

**Quote Summary Exclusively for  
 Shelby Public Schools  
 Quote Effective 11/01/2017**

Requested: 10/04/2017  
 Quote Request ID: 224957  
 MESSA Field Rep: Grace Benedict

**Quoted Group(s): 222N-Administration & Support, 222O-Principals, 222P-Superintendent**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 340455			Quote ID 340456			Quote ID 340457		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
<b>NON-PAK</b>				<b>PAK A</b>			<b>PAK A</b>			<b>PAK A</b>		
Medical: Not Included in Benefit Package			S: 2	Choices	\$623.42	\$636.86	ABC Plan 1	\$556.74	\$568.74	ABC Plan 1	\$518.43	\$529.6
Medical Deductible:			2P: 9	\$500/\$1000	\$1,400.82	\$1,431.04	\$1300/\$2600	\$1,250.80	\$1,277.78	\$1300/\$2600	\$1,164.59	\$1,189.7
Medical Coinsurance:			F: 10	0%	\$1,742.87	\$1,780.48	0%	\$1,556.19	\$1,589.77	10%	\$1,448.90	\$1,480.1
Medical/UC/ER Copay:				\$20/\$25/\$50			N/A			N/A		
Medical Coverage:				Saver Rx			ABC Rx			ABC Rx		
Medical Riders Included:				None			HEO			HEO		
Dental:		\$29.11	S: 2		\$28.02	\$ 28.52		\$28.02	\$ 28.52		\$28.02	\$ 28.5
Dental Diag & Prev:	80%	\$57.85	2P: 9	80%	\$55.69	\$ 56.69	80%	\$55.69	\$ 56.69	80%	\$55.69	\$ 56.6
Dental Basic Services:	80% (X-Rays)	\$106.43	F: 10	80% (X-Rays)	\$102.47	\$104.30	80% (X-Rays)	\$102.47	\$104.30	80% (X-Rays)	\$102.47	\$104.3
Dental Major Services:	80%			80%			80%			80%		
Dental Annual Max:	\$1000			\$1000			\$1000			\$1000		
Dental Orthodontics:	80%			80%			80%			80%		
Dental Lifetime Max:	\$1300			\$1300			\$1300			\$1300		
Dental Riders Included:	2 Clean			2 Clean			2 Clean			2 Clean		
Vision:	VSP 2 S			VSP 2 S			VSP 2 S			VSP 2 S		
		\$5.04	S: 2		\$4.93	\$ 5.04		\$4.93	\$ 5.04		\$4.93	\$ 5.0
		\$10.81	2P: 9		\$10.58	\$10.81		\$10.58	\$10.81		\$10.58	\$10.8
		\$16.27	F: 10		\$15.93	\$16.27		\$15.93	\$16.27		\$15.93	\$16.2
Life Ins:	Volume As Enrolled		21	Volume As Enrolled			Volume As Enrolled			Volume As Enrolled		
Life Volume:					404,444.00			404,444.00			404,444.0	
Life Rate/\$1,000:	\$0.14				\$ 0.14			\$ 0.14			\$ 0.1	
Life Composite Rate:					\$ 2.70			\$ 2.70			\$ 2.7	
D&D Ins:	Volume As Enrolled		21	Volume As Enrolled			Volume As Enrolled			Volume As Enrolled		
D&D Volume:					404,444.00			404,444.00			404,444.0	
D&D Rate/\$1,000:	\$0.03				\$ 0.03			\$ 0.03			\$ 0.0	
D&D Composite Rate:					\$ 0.58			\$ 0.58			\$ 0.5	
Accident/TD:	60% Max \$3,500		21	60% Max \$3,500			60% Max \$3,500			60% Max \$3,500		
Waiting Period:	60 CDMF			60 CDMF			60 CDMF			60 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		
Loc. Sec. Offset:	Primary			Primary			Primary			Primary		
Home-Occupation:	3 years			3 years			3 years			3 years		
Pre-Exist Condition:	Yes			Yes			Yes			Yes		
COLA:	No			No			No			No		
MS Freeze:	Yes			Yes			Yes			Yes		
Life Volume:					77,270.00			77,270.00			77,270.0	
Life Rate/\$100:	\$0.77				\$ 0.77			\$ 0.77			\$ 0.7	
Life Composite Rate:					\$ 28.33			\$ 28.33			\$ 28.3	
Total Monthly Rate/Member - S					\$ 702.03			\$ 633.91			\$ 594.7	
Total Monthly Rate/Member - 2P					\$1,530.15			\$1,376.89			\$1,288.8	
Total Monthly Rate/Member - F					\$1,932.66			\$1,741.95			\$1,632.3	

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 may affect the final rates.



