



Good health. Good business. Great schools.  
 1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
 800.292.4910

**Quote Summary Exclusively for  
 Caledonia Community Schools**  
 Quote Effective 10/01/2014

Requested: 09/16/2014  
 Quote Request ID: 217914  
 MESSA Field Rep: Larry Donston

**Quoted Group(s): 392A-Transportation**

Description	Current - 392A	Rate	Census Used	Quote ID 329255	Rate
Medical:	<b>Bundle 1</b>			<b>PAK A</b>	
IN Deductible:	MESSA Choices	615.84	Single: 7	MESSA Choices	485.96
OON Deductible:	\$0	1,383.78	2-Person: 3	\$500/\$1000	1,091.54
OV/UC/ER Copay:	\$250/\$500	1,721.67	Family: 7	\$1000/\$2000	1,358.00
RX Drug Copay:	\$5/\$10/\$25			\$10/\$25/\$50	
Riders Included:	None			Saver Rx	
				None	
Dental:		32.17	Single: 7		40.21
Class I:	75%	59.83	2-Person: 4	90%	75.22
Class II:	75%	100.31	Family: 6	90%	130.20
Class III:	50%			90%	
Annual Max:	\$1,000			\$1,000	
Class IV:	50%			90%	
Lifetime Max:	\$500			\$1,500	
Riders Included:	2 Cleanings			2 Cleanings	
Vision:	VSP 2	5.34	Single: 7	VSP 3 Plus Platinum	11.51
		11.49	2-Person: 4		24.73
		17.28	Family: 6		37.20
Life Ins:	\$10,000		17	\$10,000	
Volume:					170,000
Rate/\$1,000:		0.09			0.09
Composite:					0.90
AD&D Ins:	\$10,000		17	\$10,000	
Volume:					170,000
Rate/\$1,000:		0.03			0.03
Composite:					0.30
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
LTD:	Not Included in Benefit Package			Not Included in Benefit Package	
Waiting Period:					
Alcohol/Drug:					
Mental/Nervous:					
SS Offset:					
COLA:					
Volume:					
Rate/\$100:					

Total Monthly Rate Per Member - Single \$538.88  
 Total Monthly Rate Per Member - 2 Person \$1,192.69  
 Total Monthly Rate Per Member - Family \$1,526.60

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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 MESSA Field Rep: Larry Donston

**Quoted Group(s): 392A-Transportation**

Description	Current - 392A	Rate	Census Used	Quote ID 329255	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:	<b>Bundle 2</b> Not Included in Benefit Package			<b>PAK B</b> Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:	100% 90% 90% \$1,000 90% \$1,500 2 Cleanings	65.90 122.18 208.89	Single: 1 2-Person: 0 Family: 1	90% 90% 90% \$1,000 90% \$1,500 2 Cleanings	62.57 116.05 197.23
Vision:	VSP 3	7.17 15.42 23.19	Single: 1 2-Person: 0 Family: 1	VSP 3 Plus Platinum	11.51 24.73 37.20
Life Ins: Volume: Rate/\$1,000: Composite:	\$10,000	0.09	2	\$10,000	20,000 0.09 0.90
AD&D Ins: Volume: Rate/\$1,000: Composite:	\$10,000	0.03	2	\$10,000	20,000 0.03 0.30
Dep Life Ins: Volume: Rate/\$1,000: Composite:	Not Included in Benefit Package			Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:	Not Included in Benefit Package			Not Included in Benefit Package	

Total Monthly Rate Per Member - Single \$75.28  
 Total Monthly Rate Per Member - 2 Person \$141.98  
 Total Monthly Rate Per Member - Family \$235.63

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**Quote Summary Exclusively for  
 Caledonia Community Schools**

Quote Effective 09/01/2014

Requested: 08/26/2014  
 Quote Request ID: 217803  
 MESSA Field Rep: Larry Donston

Quoted Group(s): 392A-Transportation

Description	Current - 392A	Rate	Census Used	Quote ID 329123	Rate
<b>Bundle 1</b>					
Medical:	MESSA Choices	615.84	Single: 7	MESSA Choices	495.85
IN Deductible:	\$0	1,383.78	2-Person: 3	\$500/\$1000	1,113.79
OON Deductible:	\$250/\$500	1,721.67	Family: 7	\$1000/\$2000	1,385.68
OV/UC/ER Copay:	\$5/\$10/\$25			\$10/\$25/\$50	
RX Drug Copay:	\$10/\$20			Saver Rx	
Riders Included:	None			None	
Dental:		32.17	Single: 7		41.03
Class I:	75%	59.83	2-Person: 4	90%	76.76
Class II:	75%	100.31	Family: 7	90%	132.85
Class III:	50%			90%	
Annual Max:	\$1,000			\$1,000	
Class IV:	50%			90%	
Lifetime Max:	\$500			\$1,500	
Riders Included:	2 Cleanings			2 Cleanings	
Vision:	VSP 2	5.34	Single: 7	VSP 3 Plus Platinum	11.51
		11.49	2-Person: 4		24.73
		17.28	Family: 7		37.20
Life Ins:	\$10,000		18	\$10,000	
Volume:					180,000
Rate/\$1,000:		0.09			0.09
AD&D Ins:	\$10,000		18	\$10,000	
Volume:					180,000
Rate/\$1,000:		0.03			0.03
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
LTD:	Not Included in Benefit Package			Not Included in Benefit Package	
Waiting Period:					
Alcohol/Drug:					
Mental/Nervous:					
SS Offset:					
COLA:					
Volume:					
Rate/\$100:					

