

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

Total Monthly Rate Per Member - 2 Person \$1,718.65

\$1,958.76

Total Monthly Rate Per Member - Family

Description	Current - 749C	Rate	Census Used	Quote ID 315764	Rate	Quote ID 315765	Rate	
Medical:	PAK A MESSA Choices II	727.81	•	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		
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: Volume: Rate/\$1,000:	Not Included in Bene	fit Package		Not included in Bene	efit Package	Not Included in Ben	nefit Package	
Composite:								
LTD:	Not Included in Bene	fit Package		Not included in Bene	sfit Package	Not Included in Ben	efit Package	
Waiting Period:	,	vonage				, , , , , , , , , , , , , , , , , , , ,		
Alcohol/Drug:								
Mental/Nervous:]					
SS Offset:								
COLA:								
Volume:								
Rate/\$100:								
Total Monthly Bata	Per Member - Single	\$773.58		1	\$631.55	<u></u>	\$605,71	
rotal Monthly Rate	Let Metrinet - Ottible	φ113.00			4031.50		\$00 5. /1	

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.

\$1,399.10

\$1,603.70

\$1,340.93

\$1,539.07



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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

Total Monthly Rate Per Member - Family

\$141.92

Description	Current - 749C	Rate	Census Used	Quote ID 315764	Rate	Quote ID 315765	Rate	
	PAK B			PAK B		PAK B		
Medical:	Not Included in Bene	fit Package		Not Included in Bene	fit Package	Not Included in Bene	fit Package	
IN Deductible:								
OON Deductible:								
OV/UC/ER Copay:								
RX Drug Copay:							•	
Riders Included:								
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		
The state of the s						1		
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:			1		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:			ļ		0.03		0.03	
Composite:		1.20			1.20		1,20	
Dep Life Ins:	Not Included in Sens	efit Package		Not Included in Bene	efit Package	Not included in Bene	fit Package	
Volume:								
Rate/\$1,000:								
Composite:								
LTD:	Not Included in Bene	ofit Package	!	Not included in Bene	efit Package	Not Included in Bene	rfit Package	
Waiting Period:			1	1				
Alcohol/Drug:								
Mental/Nervous:								
SS Offset:								
COLA:								
Volume:			1					
Rate/\$100:						!		
-	Per Member - Single				\$46,70		\$46.70	
Total Monthly Rate	e Per Member - 2 Pers	on \$83.34			\$83.34		\$83.34	

\$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	
Bootispilon	Bundle 1	74410	Octions Coed	Bundle 1	Race	Bundle 1	Nate	
Medical:	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		1,283.62	
OON Deductible:	\$250/\$500	1,854.32	Family: 0	\$600/\$1200	1,492.01		1,426.07	
OV/UC/ER Copay:		1,001.02	. a.m.y. o	\$20/\$25/\$50	1,702.07	\$20/\$25/\$50	,,420.07	
RX Drug Copay:	\$5/\$10			SaverRX		SaverRX		
Riders Included:	None			None		None		
Dental:	Not Included in Benef	it Package		Not included in Bene	fit Package	Not Included in Benef	fit Package	
Class 1:							-	
Class II:								
Class III:								
Annual Max:								
Class IV:								
Lifetime Max:								
Riders Included;								
Vision:	Not Included in Benef	it Package		Not Included in Bene	fit Package	Not Included in Benef	fit Package	
14-1								
Life ins;	Not Included in Benef	It Package		Not Included in Bene	fit Package	Not Included in Benef	fit Package	
Volume:								
Rate/\$1,000:								
AD&D Ins:	Not Included in Benef	If Package		Not Included in Bene	fit Dankana	Not included in Bener	ft Dooksoo	
Volume:	1404 INCIDED III DANG!	it i donage		Lagr meinded to batte	III rackage	HOLINCIAGEO III DEITE	III Fackage	
Rate/\$1,000:								
140001								
Dep Life Ins:	Not included in Benef	it Package		Not included in Bene	fit Package	Not included in Benef	fit Package	
Volume:	, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aanago	11011110100000 117 201101	conego	
Rate/\$1,000;								
LTD:	Not Included in Benef	it Package		Not included in Bene	fit Package	Not Included in Bene	fit Package	
Waiting Period:		-			-		🕶 -	
Alcohol/Drug:							l	
Mental/Nervous:							l	
SS Offset:							l	
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: 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:	Bundle 2 Not included in Bene			Bundle 2 Not Included in Benef		Bundle 2 Not included in Benef	***************************************	
RX Drug Copay: Riders Included:								
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:	Not included in Bene	fit Package		Not included in Benef	it Package	Not included in Benst	fit Package	
Macis Moldaca.				İ				
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 Bene	fit Package		Not included in Benef	īt Package	Not included in Benef	fit Package	
AD&D Ins: Volume: Rate/\$1,000:	Not Included in Bene	fit Package		Not included in Benef	it Package	Not Included in Bener	fit Package	
Dep Life Ins: Volume: Rate/\$1,000:	Not included in Bene	fit Package		Not Included in Benef	it Package	Not Included in Bene	fit Package	
LTD: Walting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:	Not Included in Bene	fit Package		Not Included in Bene	it Package	Not Included in Bene	fit Package	



