



**Quote Summary Exclusively for
Nice Community Schools**

1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

Quote Effective 08/01/2011

Requested: 07/12/2011
Quote Request ID: 208939
MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749C-Full Time Teachers

Description	Current - 749C	Rate	Census Used	Quote ID 315764	Rate	Quote ID 315765	Rate
Medical:	PAK A MESSA Choices II	727.81	Single: 12	PAK A MESSA Choices	585.78	PAK A MESSA Choices	559.94
IN Deductible:	\$100/\$200	1,635.69	2-Person: 10	\$300/\$600	1,316.14	\$500/\$1000	1,257.97
OON Deductible:	\$250/\$500	1,817.27	Family: 34	\$600/\$1200	1,462.21	\$1000/\$2000	1,397.58
OV/UC/ER Copay:	\$20/\$25/\$50			\$20/\$25/\$50		\$20/\$25/\$50	
RX Drug Copay:	\$5/\$10			SaverRX		SaverRX	
Riders Included:	None			None		None	
Dental:		33.65	Single: 12		33.65		33.65
Class I:	100%	62.43	2-Person: 10	100%	62.43	100%	62.43
Class II:	80%	113.03	Family: 34	80%	113.03	80%	113.03
Class III:	80%			80%		80%	
Annual Max:	\$1,000			\$1,000		\$1,000	
Class IV:	80%			80%		80%	
Lifetime Max:	\$1,300			\$1,300		\$1,300	
Riders Included:	2 Cleanings			2 Cleanings		2 Cleanings	
Vision:	VSP 3	7.32	Single: 12	VSP 3	7.32	VSP 3	7.32
		15.73	2-Person: 10		15.73		15.73
		23.66	Family: 34		23.66		23.66
Life Ins:	\$30,000		56	\$30,000		\$30,000	
Volume:					1,680,000		1,680,000
Rate/\$1,000:					0.13		0.13
Composite:		3.90			3.90		3.90
AD&D Ins:	\$30,000		56	\$30,000		\$30,000	
Volume:					1,680,000		1,680,000
Rate/\$1,000:					0.03		0.03
Composite:		0.90			0.90		0.90
Dep Life Ins:	Not Included in Benefit Package			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		Not Included in Benefit Package	
Waiting Period:							
Alcohol/Drug:							
Mental/Nervous:							
SS Offset:							
COLA:							
Volume:							
Rate/\$100:							

Total Monthly Rate Per Member - Single	\$773.58	\$631.55	\$605.71
Total Monthly Rate Per Member - 2 Person	\$1,718.65	\$1,399.10	\$1,340.93
Total Monthly Rate Per Member - Family	\$1,958.76	\$1,603.70	\$1,539.07

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MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749C-Full Time Teachers

Description	Current - 749C	Rate	Census Used	Quote ID 315764	Rate	Quote ID 315765	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:	PAK B Not Included in Benefit Package			PAK B Not Included in Benefit Package		PAK B Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:		32.98 61.21 111.86	Single: 0 2-Person: 0 Family: 15		32.98 61.21 111.86		32.98 61.21 111.86
Vision:	VSP 3	7.32 15.73 23.66	Single: 0 2-Person: 0 Family: 15	VSP 3	7.32 15.73 23.66	VSP 3	7.32 15.73 23.66
Life Ins: Volume: Rate/\$1,000: Composite:	\$40,000		15	\$40,000	600,000 0.13 5.20	\$40,000	600,000 0.13 5.20
AD&D Ins: Volume: Rate/\$1,000: Composite:	\$40,000		15	\$40,000	600,000 0.03 1.20	\$40,000	600,000 0.03 1.20
Dep Life Ins: Volume: Rate/\$1,000: Composite:	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	
Total Monthly Rate Per Member - Single		\$46.70			\$46.70		\$46.70
Total Monthly Rate Per Member - 2 Person		\$83.34			\$83.34		\$83.34
Total Monthly Rate Per Member - Family		\$141.92			\$141.92		\$141.92

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**Quote Summary Exclusively for
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 Quote Effective 08/01/2011

Requested: 07/12/2011
 Quote Request ID: 208940
 MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749G-PartTime Teachers

