



December 5, 2018

To: Addison Community Schools, Adrian Public Schools, Blissfield Community Schools, Britton Deerfield Schools, Clinton Community Schools, Hillsdale Community Schools, Hillsdale Intermediate School District (HISD), Hudson Area Schools, Lenawee County Intermediate School District (LISD), Litchfield Community Schools, Madison School District, Morenci Area Schools, North Adams-Jerome Public Schools, Pittsford Area Schools, Sand Creek Community Schools, Tecumseh Public Schools, Waldron Area Schools.

Dear Consortium A and Consortium B Members:

The Lenawee County Insurance Consortium (LCIC) A and Lenawee County Consortium (LCIC) B solicited bids on behalf of the individual member public school districts in compliance with Public Act 106, Section 5,(2) which states "A public employer or pooled plan procuring coverage or benefits from 1 or more carriers shall solicit 4 or more bids when establishing a medical benefit plan, including at least 1 bid from a voluntary employees' beneficiary association described in section 501(c)(9) of the internal revenue code, 26 USC 501(c)(9)." Bids were solicited for several Plan options for health insurance and included the specific demographic data of the following member school districts: Addison Community Schools, Adrian Public Schools, Blissfield Community Schools, Britton Deerfield Schools, Clinton Community Schools, Hillsdale Community Schools, Hillsdale Intermediate School District (HISD), Hudson Area Schools, Lenawee County Intermediate School District (LISD), Litchfield Community Schools, Madison School District, Morenci Area Schools, North Adams-Jerome Public Schools, Pittsford Area Schools, Sand Creek Community Schools, Tecumseh Public Schools, Waldron Area Schools.

The LCIC A and LCIC B solicited bids from several different carriers. Bids were received from Blue Cross Blue Shield of Michigan, Paramount, Priority Health and Michigan Educational Special Services Association (MESSA). MESSA is a qualified voluntary employees' beneficiary association described in section 501(c)(9) of the internal revenue code, 26 USC 501(c)(9).

It is our understanding that these bids satisfy the requirements of PA 106 for all the Participating LCIC A and the LCIC B school districts listed above.

Respectfully,

Courtney Williams

Secretary Insurance Consortium
Lenawee Intermediate School District
4107 N. Adrian Hwy.
Adrian, MI.49221
☎: (517)265-1632



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**2019 Rate Renewal Exclusively for
 Lenawee County Consortium**
 Rates Effective 01/01/2019 through 12/31/2019

Quote #: 342481
 MESSA Field Rep: Monica McKay
 Date Created: 08/17/2018

PAK A - LCC EA ADM CMOP LCC EA, ADM, CMOP		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 95	\$649.59	\$659.60
IN Deductible:	\$500/\$1000	2-Person: 65	\$1,459.73	\$1,482.24
IN Coinsurance:	N/A	Family: 264	\$1,816.17	\$1,844.18
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		Single: 90	\$35.14	\$35.14
Class I:	100%	2-Person: 73	\$66.57	\$66.57
Class II:	80%	Family: 261	\$127.49	\$127.49
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 2 S	Single: 91	\$6.73	\$6.79
		2-Person: 72	\$14.45	\$14.59
		Family: 261	\$21.76	\$21.97
Life Insurance:	\$45,000	424		\$0.10
Rate/\$1000				\$19,080,000.00
Volume				\$4.50
Composite:				\$0.03
AD&D Coverage:	\$45,000	424		\$0.03
Rate/\$1000				\$19,080,000.00
Volume				\$1.35
Composite:				
LTD Benefit	66 2/3% Max \$6,000	424		\$0.60
Max Monthly Salary:	\$9,000			\$1,891,283.00
Waiting Period:	90 CDMF			\$26.76
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.60
Covered Salary				\$1,891,283.00
Composite:				\$26.76
Total Monthly Rate per Member - Single				\$734.14
Total Monthly Rate per Member - 2-Person				\$1,596.01
Total Monthly Rate per Member - Family				\$2,026.25

PAK A COBRA RATES:

Medical	Single	2-Person	Family
	\$648.09	\$1,458.23	\$1,814.67
	\$658.10	\$1,480.74	\$1,842.68

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

The above rates are based on plans and enrollment as of 08/14/2018. 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.

If you have any questions, please contact your MESSA Field Representative, Monica McKay, at 800.292.4910.