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Quote Summary Exclusively for Nice Community Schools

Quote Effective 08/01/2011

Requested: 07/12/2011 Quote Request ID: 208936 MESSA Field Rep: Barbara Frisk

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

Macidate MESSA Cholose 1 681.76 1,532.09 1,532.09 1,532.09 1,532.09 1,702.15 Family: 7 2,092.395.00 1,376.14 300.0600 1,376.14	Description	Current - 749B	Rate	Census Used	Quote ID 315759	Rate		
Medicatic MESBA Cholose 1	о о о о приго п		11015	0011000 0000		7,010		· · · · · · · · · · · · · · · · · · ·
N. Deducibles Sp. 1,532,09 2-Person: 2 2500/\$500 1,316.14 2500/\$520 1,702.15 Family: 7 2500/\$520 1,462.21 2500/\$5200 1,462.21 2500/\$52580 25	Medical:		681.76	Single: 4		585.7R		
CON Deductible: \$250,850,00								
Saught S	· · · · · · · · · · · · · · · · · · ·	•						
RX Drug Copay: \$105620 Riders Included: None Dental: 33.76 Class II: 100% 61.89 Class II: 70% 101.20 Class III: 70% 101.20 Class IV: \$1,000 Class IV: \$0 Riders Included: 2 Cleanings Vision: VSP 3 7.32 Single: 4 VSP 3 7.32 Life tins: \$15,000 Life tins: \$15,000 Life tins: \$15,000 13 \$15,000 143 \$15,000 Composite: 1,95 AD&D Ins: Volume: Rate/\$1,000: 0,03 Composite: 0,45 Copp Life Ins: Volume: Rate/\$1,000: 0,03 Composite: 0,45 Copp Life Ins: Volume: Rate/\$1,000: 0,03 Composite: 0,45 Copp Composite: 0,45 Composite: 0,45 Copp Life Ins: Volume: Rate/\$1,000: 0,03 Composite: 0,45 Compo		•	1,702.10	1 4,1111,117	1 ' '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Dental:						-		
Dental:		•						
Class II: 100% 61.89 2-Person: 2 100% 61.88 Class III: 70% 101.20								
Class III: 70% 101.20 Family: 7 70% 101.20 Family: 7 70% 101.20 70% 81,000 S1,000 S1,0	Dental:		33.76	Single: 4		33.76		
Class III: 70% Annual Max: \$1,000 Class IV: Lifetime Max: \$0 Riders Included: 2 Cleanings Vision: VSP 3 7.32 Single: 4 15.73 2.3.66 Life Ins: \$15,000 13 7.32 2.4-Person: 2 2.3.66 Life Ins: \$15,000 13 \$15,000 15.73 Family: 7 23.66 Life Ins: \$15,000 13 \$15,000 15.000 Rate(\$1,000: 0.13 0.13 0.13 0.13 0.13 0.13 0.13 0.13	Class I:		61.89	2-Person: 2		61.89		
Annual Max: \$1,000 Class IV: Lifetime Max: \$0 Riders Included: 2 Cleanings Vision: VSP 3 7.32 Single: 4 15.73 2-Person: 2 23.66 Life Ins: \$15,000 Volume: \$15,000 Rate/\$1,000: 0.13 Composite: 1,95 AD&D Ins: \$15,000 Composite: 0.45 Dep Life Ins: Not Included in Benefit Package Volume: Rete/\$1,000: 0.75 Composite: 0.45 Dep Life Ins: Not Included in Benefit Package Waiting Perfoct: Alcohol/Drug: Matel/\$1,000: 0.75 Rote/\$1,000: 0.75 Composite: 0.45 Dep Life Ins: Not Included in Benefit Package Waiting Perfoct: Alcohol/Drug: Matel/\$1,000: 0.75 Mot Included in Benefit Package Waiting Perfoct: Alcohol/Drug: Matel/\$1,000: 0.75 Rote/\$1,000: 0	Class II:	70%	101.20	Family: 7		101.20		
Class IV: \$0	Class III:	70%			70%			
Lifetime Max:	Annual Max:	\$1,000			\$1,000			
Vision: VSP 3 7.32 2 Cleanings 2 C	Class IV:					ŀ		