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**Quote Summary Exclusively for  
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 Quote Effective 09/01/2014

Requested: 08/26/2014  
 Quote Request ID: 217803  
 MESSA Field Rep: Larry Donston

**Quoted Group(s): 392A-Transportation**

Description	Current - 392A	Rate	Census Used	Quote ID 329123	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:	<b>Bundle 2</b> Not Included in Benefit Package			<b>Bundle 2</b> Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:	65.90 100% 122.18 90% 208.89 90% \$1,000 90% \$1,500 2 Cleanings	65.90 122.18 208.89	Single: 1 2-Person: 0 Family: 0	90% 90% 90% \$1,000 90% \$1,500 2 Cleanings	41.03 76.76 132.85
Vision:	VSP 3	7.17 15.42 23.19	Single: 1 2-Person: 0 Family: 0	VSP 3 Plus Platinum	11.51 24.73 37.20
Life Ins: Volume: Rate/\$1,000:	\$10,000		1	\$10,000	10,000 0.09
AD&D Ins: Volume: Rate/\$1,000:	\$10,000		1	\$10,000	10,000 0.03
Dep Life Ins: Volume: Rate/\$1,000:	Not Included in Benefit Package			Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:	Not Included in Benefit Package			Not Included in Benefit Package	

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**Quote Summary Exclusively for  
 Caledonia Community Schools**  
 Quote Effective 09/01/2014

Requested: 08/28/2014  
 Quote Request ID: 217803  
 MESSA Field Rep: Larry Donston

**Quoted Group(s): 392A-Transportation**

Description	Current - 392A	Rate	Census Used	Quote ID 329123	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:	Not Included in Benefit Package		Single: 0 2-Person: 0 Family: 0	<b>Bundle 3</b> MESSA ABC Plan 1 \$1250/\$2500 \$2500/\$5000 N/A ABC Rx None	440.74 989.81 1,231.40
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:	Not Included in Benefit Package		Single: 0 2-Person: 0 Family: 0	90% 90% 90% \$1,000 90% \$1,500 2 Cleanings	41.03 76.76 132.85
Vision:	Not Included in Benefit Package		Single: 0 2-Person: 0 Family: 0	VSP 3 Plus Platinum	11.51 24.73 37.20
Life Ins: Volume: Rate/\$1,000:	Not Included in Benefit Package		0	\$10,000	0 0.09
AD&D Ins: Volume: Rate/\$1,000:	Not Included in Benefit Package		0	\$10,000	0 0.03
Dep Life Ins: Volume: Rate/\$1,000:	Not Included in Benefit Package			Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:	Not Included in Benefit Package			Not Included in Benefit Package	

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**Quote Summary Exclusively for  
 Caledonia Community Schools**

Quote Effective 08/01/2014

Requested: 07/22/2014  
 Quote Request ID: 217601  
 MESSA Field Rep: Larry Donston

**Quoted Group(s): 392A-Transportation**

Description	Current - 392A	Rate	Census Used	Quote ID 328917	Rate	Quote ID 328918	Rate
	<b>Bundle 1</b>			<b>Bundle 1</b>		<b>Bundle 1</b>	
Medical:	MESSA Choices	615.84	Single: 7	MESSA Choices	615.84	MESSA Choices	615.84
IN Deductible:	\$0	1,383.78	2-Person: 3	\$0	1,383.78	\$0	1,383.78
OON Deductible:	\$250/\$500	1,721.67	Family: 7	\$250/\$500	1,721.67	\$250/\$500	1,721.67
OV/UC/ER Copay:	\$5/\$10/\$25			\$5/\$10/\$25		\$5/\$10/\$25	
RX Drug Copay:	\$10/\$20			\$10/\$20		\$10/\$20	
Riders Included:	None			None		None	
Dental:		32.17	Single: 7		35.68		41.03
Class I:	75%	59.83	2-Person: 4	80%	66.83	90%	76.76
Class II:	75%	100.31	Family: 6	80%	116.68	90%	132.85
Class III:	50%			80%		90%	
Annual Max:	\$1,000			\$1,000		\$1,000	
Class IV:	50%			80%		90%	
Lifetime Max:	\$500			\$1,500		\$1,500	
Riders Included:	2 Cleanings			2 Cleanings		2 Cleanings	
Vision:	VSP 2	5.34	Single: 7	VSP 2	5.34	VSP 2	5.34
		11.49	2-Person: 4		11.49		11.49
		17.28	Family: 6		17.28		17.28
Life Ins:	\$10,000		17	\$10,000		\$10,000	
Volume:					170,000		170,000
Rate/\$1,000:		0.09			0.09		0.09
AD&D Ins:	\$10,000		17	\$10,000		\$10,000	
Volume:					170,000		170,000
Rate/\$1,000:		0.03			0.03		0.03
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
Volume:							
Rate/\$1,000:							
LTD:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
Waiting Period:							
Alcohol/Drug:							
Mental/Nervous:							
SS Offset:							
COLA:							
Volume:							
Rate/\$100:							