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PAK B - LCC EA ADM CMOP LCC EA, ADM, CMOP		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:		Single: 58	\$29.71	\$29.71
Class I:	100%	2-Person: 55	\$56.95	\$56.95
Class II:	80%	Family: 217	\$111.52	\$111.52
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
<hr/>				
Vision:	VSP 2 S	Single: 58	\$6.73	\$6.79
		2-Person: 55	\$14.45	\$14.59
		Family: 217	\$21.76	\$21.97
<hr/>				
Life Insurance:	\$50,000	330		\$0.10
Rate/\$1000				\$16,500,000.00
Volume				\$5.00
Composite:				\$0.03
AD&D Coverage:	\$50,000	330		\$16,500,000.00
Rate/\$1000				\$1.50
Volume				
Composite:				
<hr/>				
LTD Benefit	66 2/3% Max \$6,000	330		\$0.60
Max Monthly Salary:	\$9,000			\$1,471,989.00
Waiting Period:	90 CDMF			\$26.76
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
<hr/>				
Total Monthly Rate per Member - Single				\$69.76
Total Monthly Rate per Member - 2-Person				\$104.80
Total Monthly Rate per Member - Family				\$166.75

PAK B COBRA RATES:

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

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PAK C - LCC EA ADM CMOP LCC EA, ADM, CMOP		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 1	Single: 46	\$580.13	\$589.06
IN Deductible:	\$1350 1P; \$2700 2P&FF	2-Person: 34	\$1,303.42	\$1,323.52
IN Coinsurance:	N/A	Family: 145	\$1,621.65	\$1,646.66
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:		Single: 45	\$35.14	\$35.14
Class I:	100%	2-Person: 36	\$66.57	\$66.57
Class II:	80%	Family: 144	\$127.49	\$127.49
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 2 S	Single: 45	\$6.73	\$6.79
		2-Person: 36	\$14.45	\$14.59
		Family: 144	\$21.76	\$21.97
Life Insurance:	\$45,000	225		\$0.10
Rate/\$1000				\$10,125,000.00
Volume				\$4.50
Composite:				\$0.03
AD&D Coverage:	\$45,000	225		\$10,125,000.00
Rate/\$1000				\$1.35
Volume				
Composite:				
LTD Benefit	66 2/3% Max \$6,000	225		\$0.60
Max Monthly Salary:	\$9,000			\$1,003,629.00
Waiting Period:	90 CDMF			\$26.76
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
Total Monthly Rate per Member - Single				\$663.60
Total Monthly Rate per Member - 2-Person				\$1,437.29
Total Monthly Rate per Member - Family				\$1,828.73

PAK C COBRA RATES:

Medical	Single	2-Person	Family
	\$578.63	\$1,301.92	\$1,620.15
	\$587.56	\$1,322.02	\$1,645.16

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PAK D - LCC EA ADM CMOP LCC EA, ADM, CMOP		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 2	Single: 29	\$507.24	\$515.05
IN Deductible:	\$2000 1P; \$4000 2P&FF	2-Person: 14	\$1,139.42	\$1,156.99
IN Coinsurance:	10%	Family: 56	\$1,417.56	\$1,439.42
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:		Single: 27	\$35.14	\$35.14
Class I:	100%	2-Person: 16	\$66.57	\$66.57
Class II:	80%	Family: 56	\$127.49	\$127.49
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 2 S	Single: 28	\$6.73	\$6.79
		2-Person: 16	\$14.45	\$14.59
		Family: 55	\$21.76	\$21.97
Life Insurance:	\$45,000	99		\$0.10
Rate/\$1000				\$4,455,000.00
Volume				\$4.50
Composite:				\$0.03
AD&D Coverage:	\$45,000	99		\$0.03
Rate/\$1000				\$4,455,000.00
Volume				\$1.35
Composite:				
LTD Benefit	66 2/3% Max \$6,000	99		\$0.60
Max Monthly Salary:	\$9,000			\$441,597.00
Waiting Period:	90 CDMF			\$26.76
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.60
Covered Salary				\$441,597.00
Composite:				\$26.76
Total Monthly Rate per Member - Single				\$589.59
Total Monthly Rate per Member - 2-Person				\$1,270.76
Total Monthly Rate per Member - Family				\$1,621.49

PAK D COBRA RATES:

Medical	Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
	Single	\$505.74	\$513.55
	2-Person	\$1,137.92	\$1,155.49
	Family	\$1,416.06	\$1,437.92