Vision: VSP 3 7.32 Single: 4 VSP 3 7.32 15.73 15.73 2.Person: 2 23.66 Life Ins: \$15,000 13 \$15,000 Volume:	Lifetime Max:	\$0			\$0			
15.73 2-Person: 2 15.73 23.66	Riders Included:	2 Cleanings			2 Cleanings		•	
15.73 2-Person: 2 15.73 23.66					·			
23.66 Family: 7 23.66	Vision:	VSP 3			VSP 3			
Life Ins: \$15,000 Volume: Rate/\$1,000: Composite: 1,95 AD&D Ins: \$15,000 Volume: Rate/\$1,000: Composite: 0,45 Dep Life Ins: Not included in Benefit Package Volume: Rate/\$1,000: Composite: 0,45 Dep Life Ins: Not included in Benefit Package Volume: Rate/\$1,000: Composite: Not Included in Benefit Package Volume: Rate/\$1,000: Composite: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:			15.73	2-Person: 2		15.73		•
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 Volume: Rate/\$1,000: 0.03 Composite: Not Included in Benefit Package Volume:		•	23.66	Family: 7		23.66		
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 Volume: Rate/\$1,000: 0.03 Composite: Not Included in Benefit Package Volume:	Life Ins:	\$15,000		13	\$15,000			<u> </u>
Rate/\$1,000;		4.1-1			4.0,000	195,000		
Composite: 1,95								
AD&D Ins: \$15,000 Volume: \$15,000 Rate/\$1,000: 0.03 Composite: 0.45 Dep Life Ins: Not Included in Benefit Package Volume: Rate/\$1,000: Composite: Not Included in Benefit Package Volume: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:			1.95					
Volume: Rate/\$1,000: Composite: O,45 Dep Life Ins: Not Included in Benefit Package Volume: Rate/\$1,000: Composite: Not Included in Benefit Package	AD&D Ins:	\$15.000	,,	13	\$15,000	1122	4.	<u> </u>
Rate/\$1,000: Composite: O,45 Dep Life Ins: Not Included in Benefit Package Volume: Rate/\$1,000: Composite: LTD: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:		+			1	195.000		
Composite: 0,45 Dep Life Ins: Not Included in Benefit Package Volume: Rate/\$1,000: Composite: LTD: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:								
Dep Life Ins: Not Included in Benefit Package Volume: Rate/\$1,000: Composite: LTD: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:			0.45					
Volume: Rate/\$1,000: Composite: LTD: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:		Not Included in Bene			Not Included in Benef			
Rate/\$1,000: Composite: LTD: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:	,							1
Composite: LTD: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:								
LTD: Not Included in Benefit Package Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:			:					
Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:	LTD:	Not Included in Bene	fit Package		Not included in Benef	It Package		
Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume:	Waiting Period:	. ==-,-						
Mental/Nervous: SS Offset: COLA: Volume:	Alcohol/Drug:							
SS Offset: COLA: Volume:	Mental/Nervous:							
COLA: Volume:	SS Offset:							
Volume:	COLA:							
National Duck	Rate/\$100:						1	
·- 								