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**Quote Summary Exclusively for  
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 Quote Effective 08/01/2014

Requested: 07/22/2014  
 Quote Request ID: 217601  
 MESSA Field Rep: Larry Donston

Quoted Group(s): 392A-Transportation

Description	Current - 392A	Rate	Census Used	Quote ID 328917	Rate	Quote ID 328918	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:	Bundle 2 Not Included in Benefit Package			Bundle 2 Not Included in Benefit Package		Bundle 2 Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:		64.46 119.51 204.33 90% \$1,000 90% \$1,500 2 Cleanings	Single: 1 2-Person: 0 Family: 1		35.68 66.83 116.68 80% \$1,000 80% \$1,500 2 Cleanings		41.03 76.76 132.85 90% \$1,000 90% \$1,500 2 Cleanings
Vision:	VSP 3	7.17 15.42 23.19	Single: 1 2-Person: 0 Family: 1	VSP 3	7.17 15.42 23.19	VSP 3	7.17 15.42 23.19
Life Ins: Volume: Rate/\$1,000:	\$10,000		2	\$10,000	20,000 0.09	\$10,000	20,000 0.09
AD&D Ins: Volume: Rate/\$1,000:	\$10,000		2	\$10,000	20,000 0.03	\$10,000	20,000 0.03
Dep Life Ins: Volume: Rate/\$1,000:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	

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**2014 Rate Renewal Exclusively for  
 Caledonia Community Schools  
 Renewal Effective 07/01/2014**

Quote #: 327052  
 MESSA Field Rep: Larry Donston  
 Date Created: 04/02/2014

<b>Bundle 1 - 392A Transportation</b>		<b>2013-14 Rates</b>	<b>Enrollment</b>	<b>2014-15 Rates</b>
Medical:	MESSA Choices II	\$596.69	Single: 7	\$615.84
IN Deductible:	\$0	\$1,340.68	2-Person: 3	\$1,383.78
IN Coinsurance:	N/A	\$1,668.04	Family: 7	\$1,721.67
IN Copay (OV/UC/ER):	\$5/\$10/\$25			
Rx Coverage:	\$10/\$20			
Voluntary Abortion:	Included			
<hr/>				
Vision:	VSP 2	\$5.45	Single: 7	\$5.34
		\$11.72	2-Person: 4	\$11.49
		\$17.63	Family: 7	\$17.28
<hr/>				
Life Insurance:	\$10,000	\$0.09	18	
Rate/\$1000				\$0.09
Volume				\$180,000.00
<hr/>				
AD&D Coverage:	\$10,000	\$0.03	18	
Rate/\$1000				\$0.03
Volume				\$180,000.00

**Bundle 1 COBRA RATES:**

Medical	Single	\$614.34
	2-Person	\$1,382.28
	Family	\$1,720.17

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

The above rates are effective 07/01/2014 and based on plans and enrollment as of 04/02/2014. 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 or ACA Federal Taxes/Fees that may be included on your invoice.



**2014 Rate Renewal Exclusively for  
 Caledonia Community Schools  
 Renewal Effective 07/01/2014**

Quote #: 327052  
 MESSA Field Rep: Larry Donston  
 Date Created: 04/02/2014

<b>Bundle 2 - 392A Transportation</b>		<b>2013-14 Rates</b>	<b>Enrollment</b>	<b>2014-15 Rates</b>
Vision:	VSP 3	\$7.32 \$15.73 \$23.66	Single: 1 2-Person: 0 Family: 0	\$7.17 \$15.42 \$23.19
Life Insurance:	\$10,000	\$0.09	1	\$0.09
Rate/\$1000				\$10,000.00
Volume				
AD&D Coverage:	\$10,000	\$0.03	1	\$0.03
Rate/\$1000				\$10,000.00
Volume				

**Bundle 2 COBRA RATES:**

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

The above rates are effective 07/01/2014 and based on plans and enrollment as of 04/02/2014. 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 or ACA Federal Taxes/Fees that may be included on your invoice.