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MESSA
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PAK E - LCC EA ADM CMOP LCC EA, ADM, CMOP		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA Choices	Single: 25	\$573.40	\$582.23
IN Deductible:	\$500/\$1000	2-Person: 22	\$1,288.29	\$1,308.15
IN Coinsurance:	20%	Family: 31	\$1,602.82	\$1,627.54
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	SRX Mail			
Riders Included:	EA1			
Dental:		Single: 26	\$35.14	\$35.14
Class I:	100%	2-Person: 21	\$66.57	\$66.57
Class II:	80%	Family: 31	\$127.49	\$127.49
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 2 S	Single: 26	\$6.73	\$6.79
		2-Person: 21	\$14.45	\$14.59
		Family: 31	\$21.76	\$21.97
Life Insurance:	\$45,000	78		\$0.10
Rate/\$1000				\$3,510,000.00
Volume				\$4.50
Composite:				\$0.03
AD&D Coverage:	\$45,000	78		\$3,510,000.00
Rate/\$1000				\$1.35
Volume				
Composite:				
LTD Benefit	66 2/3% Max \$6,000	78		\$0.60
Max Monthly Salary:	\$9,000			\$347,925.00
Waiting Period:	90 CDMF			\$26.76
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				
Covered Salary				
Composite:				
Total Monthly Rate per Member - Single				\$656.77
Total Monthly Rate per Member - 2-Person				\$1,421.92
Total Monthly Rate per Member - Family				\$1,809.61

PAK E COBRA RATES:

Medical	Single	2-Person	Family
	\$571.90	\$1,286.79	\$1,601.32
	\$580.73	\$1,306.65	\$1,626.04

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NON-PAK - LCC ACA ELIGIBLE LCC ACA Eligible Employees		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Medical:	MESSA ABC Plan 2	Single: 1	\$517.56	\$525.53
IN Deductible:	\$2000 1P; \$4000 2P&FF	2-Person: 0	\$1,162.64	\$1,180.56
IN Coinsurance:	10%	Family: 1	\$1,446.45	\$1,468.76
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
NON-PAK COBRA RATES:				
	Medical	Single	\$516.06	\$524.03
		2-Person	\$1,161.14	\$1,179.06
		Family	\$1,444.95	\$1,467.26

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Medical Options - Clinton Community Schools

Period: 01/01/2019 - 12/31/2019

Whole Group: Teachers / Administrators / Support Staff

BCBSM Plan Matching Current/MESSA Plans

CARRIER	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Simply Blue 500 Matched to MESSA PAK A	Simply Blue HSA 1350 0% Matched to MESSA PAK C	Simply Blue HSA 2000 20% Matched to MESSA PAK D	Simply Blue Shield Simply Blue 1000 Matched to MESSA PAK E
Plan Type/Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network
Deductible	\$500/1000 \$1000/2000	\$1350/2700 \$2700/5400	\$2000/4000 \$4000/8000	\$1000/2000 \$2000/4000
Coinsurance	80/20% 60/40%	100% 80/20%	80/20% 60/40%	80/20% 60/40%
Coinsurance Maximum	\$2500/5000 \$5000/10,000	None None	None None	\$2500/5000 \$5000/10,000
Out-of-Pocket Maximum	\$6350/12,700 \$12,700/25,400	\$2250/4500 \$4500/9000	\$3000/6000 \$6000/12,000	\$6350/12,700 \$12,700/25,400
Office Visit Copay	\$20	Subject to ded./coins.	Subject to ded./coins.	\$30
Specialist Office Visit Copay	\$20	Subject to ded./coins.	Subject to ded./coins.	\$30
Chiropractic Copay	\$20; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.	\$30; 12 visits max.
Urgent Care Copay	\$20	Subject to ded./coins.	Subject to ded./coins.	\$30
Emergency Room Copay	\$150	Subject to ded./coins.	Subject to ded./coins.	\$150
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)
Rates	Single 11 Two-Person 10 Family 22	Single 3 Two-Person 2 Family 5	Single 0 Two-Person 0 Family 1	Single 0 Two-Person 0 Family 0
Monthly Premium	\$568.52 Included	\$529.00 Included	\$454.05 Included	\$536.43 Included
Estimated Taxes & Fees	\$1,364.44 Included	\$1,269.60 Included	\$1,089.73 Included	\$1,287.44 Included
Total Monthly Cost	\$1,705.55	\$1,587.00	\$1,362.16	\$1,609.30
Total Annual Cost	\$65,948.05	\$12,061.19	\$1,362.16	\$0.00
Difference from Current	\$65,948.05	\$12,061.19	\$1,362.16	\$0.00
% Difference	\$791,376.60 -\$94,914.60 -10.71%	\$144,734.32 -\$11,230.04 -7.20%	\$16,345.91 -\$1,404.61 -7.91%	\$0.00