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**Quoted Group(s): 222N-Administration & Support, 222O-Principals, 222P-Superintendent**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 340455			Quote ID 340456			Quote ID 340457		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
Dental: Not Included in Benefit Package			S: 1	PAK B	\$28.02	\$ 28.52	PAK B	\$28.02	\$ 28.52	PAK B	\$28.02	\$ 28.52
Diag & Prev:			2P: 1	80%	\$55.69	\$ 56.69	80%	\$55.69	\$ 56.69	80%	\$55.69	\$ 56.69
Basic Services:			F: 4	80% (X-Rays)	\$102.47	\$104.30	80% (X-Rays)	\$102.47	\$104.30	80% (X-Rays)	\$102.47	\$104.30
Major Services:				80%			80%			80%		
Annual Max:				\$1000			\$1000			\$1000		
Orthodontics:				80%			80%			80%		
Lifetime Max:				\$1300			\$1300			\$1300		
Riders Included:				2 Clean			2 Clean			2 Clean		
Vision: Not Included in Benefit Package			S: 1	VSP 2 S	\$4.93	\$ 5.04	VSP 2 S	\$4.93	\$ 5.04	VSP 2 S	\$4.93	\$ 5.04
			2P: 1		\$10.58	\$10.81		\$10.58	\$10.81		\$10.58	\$10.81
			F: 4		\$15.93	\$16.27		\$15.93	\$16.27		\$15.93	\$16.27
Life Ins: Not Included in Benefit Package			6	Volume As Enrolled			Volume As Enrolled			Volume As Enrolled		
Volume:						115,556.00			115,556.00			115,556.00
Rate/\$1,000:						\$ 0.14			\$ 0.14			\$ 0.14
Composite Rate:						\$ 2.70			\$ 2.70			\$ 2.70
AD&D Ins: Not Included in Benefit Package			6	Volume As Enrolled			Volume As Enrolled			Volume As Enrolled		
Volume:						115,556.00			115,556.00			115,556.00
Rate/\$1,000:						\$ 0.03			\$ 0.03			\$ 0.03
Composite Rate:						\$ 0.58			\$ 0.58			\$ 0.58
LT-D: Not Included in Benefit Package			6	60% Max \$3,500			60% Max \$3,500			60% Max \$3,500		
Waiting Period:				60 CDMF			60 CDMF			60 CDMF		
Alcohol/Drug:				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		
Soc. Sec. Offset:				Primary			Primary			Primary		
Own-Occupation:				3 years			3 years			3 years		
Pre-Exist Condition:				Yes			Yes			Yes		
COLA:				No			No			No		
SS Freeze:				Yes			Yes			Yes		
Volume:						22,077.00			22,077.00			22,077.00
Rate/\$100:						\$ 0.77			\$ 0.77			\$ 0.77
Composite Rate:						\$ 28.33			\$ 28.33			\$ 28.33
Total Monthly Rate/Member - S						\$ 65.17			\$ 65.17			\$ 65.17
Total Monthly Rate/Member - 2P						\$ 99.11			\$ 99.11			\$ 99.11
Total Monthly Rate/Member - F						\$ 152.18			\$ 152.18			\$ 152.18

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**Quote Summary Exclusively for  
 Shelby Public Schools  
 Quote Effective 11/01/2017**

Requested: 10/04/2017  
 Quote Request ID: 224961  
 MESSA Field Rep: Grace Benedict

