

**Quote Summary Exclusively for  
River Valley Schools**

Quote Effective 08/01/2011

Requested: 07/15/2011  
Quote Request ID: 209016  
MESSA Field Rep: Matt Nyquist

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

**Quoted Group(s): 181I-Custodians and Bus Drivers**

Description	Current - 181I	Rate	Census Used	Quote ID 315864	Rate	Quote ID 315865	Rate	Quote ID 315866	Rate
	<b>NON-PAK</b>			<b>NON-PAK</b>		<b>NON-PAK</b>		<b>NON-PAK</b>	
Medical:	MESSA Choices II	671.99	Single: 8	<i>MESSA Choices II</i>	<i>662.85</i>	<i>MESSA Choices II</i>	<i>643.01</i>	<i>MESSA Choices</i>	<i>614.47</i>
IN Deductible:	\$100/\$200	1,510.10	2-Person: 0	<i>\$100/\$200</i>	<i>1,489.53</i>	<i>\$200/\$400</i>	<i>1,444.89</i>	<i>\$500/\$1000</i>	<i>1,380.68</i>
OON Deductible:	\$250/\$500	1,677.72	Family: 1	<i>\$250/\$500</i>	<i>1,654.87</i>	<i>\$400/\$800</i>	<i>1,605.27</i>	<i>\$1000/\$2000</i>	<i>1,533.91</i>
OV/UC/ER Copay:	\$5/\$10/\$25			<i>\$10/\$25/\$50</i>		<i>\$10/\$25/\$50</i>		<i>\$5/\$10/\$25</i>	
RX Drug Copay:	\$10/\$20			<i>\$10/\$20</i>		<i>\$10/\$20</i>		<i>\$10/\$20</i>	
Riders Included:	None			<i>None</i>		<i>None</i>		<i>None</i>	
Dental:	Not Included in Benefit Package			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		Not Included in Benefit Package	
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:									
AD&D 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:									
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:									
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:									

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.