



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

### Quote Summary Exclusively for Nice Community Schools

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			PAK A		PAK A	
	MESSA Choices II	727.81	Single: 12	MESSA Choices	585.78	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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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: 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:		32.98	Single: 0		32.98		32.98
Class I:	100%	61.21	2-Person: 0	100%	61.21	100%	61.21
Class II:	80%	111.86	Family: 15	80%	111.86	80%	111.86
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: 0	VSP 3	7.32	VSP 3	7.32
		15.73	2-Person: 0		15.73		15.73
		23.66	Family: 15		23.66		23.66
Life Ins:	\$40,000		15	\$40,000		\$40,000	
Volume:				600,000		600,000	
Rate/\$1,000:				0.13		0.13	
Composite:		5.20		5.20		5.20	
AD&D Ins:	\$40,000		15	\$40,000		\$40,000	
Volume:				600,000		600,000	
Rate/\$1,000:				0.03		0.03	
Composite:		1.20		1.20		1.20	
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		\$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 Nice Community Schools

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			Bundle 1		Bundle 1	
	MESSA Choices II	742.63	Single: 1	MESSA Choices	597.70	MESSA Choices	571.33
IN Deductible:	\$100/\$200	1,669.04	2-Person: 1	\$300/\$600	1,342.96	\$500/\$1000	1,283.62
COON 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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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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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		
OON 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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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: 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  \$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			\$47.24		
Total Monthly Rate Per Member - 2 Person		\$86.83			\$86.83		
Total Monthly Rate Per Member - Family		\$134.39			\$134.39		

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# Quote Summary Exclusively for Nice Community Schools

Quote Effective 08/01/2011

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			NON-PAK			
IN Deductible:	MESSA Choices II	695.64	Single: 1	MESSA Choices	597.70		
OON Deductible:	\$0	1,563.33	2-Person: 1	\$300/\$600	1,342.96		
OV/UC/ER Copay:	\$250/\$500	1,736.86	Family: 0	\$600/\$1200	1,492.01		
RX Drug Copay:	\$5/\$10/\$25			\$20/\$25/\$50			
Riders Included:	None			SaverRX			
				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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Requested: 07/12/2011  
Quote Request ID: 208938  
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			NON-PAK			
IN Deductible:	MESSA Choices II	695.64	Single: 2	MESSA Choices	597.70		
OON Deductible:	\$0	1,563.33	2-Person: 2	\$300/\$600	1,342.96		
OV/UC/ER Copay:	\$250/\$500	1,736.86	Family: 0	\$600/\$1200	1,492.01		
RX Drug Copay:	\$5/\$10/\$25			\$20/\$25/\$50			
Riders Included:	\$10/\$20			SaverRX			
	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 Summary Exclusively for Nice Community Schools

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			NON-PAK			
IN Deductible:	MESSA Choices II	695.64	Single: 0	MESSA Choices	597.70		
OON Deductible:	\$0	1,563.33	2-Person: 0	\$300/\$600	1,342.96		
OV/UC/ER Copay:	\$250/\$500	1,736.86	Family: 0	\$600/\$1200	1,492.01		
RX Drug Copay:	\$5/\$10/\$25			\$20/\$25/\$50			
Riders Included:	\$10/\$20			SaverRX			
	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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## Quote Summary Exclusively for Nice Community Schools

Quote Effective 08/01/2011

Requested: 07/12/2011  
Quote Request ID: 2068933  
MESSA Field Rep: Barbara Frisk

### Quoted Group(s): 749A-Adminstraton

Description	Current - 749A	Rate	Census Used	Quote ID 315755	Rate		
Medical:	PAK A			PAK A			
IN Deductible:	MESSA Choices II	681.76	Single: 0	MESSA Choices	585.78		
COON Deductible:	\$0	1,532.09	2-Person: 3	\$300/\$600	1,316.14		
OV/UC/ER Copay:	\$250/\$500	1,702.15	Family: 3	\$600/\$1200	1,462.21		
RX Drug Copay:	\$5/\$10/\$25			\$20/\$25/\$50			
Riders Included:	\$10/\$20			SaverRX			
	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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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: 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:		37.72 69.92 122.01 80% 80% \$1,000 80% \$1,500 2 Cleanings	Single: 0 2-Person: 0 Family: 0		37.72 69.92 122.01 80% 80% \$1,000 80% \$1,500 2 Cleanings		
Vision:	VSP 3 Plus	10.65 22.90 34.47	Single: 0 2-Person: 0 Family: 0	VSP 3 Plus	10.65 22.90 34.47		
Life Ins: Volume: Rate/\$1,000: Composite:	\$50,000		0	\$50,000	0 0.13 6.50		
AD&D Ins: Volume: Rate/\$1,000: Composite:	\$50,000		0	\$50,000	0 0.03 1.50		
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: Composite:	70% Max \$5,000 60 CDSW Same as any other illness Same as any other illness Family No		0	70% Max \$5,000 60 CDSW Same as any other illness Same as any other illness Family No	0 0.95 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.