Description	Current - 749G	Rate	Census Used	Quote ID 315769	Rate	Quote ID 315770	Rate
Medical:	Bundle 1 MESSA Choices II	742.63	Single: 1	Bundle 1 MESSA Choices	597.70	Bundle 1 MESSA Choices	571.33
IN Deductible:	\$100/\$200	1,669.04	2-Person: 1	\$300/\$600	1,342.96	\$500/\$1000	1,283.62
OON Deductible:	\$250/\$500	1,854.32	Family: 0	\$600/\$1200	1,492.01	\$1000/\$2000	1,426.07
OV/UC/ER Copay:	\$20/\$25/\$50			\$20/\$25/\$50		\$20/\$25/\$50	
RX Drug Copay:	\$5/\$10			SaverRX		SaverRX	
Riders Included:	None			None		None	
Dental:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
Class I:							
Class II:							
Class III:							
Annual Max:							
Class IV:							
Lifetime Max:							
Riders Included:							
Vision:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
Volume:							
Rate/\$1,000:							
AD&D Ins:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
Volume:							
Rate/\$1,000:							
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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Requested: 07/12/2011
 Quote Request ID: 208940
 MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749G-PartTime Teachers

Description	Current - 749G	Rate	Census Used	Quote ID 315769	Rate	Quote ID 315770	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:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
Vision:	VSP 3	7.32 15.73 23.66	Single: 1 2-Person: 2 Family: 2	VSP 3	7.32 15.73 23.66	VSP 3	7.32 15.73 23.66
Life Ins: Volume: Rate/\$1,000:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
AD&D Ins: Volume: Rate/\$1,000:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package	
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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**Quote Summary Exclusively for
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Requested: 07/12/2011
 Quote Request ID: 208936
 MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749B-SupportStf 40-99Standard Hrs

Description	Current - 749B	Rate	Census Used	Quote ID 315759	Rate
Medical:	PAK A			PAK A	
IN Deductible:	MESSA Choices II	681.76	Single: 4	MESSA Choices	585.78
OOB Deductible:	\$0	1,532.09	2-Person: 2	\$300/\$600	1,316.14
OV/UC/ER Copay:	\$250/\$500	1,702.15	Family: 7	\$600/\$1200	1,462.21
RX Drug Copay:	\$5/\$10/\$25			\$20/\$25/\$50	
Riders Included:	\$10/\$20			SaverRX	
	None			None	
Dental:		33.76	Single: 4		33.76
Class I:	100%	61.89	2-Person: 2	100%	61.89
Class II:	70%	101.20	Family: 7	70%	101.20
Class III:	70%			70%	
Annual Max:	\$1,000			\$1,000	
Class IV:					
Lifetime Max:	\$0			\$0	
Riders Included:	2 Cleanings			2 Cleanings	
Vision:	VSP 3	7.32	Single: 4	VSP 3	7.32
		15.73	2-Person: 2		15.73
		23.66	Family: 7		23.66
Life Ins:	\$15,000		13	\$15,000	
Volume:					195,000
Rate/\$1,000:					0.13
Composite:		1.95			1.95
AD&D Ins:	\$15,000		13	\$15,000	
Volume:					195,000
Rate/\$1,000:					0.03
Composite:		0.45			0.45
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 \$725.24 \$629.26
 Total Monthly Rate Per Member - 2 Person \$1,612.11 \$1,396.16
 Total Monthly Rate Per Member - Family \$1,829.41 \$1,589.47

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MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749B-SupportStf 40-99Standard Hrs

Description	Current - 749B	Rate	Census Used	Quote ID 315759	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:	PAK B Not Included in Benefit Package			PAK B Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:	100% 70% 70% \$1,000 Class IV: \$0 2 Cleanings	37.52 68.70 108.33	Single: 0 2-Person: 0 Family: 1	100% 70% 70% \$1,000 \$0 2 Cleanings	37.52 68.70 108.33
Vision:	VSP 3	7.32 15.73 23.66	Single: 0 2-Person: 0 Family: 1	VSP 3	7.32 15.73 23.66
Life Ins: Volume: Rate/\$1,000: Composite:	\$15,000	1.95	1	\$15,000	15,000 0.13 1.95
AD&D Ins: Volume: Rate/\$1,000: Composite:	\$15,000	0.45	1	\$15,000	15,000 0.03 0.45
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 \$47.24
 Total Monthly Rate Per Member - 2 Person \$86.83
 Total Monthly Rate Per Member - Family \$134.39