Total Monthly Rate Per Member - Single \$725.24

Total Monthly Rate Per Member - 2 Person \$1,612.11

Total Monthly Rate Per Member - Family \$1,829.41

\$829.26 \$1,395.16 \$1,589.47



Quote Summary Exclusively for Nice Community Schools

Quote Effective 08/01/2011

Requested: 07/12/2011 Quote Request ID: 208936 MESSA Field Rep: Barbara Frisk

800.292.4910

Total Monthly Rate Per Member - 2 Person

Total Monthly Rate Per Member - Family

\$86.83

\$134.39

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

Description	Current - 749B	Rate	Census Used	Quote ID 315759 Rate		
	PAK B			PAK B		
Medical:	Not included in Bene	efit Package		Not Included in Benefit Package		į
IN Deductible:		-		_		
OON Deductible:						
OV/UC/ER Copay:						
RX Drug Copay:						
Riders Included:						
Dental:		37.52		37.52		
Class I:	100%	68.70		100% 68.70		
Class II:	70%	108.33	Family: 1	70% 108.33	ĺ	1
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: 0	VSP 3 7.32		<u> </u>
TIDIO III	75. 5	15.73		15.73		
		23.66	Family: 1	23.66		
		20.00	, commy.	20.00		
Life ins:	\$15,000		1	\$15,000		
Volume:				15,000		
Rate/\$1,000:				0.13		
Composite:		1.95		1.95		
AD&D Ins:	\$15,000		1	\$15,000		
Volume:				15,000		i
Rate/\$1,000:				0.03		
Composite:		0.45		0.45		
Dep Life Ins:	Not included in Bene	efit Package		Not Included in Benefit Package		
Volume:						
Rate/\$1,000:						
Composite:						
LTD:	Not Included in Bene	efit Package		Not Included in Benefit Package		
Walting Period:						
Alcohol/Drug:						
Mental/Nervous:						1
SS Offset:						
COLA:						
Volume:						
Rate/\$100:				1	1	
				<u></u>	<u> </u>	
Total Monthly Rate	Per Member - Single	\$47.24		\$47.24		

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.

\$86.83

\$134.39



800,292,4910

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		
	NON-PAK			NON-PAK			
Medical:	MESSA Choices II	695.64	Single: 1	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		\$600/\$1200	1,492.01		
OV/UC/ER Copay:		.,	,	\$20/\$25/\$50	.,		
RX Drug Copay:	\$10/\$20			SaverRX			
Riders Included:	None			None			
		*· = ·					
Dental:	Not Included in Benef	int Package		Not Included in Bene-	iit Package		·
Class I:							
Class II:				i			
Class III: Annual Max:							
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	l .	
AD&D ins:	\$5,000		3	\$5,000			
Volume:					15,000		
Rate/\$1,000:		0.03			0.03		
Dep Life Ins:	Not Included in Bene	fit Package		Not Included in Bene	fit Package		
Volume:				1			
Rate/\$1,000:							
LTD:	Not included in Bene	fit Package		Not Included in Bene	fit Package]
Waiting Period:							
Alcohol/Drug:							
Mental/Nervous:							
SS Offset:							
COLA:							ĺ
Volume:			ł	•			
Rate/\$100:							



