

**Quote Summary Exclusively for  
River Valley Schools**

Requested: 05/23/2011  
Quote Request ID: 208216  
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): 181B-Full Time Teacher**

Description	Current - 181B	Rate	Census Used	Quote ID 314739	Rate	Quote ID 314740	Rate	Quote ID 314741	Rate
<b>PAK A</b>									
Medical:	MESSA Choices II	658.58	Single: 6	<i>MESSA Choices II</i>	<i>649.62</i>	<i>MESSA Choices II</i>	<i>630.18</i>	<i>MESSA Choices</i>	<i>602.21</i>
IN Deductible:	\$100/\$200	1,479.93	2-Person: 15	<i>\$100/\$200</i>	<i>1,459.77</i>	<i>\$200/\$400</i>	<i>1,416.02</i>	<i>\$500/\$1000</i>	<i>1,353.09</i>
OON Deductible:	\$250/\$500	1,644.19	Family: 19	<i>\$250/\$500</i>	<i>1,621.80</i>	<i>\$400/\$800</i>	<i>1,573.19</i>	<i>\$1000/\$2000</i>	<i>1,503.26</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:	AI			<i>AI</i>		<i>AI</i>		<i>AI</i>	
Dental:		29.20	Single: 6		29.20		29.20		29.20
Class I:	75%	54.34	2-Person: 15	75%	54.34	75%	54.34	75%	54.34
Class II:	75%	96.53	Family: 19	75%	96.53	75%	96.53	75%	96.53
Class III:	50%			50%		50%		50%	
Annual Max:	\$1,000			\$1,000		\$1,000		\$1,000	
Class IV:	50%			50%		50%		50%	
Lifetime Max:	\$1,500			\$1,500		\$1,500		\$1,500	
Riders Included:	2 Cleanings			2 Cleanings		2 Cleanings		2 Cleanings	
Vision:	VSP 3	7.32	Single: 6	VSP 3	7.32	VSP 3	7.32	VSP 3	7.32
		15.73	2-Person: 15		15.73		15.73		15.73
		23.66	Family: 19		23.66		23.66		23.66
Life Ins:	\$45,000		40	\$45,000		\$45,000		\$45,000	
Volume:					1,800,000		1,800,000		1,800,000
Rate/\$1,000:					0.18		0.18		0.18
Composite:		8.10			8.10		8.10		8.10
AD&D Ins:	\$45,000		40	\$45,000		\$45,000		\$45,000	
Volume:					1,800,000		1,800,000		1,800,000
Rate/\$1,000:					0.03		0.03		0.03
Composite:		1.35			1.35		1.35		1.35
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>\$704.55</b>			<b>\$695.59</b>		<b>\$676.15</b>		<b>\$648.18</b>
<b>Total Monthly Rate Per Member - 2 Person</b>		<b>\$1,559.45</b>			<b>\$1,539.29</b>		<b>\$1,495.54</b>		<b>\$1,432.61</b>
<b>Total Monthly Rate Per Member - Family</b>		<b>\$1,773.83</b>			<b>\$1,751.44</b>		<b>\$1,702.83</b>		<b>\$1,632.90</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.

**Quote Summary Exclusively for  
River Valley Schools**

Requested: 05/23/2011  
Quote Request ID: 208216  
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): 181B-Full Time Teacher**

Description	Current - 181B	Rate	Census Used	Quote ID 314739	Rate	Quote ID 314740	Rate	Quote ID 314741	Rate
Medical:	PAK B Not Included in Benefit Package			PAK B Not Included in Benefit Package		PAK B Not Included in Benefit Package		PAK B Not Included in Benefit Package	
IN Deductible:									
OON Deductible:									
OV/UC/ER Copay:									
RX Drug Copay:									
Riders Included:									
Dental:		30.41	Single: 1		30.41		30.41		30.41
Class I:	80%	57.32	2-Person: 0	80%	57.32	80%	57.32	80%	57.32
Class II:	80%	114.61	Family: 8	80%	114.61	80%	114.61	80%	114.61
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: 1	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: 8		23.66		23.66		23.66
Life Ins:	\$50,000		9	\$50,000		\$50,000		\$50,000	
Volume:				450,000		450,000		450,000	
Rate/\$1,000:				0.18		0.18		0.18	
Composite:		9.00		9.00		9.00		9.00	
AD&D Ins:	\$50,000		9	\$50,000		\$50,000		\$50,000	
Volume:				450,000		450,000		450,000	
Rate/\$1,000:				0.03		0.03		0.03	
Composite:		1.50		1.50		1.50		1.50	
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:	70% Max \$5,000		9	70% Max \$5,000		70% Max \$5,000		70% Max \$5,000	
Waiting Period:	90 CDMF			90 CDMF		90 CDMF		90 CDMF	
Alcohol/Drug:	Same as any other illness			Same as any other illness		Same as any other illness		Same as any other illness	
Mental/Nervous:	Same as any other illness			Same as any other illness		Same as any other illness		Same as any other illness	
SS Offset:	Family			Family		Family		Family	
COLA:	Yes			Yes		Yes		Yes	
Volume:				33,290		33,290		33,290	
Rate/\$100:				1.19		1.19		1.19	
Composite:		44.02		44.02		44.02		44.02	
Total Monthly Rate Per Member - Single		\$92.25			\$92.25		\$92.25		\$92.25
Total Monthly Rate Per Member - 2 Person		\$127.57			\$127.57		\$127.57		\$127.57
Total Monthly Rate Per Member - Family		\$192.79			\$192.79		\$192.79		\$192.79

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.