**Quoted Group(s): 222A-Teachers and Counselors**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 340460			Quote ID 340462			Quote ID 340463		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
<b>NON-PAK</b>												
Medical: Not Included in Benefit Package			S: 9	<b>PAK A</b>			<b>PAK A</b>			<b>PAK A</b>		
▼ Deductible:			2P: 7	Choices	\$623.42	\$636.86	ABC Plan 1	\$556.74	\$568.74	ABC Plan 1	\$518.43	\$529.6
▼ Coinsurance:			F: 39	\$500/\$1000	\$1,400.82	\$1,431.04	\$1300/\$2600	\$1,250.80	\$1,277.78	\$1300/\$2600	\$1,164.59	\$1,189.7
▼/UC/ER Copay:				0%	\$1,742.87	\$1,780.48	0%	\$1,556.19	\$1,589.77	10%	\$1,448.90	\$1,480.1
▼ Rx Coverage:				\$20/\$25/\$50			N/A			N/A		
▼ Riders Included:				Saver Rx			ABC Rx			ABC Rx		
				None			HEQ			HEQ		
Dental:		\$26.76	S: 8		\$25.77	\$ 26.23		\$25.77	\$ 26.23		\$25.77	\$ 26.2
Diag & Prev:	80%	\$54.01	2P: 8	80%	\$52.01	\$ 52.94	80%	\$52.01	\$ 52.94	80%	\$52.01	\$ 52.9
Basic Services:	80% (X-Rays)	\$102.17	F: 39	80% (X-Rays)	\$98.36	\$100.12	80% (X-Rays)	\$98.36	\$100.12	80% (X-Rays)	\$98.36	\$100.1
Major Services:	80%			80%			80%			80%		
Annual Max:	\$1000			\$1000			\$1000			\$1000		
Orthodontics:	80%			80%			80%			80%		
Lifetime Max:	\$1300			\$1300			\$1300			\$1300		
▼ Riders Included:	2 Clean			2 Clean			2 Clean			2 Clean		
Vision:	VSP 2 S		S: 8	VSP 2 S			VSP 2 S			VSP 2 S		
		\$5.04	2P: 8		\$4.93	\$ 5.04		\$4.93	\$ 5.04		\$4.93	\$ 5.0
		\$10.81	F: 39		\$10.58	\$10.81		\$10.58	\$10.81		\$10.58	\$10.8
		\$16.27			\$15.93	\$16.27		\$15.93	\$16.27		\$15.93	\$16.2
Life Ins:	\$15,000		55	\$15,000			\$15,000			\$15,000		
Volume:						825,000.00			825,000.00			825,000.0
Rate/\$1,000:		\$0.14				\$ 0.14			\$ 0.14			\$ 0.1
Composite Rate:						\$ 2.10			\$ 2.10			\$ 2.1
LD&D Ins:	\$15,000		55	\$15,000			\$15,000			\$15,000		
Volume:						825,000.00			825,000.00			825,000.0
Rate/\$1,000:		\$0.03				\$ 0.03			\$ 0.03			\$ 0.0
Composite Rate:						\$ 0.45			\$ 0.45			\$ 0.4
TD:	60% Max \$3,500		55	60% Max \$3,500			60% Max \$3,500			60% Max \$3,500		
Waiting Period:	60 CDMF			60 CDMF			60 CDMF			60 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		
Loc. Sec. Offset:	Primary			Primary			Primary			Primary		
Own-Occupation:	3 years			3 years			3 years			3 years		
Pre-Exist Condition:	Yes			Yes			Yes			Yes		
COLA:	No			No			No			No		
MS Freeze:	Yes			Yes			Yes			Yes		
Volume:						252,103.00			252,103.00			252,103.0
Rate/\$100:		\$0.49				\$ 0.49			\$ 0.49			\$ 0.4
Composite Rate:						\$ 22.46			\$ 22.46			\$ 22.4
Total Monthly Rate/Member - S						\$ 693.14			\$ 625.02			\$ 585.8
Total Monthly Rate/Member - 2P						\$1,519.80			\$1,366.54			\$1,278.4
Total Monthly Rate/Member - F						\$1,921.88			\$1,731.17			\$1,621.5

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 MESSA Field Rep: Grace Benedict