	# Enrolled	MESSA Current Combined Rates	BCBSM Combined Rates
Combined Annual Total	59	\$1,050,006.08	\$952,456.82
Combined Difference			-\$107,549.26
Combined % Difference			-10.15%

BCBS rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Medical Renewal Option - Clinton Community Schools

Period: 01/01/2019 - 12/31/2019

Whole Group: Teachers / Administrators / Support Staff

Paramount Plans Matching Current MESSA Plans

CARRIER	Paramount	Paramount	Paramount	Paramount	Paramount
Benefit Plan	PPO Custom 100% 500 Matched to PAK A	PPO CDHP 100% 1350 Matched to PAK C	PPO CDHP 90% 2000 Matched to PAK D	PPO 80% 500 Matched to PAK E	
Plan Type/Network					
Deductible	In-Network Out-of-Network	\$500/1000 \$1000/2000	\$1350/2700 \$2700/5400	\$2000/4000 \$4000/8000	\$500/1000 \$1000/2000
Coinsurance		100% 80/20%	100% 80/20%	90/10% 70/30%	80/20% 60/40%
Coinsurance Maximum		None None	None None	None None	2500/5000 \$5000/10,000
Out-of-Pocket Maximum		\$1000/2000 \$2000/4000	\$2350/4700 \$4700/9400	\$3000/6000 \$6000/12,000	\$6350/12,700 \$12,700/25,400
Office Visit Copay		\$20 \$20	Subject to ded./coins. Subject to ded./coins.	Subject to ded./coins. Subject to ded./coins.	\$20 \$20
Specialist Office Visit Copay		\$20; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.	\$20; 12 visits max.
Chiropractic Copay		\$25	Subject to ded./coins.	Subject to ded./coins.	\$25
Urgent Care Copay		\$50	Subject to ded./coins.	Subject to ded./coins.	\$150
Emergency Room Copay		\$10 Generic \$20 Preferred Brand \$40 Nonpreferred Brand	Subject to ded., then: \$10 Generic \$20 Preferred Brand	Subject to ded., then: \$10 Generic \$20 Preferred Brand	\$10 Generic \$20 Preferred Brand \$40 Nonpreferred Brand
Prescription Drugs		20% Specialty Brand (\$350 max.) Generic & Preferred Mail Order 2x Nonpreferred Mail Order 3x	20% Specialty Brand (\$350 max.) Generic & Preferred Mail Order 2x Nonpreferred Mail Order 3x	20% Specialty Brand (\$350 max.) Generic & Preferred Mail Order 2x Nonpreferred Mail Order 3x	20% Specialty Brand (\$350 max.) Generic & Preferred Mail Order 2x Nonpreferred Mail Order 3x
A.M. Best Rating	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated
Rates					
Monthly Premium	Single 11 Two-Person 10 Family 27	Single 3 Two-Person 2 Family 5	Single 0 Two-Person 0 Family 1	Single 0 Two-Person 0 Family 0	Single 0 Two-Person 0 Family 0
Estimated Taxes & Fees	48	10	1	0	0
Total Monthly Cost	\$588.33 \$1,322.16 \$1,644.98	\$575.63 \$1,293.62 \$1,609.47	\$498.29 \$1,119.81 \$1,393.23	\$498.29 \$1,119.81 \$1,393.23	\$544.97 \$1,224.70 \$1,523.73
Total Annual Cost	\$64,107.69 Included \$64,107.69 \$769,292.28 -\$116,998.92	\$12,361.48 Included \$12,361.48 \$148,337.76 -\$7,626.60	\$1,393.23 Included \$1,393.23 \$16,718.76 -\$1,031.76	Included \$0.00 \$0.00 \$0.00	Included \$0.00 \$0.00 \$0.00
% Difference	-13.20%	-4.89%	-5.81%		
Combined Annual Total		# Enrolled 59	MESSA Combined Current Rates \$1,060,006.08	Paramount Combined Rates \$934,348.80	
Combined Difference					
Combined % Difference					

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).