

### Quote Summary Exclusively for River Valley Schools

Requested: 05/23/2011  
 Quote Request ID: 208215  
 MESSA Field Rep: Matt Nyquist

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

Quote Effective 07/01/2011

**Quoted Group(s): 181D-Administration**

Description	Current - 181D	Rate	Census Used	Quote ID 314736	Rate	Quote ID 314737	Rate	Quote ID 314738	Rate
<b>PAK A</b>									
Medical:	MESSA Choices II	767.86	Single: 0	<b>MESSA Choices II</b>	<b>649.62</b>	<b>MESSA Choices II</b>	<b>630.18</b>	<b>MESSA Choices</b>	<b>602.21</b>
IN Deductible:	\$0	1,725.80	2-Person: 3	<b>\$100/\$200</b>	<b>1,459.77</b>	<b>\$200/\$400</b>	<b>1,416.02</b>	<b>\$500/\$1000</b>	<b>1,353.09</b>
OON Deductible:	\$250/\$500	1,917.39	Family: 3	<b>\$250/\$500</b>	<b>1,621.80</b>	<b>\$400/\$800</b>	<b>1,573.19</b>	<b>\$1000/\$2000</b>	<b>1,503.26</b>
OV/UC/ER Copay:	\$5/\$10/\$25			<b>\$10/\$25/\$50</b>		<b>\$10/\$25/\$50</b>		<b>\$5/\$10/\$25</b>	
RX Drug Copay:	\$5/\$10			<b>\$10/\$20</b>		<b>\$10/\$20</b>		<b>\$10/\$20</b>	
Riders Included:	AI			<b>AI</b>		<b>AI</b>		<b>AI</b>	
Dental:		28.45	Single: 0		28.45		28.45		28.45
Class I:	80%	52.71	2-Person: 3	80%	52.71	80%	52.71	80%	52.71
Class II:	80%	90.83	Family: 3	80%	90.83	80%	90.83	80%	90.83
Class III:	80%			80%		80%		80%	
Annual Max:	\$1,500			\$1,500		\$1,500		\$1,500	
Class IV:	80%			80%		80%		80%	
Lifetime Max:	UCR			UCR		UCR		UCR	
Riders Included:	2 Cleanings			2 Cleanings		2 Cleanings		2 Cleanings	
Vision:	VSP 3	7.32	Single: 0	VSP 3	7.32	VSP 3	7.32	VSP 3	7.32
		15.73	2-Person: 3		15.73		15.73		15.73
		23.66	Family: 3		23.66		23.66		23.66
Life Ins:	\$5,000		6	\$5,000		\$5,000		\$5,000	
Volume:					30,000		30,000		30,000
Rate/\$1,000:					0.18		0.18		0.18
Composite:		0.90			0.90		0.90		0.90
AD&D Ins:	\$5,000		6	\$5,000		\$5,000		\$5,000	
Volume:					30,000		30,000		30,000
Rate/\$1,000:					0.03		0.03		0.03
Composite:		0.15			0.15		0.15		0.15
Dep Life Ins:	Not Included in Benefit Package			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		Not Included in Benefit Package	
Waiting Period:									
Alcohol/Drug:									
Mental/Nervous:									
SS Offset:									
COLA:									
Volume:									
Rate/\$100:									
<b>Total Monthly Rate Per Member - Single</b>		<b>\$804.68</b>		<b>\$686.44</b>		<b>\$667.00</b>		<b>\$639.03</b>	
<b>Total Monthly Rate Per Member - 2 Person</b>		<b>\$1,795.29</b>		<b>\$1,529.26</b>		<b>\$1,485.51</b>		<b>\$1,422.58</b>	
<b>Total Monthly Rate Per Member - Family</b>		<b>\$2,032.93</b>		<b>\$1,737.34</b>		<b>\$1,688.73</b>		<b>\$1,618.80</b>	

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.

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Description	Current - 181D	Rate	Census Used	Quote ID 314736	Rate	Quote ID 314737	Rate	Quote ID 314738	Rate
	<b>PAK B</b>			<b>PAK B</b>		<b>PAK B</b>		<b>PAK B</b>	
Medical:	Not Included in Benefit Package			Not Included in Benefit Package		Not Included in Benefit Package		Not Included in Benefit Package	
IN Deductible:									
OON Deductible:									
OV/UC/ER Copay:									
RX Drug Copay:									
Riders Included:									
Dental:		31.26	Single: 0		31.26		31.26		31.26
Class I:	80%	57.86	2-Person: 0	80%	57.86	80%	57.86	80%	57.86
Class II:	80%	97.22	Family: 0	80%	97.22	80%	97.22	80%	97.22
Class III:	80%			80%		80%		80%	
Annual Max:	\$1,500			\$1,500		\$1,500		\$1,500	
Class IV:	80%			80%		80%		80%	
Lifetime Max:	UCR			UCR		UCR		UCR	
Riders Included:	2 Cleanings			2 Cleanings		2 Cleanings		2 Cleanings	
Vision:	VSP 3	7.32	Single: 0	VSP 3	7.32	VSP 3	7.32	VSP 3	7.32
		15.73	2-Person: 0		15.73		15.73		15.73
		23.66	Family: 0		23.66		23.66		23.66
Life Ins:	\$5,000		0	\$5,000		\$5,000		\$5,000	
Volume:				0		0		0	
Rate/\$1,000:				0.18		0.18		0.18	
Composite:		0.90		0.90		0.90		0.90	
AD&D Ins:	\$5,000		0	\$5,000		\$5,000		\$5,000	
Volume:				0		0		0	
Rate/\$1,000:				0.03		0.03		0.03	
Composite:		0.15		0.15		0.15		0.15	
Dep Life Ins:	Not Included in Benefit Package			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		Not Included in Benefit Package	
Waiting Period:									
Alcohol/Drug:									
Mental/Nervous:									
SS Offset:									
COLA:									
Volume:									
Rate/\$100:									
<b>Total Monthly Rate Per Member - Single</b>		<b>\$39.63</b>			<b>\$39.63</b>		<b>\$39.63</b>		<b>\$39.63</b>
<b>Total Monthly Rate Per Member - 2 Person</b>		<b>\$74.64</b>			<b>\$74.64</b>		<b>\$74.64</b>		<b>\$74.64</b>
<b>Total Monthly Rate Per Member - Family</b>		<b>\$121.93</b>			<b>\$121.93</b>		<b>\$121.93</b>		<b>\$121.93</b>

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