800.292,4910

Quote Summary Exclusively for Nice Community Schools

Quote Effective 08/01/2011

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	· · · · · · · · · · · · · · · · · · ·	1
Description	NON-PAK	Kate	Census USed	NON-PAK	Kate		
Medical:	MESSA Choices II	695.64	Single: 2	MESSA Choices	597.70		
Medical:	\$0		2-Person: 2	\$300/\$600			
OON Deductible:	•	1,563,33		•	1,342.96		
	\$250/\$500	1,736.86	Family: 0	\$600/\$1200	1,492.01		
OV/UC/ER Copay:				\$20/\$25/\$50			
RX Drug Copay:	\$10/\$20			SaverRX			
Riders Included:	None			None			
Dental:	Not Included in Benef	fit Package		Not Included in Benef	īt 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	1 . *. *	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 Bene-	fit Package		Not included in Bene	fit Package		
Volume:							Į.
Rate/\$1,000:						,	
LTD:	Not Included in Bene	fit Package		Not Included in Bene	fit Package		
Waiting Period:				1			
Alcohol/Drug:							
Mental/Nervous:				1			· ·
SS Offset:							
COLA:							1
Volume:							
Rate/\$100:							



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: 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	1	
Description	NON-PAK	Census Usea			
Medical:		A1	NON-PAK		
	MESSA Choices II 695,64		MESSA Choices 597,70		
IN Deductible:	\$0 1,563.33		\$300/\$600 1,342.96		
OON Deductible:	\$250/\$500 1,736.86	Family: 0	\$600/\$1200 1,492.01		
OV/UC/ER Copay:			\$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:	\$5,000	24	120,000		
1 ' '	0.03				
Rate/\$1,000:	0.03		0.03		
Dep Life Ins:	Not Included in Benefit Package		Not Included in Benefit Package		<u> </u>
Volume:					
Rate/\$1,000:					
LTD:	Not Included in Benefit Package		Not Included in Benefit Package		
Waiting Period:	·				
Alcohol/Drug;			·		
Mental/Nervous:					
SS Offset:					
COLA:					İ
Volume:					
Rate/\$100:					
1/010/01/00					
			J	<u>}</u>	<u> </u>



800,292,4910

Quote Summary Exclusively for Nice Community Schools

Quote Effective 08/01/2011

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		
	PAK A			PAK A	1000		
Medical:	MESSA Choices II	681.76	Single: 0	MESSA Choices	585.78		
IN Deductible:	\$0	1,532.09	-	\$300/\$600	1,316.14		
OON Deductible:	\$250/\$500	1,702.15		\$600/\$1200	1,462.21		
OV/UC/ER Copay:		14. 02.10	· anning. O	\$20/\$25/\$50	,,-02.27		
RX Drug Copay:	\$10/\$20			SaverRX			
Riders Included:	None			None			
rada madaes.	140110			, 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		ĺ	
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:	\$50,0 00		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 Benef	it 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 Illne			Same as any other illa	ness		
Mental/Nervous:	Same as any other illne	ess		Same as any other illr	ness		
SS Offset:	Family			Family			
COLA:	No			No			
Volume:					32,155		
Rate/\$100:					0.95		
Composite:		50.91	1		50,91		
Total Monthly Rate	Per Member - Single	\$785.24			\$689.26		

 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



800,292,4910

Quote Summary Exclusively for Nice Community Schools

Quote Effective 08/01/2011

Requested: 07/12/2011 Quote Request ID: 208933 MESSA Field Rep: Barbara Frisk

Quoted Group(s): 749A-Adminstraton

Total Monthly Rate Per Member - Family

\$215,39

Description	Current - 749A Rate	Census Used	Quote ID 315755 Rafe		
	PAK B		PAK B		
Medical:	Not included in Benefit Packag	e !	Not included in Benefit Package		
IN Deductible:	•				
OON Deductible:					
OV/UC/ER Copay:					
RX Drug Copay:					
Riders Included:					
Dental:		7.72 Single: 0	37.72		
Class I:	100%	9.92 2-Person: 0	100% 69.92		
Class II:		2.01 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		
				,	<u> </u>
Vision:		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 Packag	e	Not Included in Benefit Package	1	
Volume:					İ
Rate/\$1,000:					
Composite:					
LTD:	70% Max \$5,000	0	70% Max \$5,000		1
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 Family		
SS Offset: COLA:	Family No		No		
COLA: Volume:	140		Nb o		
Volume: Rate/\$100:			0.95		
Composite:		50,91	50.91		
		07.28	\$107.28		1
•		51.73	\$151.73		

\$215.39