:		4.50		4.50	
D&D Ins:	\$50,000		13	\$50,000	
Volume:				650,000	
Rate/\$1,000:				0.03	
Composite:		1.50		1.50	
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
TD:	60% Max \$2,500		13	60% Max \$2,500	
Waiting Period:	90 CDMF			90 CDMF	
Alcohol/Drug:	2 Year Limitation			2 Year Limitation	
Mental/Nervous:	2 Year Limitation			2 Year Limitation	
MS Offset:	Family			Family	
COLA:	No			No	
Volume:				51,990	
Rate/\$100:				0.29	
Composite:		11.60		11.60	
Total Monthly Rate Per Member - Single		\$53.79			\$53.79
Total Monthly Rate Per Member - 2 Person		\$90.50			\$90.50
Total Monthly Rate Per Member - Family		\$149.43			\$149.43

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Requested: 08/10/2016
 Quote Request ID: 222112
 MESSA Field Rep: Matt Zimmerman

Quoted Group(s): 936C-Teachers

Description	Current - 936C	Rate	Census Used	Quote ID 335490	Rate
Medical:	PAK C MESSA Choices	648.66	Single: 6	PAK C MESSA Choices	597.22
Med Deductible:	\$200/\$400	1,457.62	2-Person: 4	\$500/\$1000	1,341.86
VISION Deductible:	\$400/\$800	1,813.55	Family: 31	\$1000/\$2000	1,669.50
PHYSICIAN Copay:	\$20/\$25/\$50			\$20/\$25/\$50	
PHARMACY Drug Copay:	Saver Rx			Saver Rx	
Services Included:	None			None	
Dental:		27.28	Single: 6		27.28
Class I:	75%	54.04	2-Person: 5	75%	54.04
Class II:	75%	100.40	Family: 30	75%	100.40
Class III:	60%			60%	
Annual Max:	\$1,000			\$1,000	
Class IV:	75%			75%	
Lifetime Max:	\$1,200			\$1,200	
Services Included:	2 Cleanings, Adlt Ortho			2 Cleanings, Adlt Ortho	
Vision:	VSP 2	5.13	Single: 6	VSP 2	5.13
		11.03	2-Person: 5		11.03
		16.59	Family: 30		16.59
Life Ins:	\$50,000		41	\$50,000	
Volume:					2,050,000
Rate/\$1,000:					0.09
Composite:		4.50			4.50
D&D Ins:	\$50,000		41	\$50,000	
Volume:					2,050,000
Rate/\$1,000:					0.03
Composite:		1.50			1.50
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
TD:	60% Max \$2,500		41	60% Max \$2,500	
Waiting Period:	90 CDMF			90 CDMF	
Alcohol/Drug:	2 Year Limitation			2 Year Limitation	
Dental/Nervous:	2 Year Limitation			2 Year Limitation	
MS Offset:	Family			Family	
COLA:	No			No	
Volume:					163,970
Rate/\$100:					0.29
Composite:		11.60			11.60
Total Monthly Rate Per Member - Single		\$698.67			\$647.23
Total Monthly Rate Per Member - 2 Person		\$1,540.29			\$1,424.53
Total Monthly Rate Per Member - Family		\$1,948.14			\$1,804.09

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