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**Quote Summary Exclusively for
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Requested: 07/12/2011
 Quote Request ID: 208937
 MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749E-Spprt Stf Grndfthr Wkg20-29Hrs

Description	Current - 749E	Rate	Census Used	Quote ID 315761	Rate		
Medical:	NON-PAK MESSA Choices II	695.64	Single: 1	NON-PAK MESSA Choices	597.70		
IN Deductible:	\$0	1,563.33	2-Person: 1	\$300/\$600	1,342.96		
OON Deductible:	\$250/\$500	1,736.86	Family: 0	\$600/\$1200	1,492.01		
OV/UC/ER Copay:	\$5/\$10/\$25			\$20/\$25/\$50			
RX Drug Copay:	\$10/\$20			SaverRX			
Riders Included:	None			None			
Dental:	Not Included in Benefit Package			Not Included in Benefit Package			
Class I:							
Class II:							
Class III:							
Annual Max:							
Class IV:							
Lifetime Max:							
Riders Included:							
Vision:	VSP 3	7.32	Single: 1	VSP 3	7.32		
		15.73	2-Person: 2		15.73		
		23.66	Family: 0		23.66		
Life Ins:	\$5,000		3	\$5,000			
Volume:					15,000		
Rate/\$1,000:		0.13			0.13		
AD&D Ins:	\$5,000		3	\$5,000			
Volume:					15,000		
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 08/01/2011

Requested: 07/12/2011
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 MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749F-Support Stf Wkg 30 To 39.99

Description	Current - 749F	Rate	Census Used	Quote ID 315763	Rate		
Medical:	NON-PAK MESSA Choices II	695.64	Single: 2	NON-PAK <i>MESSA Choices</i>	597.70		
IN Deductible:	\$0	1,563.33	2-Person: 2	\$300/\$600	1,342.96		
OON Deductible:	\$250/\$500	1,736.86	Family: 0	\$600/\$1200	1,492.01		
OV/UC/ER Copay:	\$5/\$10/\$25			\$20/\$25/\$50			
RX Drug Copay:	\$10/\$20			SaverRX			
Riders Included:	None			None			
Dental:	Not Included in Benefit Package			Not Included in Benefit Package			
Class I:							
Class II:							
Class III:							
Annual Max:							
Class IV:							
Lifetime Max:							
Riders Included:							
Vision:	VSP 3	7.32	Single: 2	VSP 3	7.32		
		15.73	2-Person: 2		15.73		
		23.66	Family: 0		23.66		
Life Ins:	\$15,000		6	\$15,000			
Volume:					90,000		
Rate/\$1,000:		0.13			0.13		
AD&D Ins:	\$15,000		6	\$15,000			
Volume:					90,000		
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 Effective 08/01/2011

Requested: 07/12/2011
Quote Request ID: 208934
MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749D-Support Staff Wkg 20-29hrs

Description	Current - 749D	Rate	Census Used	Quote ID 315756	Rate		
Medical:	NON-PAK MESSA Choices II	695.64	Single: 0	NON-PAK MESSA Choices	597.70		
IN Deductible:	\$0	1,563.33	2-Person: 0	\$300/\$600	1,342.96		
COB Deductible:	\$250/\$500	1,736.86	Family: 0	\$600/\$1200	1,492.01		
OV/UC/ER Copay:	\$5/\$10/\$25			\$20/\$25/\$50			
RX Drug Copay:	\$10/\$20			SaverRX			
Riders Included:	None			None			
Dental:	Not Included in Benefit Package			Not Included in Benefit Package			
Class I:							
Class II:							
Class III:							
Annual Max:							
Class IV:							
Lifetime Max:							
Riders Included:							
Vision:	Not Included in Benefit Package			Not Included in Benefit Package			
Life Ins:	\$5,000		24	\$5,000			
Volume:					120,000		
Rate/\$1,000:		0.13			0.13		
AD&D Ins:	\$5,000		24	\$5,000			
Volume:					120,000		
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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Requested: 07/12/2011
Quote Request ID: 208933
MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749A-Adminstraton