**Quoted Group(s): 222A-Teachers and Counselors**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 340460			Quote ID 340462			Quote ID 340463		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
Dental: Not Included in Benefit Package			S: 3	PAK B	\$25.77	\$ 26.23	PAK B	\$25.77	\$ 26.23	PAK B	\$25.77	\$ 26.23
Diag & Prev:			2P: 4	80%	\$52.01	\$ 52.94	80%	\$52.01	\$ 52.94	80%	\$52.01	\$ 52.94
Basic Services:			F: 11	80% (X-Rays)	\$98.36	\$100.12	80% (X-Rays)	\$98.36	\$100.12	80% (X-Rays)	\$98.36	\$100.12
Major Services:				80%			80%			80%		
Annual Max:				\$1000			\$1000			\$1000		
Orthodontics:				80%			80%			80%		
Lifetime Max:				\$1300			\$1300			\$1300		
Providers Included:				2 Clean			2 Clean			2 Clean		
Vision: Not Included in Benefit Package			S: 3	VSP 2 S	\$4.93	\$ 5.04	VSP 2 S	\$4.93	\$ 5.04	VSP 2 S	\$4.93	\$ 5.04
			2P: 4		\$10.58	\$10.81		\$10.58	\$10.81		\$10.58	\$10.81
			F: 11		\$15.93	\$16.27		\$15.93	\$16.27		\$15.93	\$16.27
Life Ins: Not Included in Benefit Package			18	\$15,000			\$15,000			\$15,000		
Volume:						270,000.00			270,000.00			270,000.00
Rate/\$1,000:						\$ 0.14			\$ 0.14			\$ 0.14
Composite Rate:						\$ 2.10			\$ 2.10			\$ 2.10
D&D Ins: Not Included in Benefit Package			18	\$15,000			\$15,000			\$15,000		
Volume:						270,000.00			270,000.00			270,000.00
Rate/\$1,000:						\$ 0.03			\$ 0.03			\$ 0.03
Composite Rate:						\$ 0.45			\$ 0.45			\$ 0.45
STD: Not Included in Benefit Package			18	60% Max \$3,500			60% Max \$3,500			60% Max \$3,500		
Waiting Period:				60 CDMF			60 CDMF			60 CDMF		
Alcohol/Drug:				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		
Loc. Sec. Offset:				Primary			Primary			Primary		
Own-Occupation:				3 years			3 years			3 years		
Pre-Exist Condition:				Yes			Yes			Yes		
COLA:				No			No			No		
MS Freeze:				Yes			Yes			Yes		
Volume:						82,507.00			82,507.00			82,507.00
Rate/\$100:						\$ 0.49			\$ 0.49			\$ 0.49
Composite Rate:						\$ 22.46			\$ 22.46			\$ 22.46
Total Monthly Rate/Member - S						\$ 56.28			\$ 56.28			\$ 56.28
Total Monthly Rate/Member - 2P						\$ 88.76			\$ 88.76			\$ 88.76
Total Monthly Rate/Member - F						\$ 141.40			\$ 141.40			\$ 141.40

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**Quote Summary Exclusively for  
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Requested: 10/04/2017  
 Quote Request ID: 224962  
 MESSA Field Rep: Grace Benedict

**Quoted Group(s): NEW-Support Staff wking <8 hr/day**

Description	Current Rate With Taxes	Census Used	Quote ID 340464			Quote ID 340465			Quote ID 340466		
			Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes	Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical: Not Included in Benefit Package		S: 20	<b>NON-PAK</b> Choices	\$636.12	\$649.82	<b>NON-PAK</b> ABC Plan 1	\$568.07	\$580.31	<b>NON-PAK</b> ABC Plan 1	\$528.98	\$540.31
Medical Deductible:		2P: 2	\$500/\$1000	\$1,429.38	\$1,460.22	\$1300/\$2600	\$1,276.30	\$1,303.83	\$1300/\$2600	\$1,188.33	\$1,213.99
Medical Coinsurance:		F: 0	0%	\$1,778.41	\$1,816.79	0%	\$1,587.91	\$1,622.18	0%	\$1,478.44	\$1,510.31
Medical DV/UC/ER Copay:			\$20/\$25/\$50			N/A			N/A		
Medical Rx Coverage:			Saver Rx			ABC Rx			ABC Rx		
Medical Riders Included:			None			HEQ			HEQ		

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