Description	Current - 749A	Rate	Census Used	Quote ID 315755	Rate
Medical:	PAK A MESSA Choices II	681.76	Single: 0	PAK A MESSA Choices	585.78
IN Deductible:	\$0	1,532.09	2-Person: 3	\$300/\$600	1,316.14
OON Deductible:	\$250/\$500	1,702.15	Family: 3	\$600/\$1200	1,462.21
OV/UC/ER Copay:	\$5/\$10/\$25			\$20/\$25/\$50	
RX Drug Copay:	\$10/\$20			SaverRX	
Riders Included:	None			None	
Dental:		33.92	Single: 0		33.92
Class I:	100%	63.01	2-Person: 3	100%	63.01
Class II:	80%	114.87	Family: 3	80%	114.87
Class III:	80%			80%	
Annual Max:	\$1,000			\$1,000	
Class IV:	80%			80%	
Lifetime Max:	\$1,500			\$1,500	
Riders Included:	2 Cleanings			2 Cleanings	
Vision:	VSP 3 Plus	10.65	Single: 0	VSP 3 Plus	10.65
		22.90	2-Person: 3		22.90
		34.47	Family: 3		34.47
Life Ins:	\$50,000		6	\$50,000	
Volume:					300,000
Rate/\$1,000:					0.13
Composite:		6.50			6.50
AD&D Ins:	\$50,000		6	\$50,000	
Volume:					300,000
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:					
LTD:	70% Max \$5,000		6	70% Max \$5,000	
Waiting Period:	60 CDSW			60 CDSW	
Alcohol/Drug:	Same as any other illness			Same as any other illness	
Mental/Nervous:	Same as any other illness			Same as any other illness	
SS Offset:	Family			Family	
COLA:	No			No	
Volume:					32,155
Rate/\$100:					0.95
Composite:		50.91			50.91
Total Monthly Rate Per Member - Single		\$785.24			\$689.26
Total Monthly Rate Per Member - 2 Person		\$1,676.91			\$1,460.96
Total Monthly Rate Per Member - Family		\$1,910.40			\$1,670.46

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MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749A-Adminstraton

Description	Current - 749A	Rate	Census Used	Quote ID 315755	Rate
Medical:	PAK B			PAK B	
IN Deductible:	Not Included in Benefit Package			Not Included in Benefit Package	
OON Deductible:					
OV/UC/ER Copay:					
RX Drug Copay:					
Riders Included:					
Dental:		37.72	Single: 0		37.72
Class I:	100%	69.92	2-Person: 0	100%	69.92
Class II:	80%	122.01	Family: 0	80%	122.01
Class III:	80%			80%	
Annual Max:	\$1,000			\$1,000	
Class IV:	80%			80%	
Lifetime Max:	\$1,500			\$1,500	
Riders Included:	2 Cleanings			2 Cleanings	
Vision:	VSP 3 Plus	10.65	Single: 0	VSP 3 Plus	10.65
		22.90	2-Person: 0		22.90
		34.47	Family: 0		34.47
Life Ins:	\$50,000		0	\$50,000	
Volume:					0
Rate/\$1,000:					0.13
Composite:		6.50			6.50
AD&D Ins:	\$50,000		0	\$50,000	
Volume:					0
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:					
LTD:	70% Max \$5,000		0	70% Max \$5,000	
Waiting Period:	60 CDSW			60 CDSW	
Alcohol/Drug:	Same as any other illness			Same as any other illness	
Mental/Nervous:	Same as any other illness			Same as any other illness	
SS Offset:	Family			Family	
COLA:	No			No	
Volume:					0
Rate/\$100:					0.95
Composite:		50.91			50.91
Total Monthly Rate Per Member - Single		\$107.28			\$107.28
Total Monthly Rate Per Member - 2 Person		\$151.73			\$151.73
Total Monthly Rate Per Member - Family		\$215.39			\$215.39

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. Final rates will be calculated at time of implementation in accordance with MESSA Underwriting and Rating guidelines.