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**2018 Rate Renewal Exclusively for  
 Elk Rapids Public Schools  
 Renewal Effective 01/01/2018**

Quote #: 340051  
 MESSA Field Rep: Viola Collin  
 Date Created: 09/13/2017

NON-PAK - 474C Administrators/Non Union		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Dental:	0757-0011	Single: 1	\$18.73	\$19.06
Class I:	60%	2-Person: 6	\$37.30	\$37.97
Class II:	60%	Family: 9	\$72.99	\$74.30
Class III:	60%			
Annual Max:	\$1,500			
Class IV:	60%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
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Vision:	VSP 3 Plus P	Single: 1	\$11.52	\$11.77
		2-Person: 6	\$24.74	\$25.27
		Family: 9	\$37.21	\$38.01
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Life Insurance:	\$5,000	16		\$0.13
Rate/\$1000				\$80,000.00
Volume				
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AD&D Coverage:	\$5,000	16		\$0.03
Rate/\$1000				\$80,000.00
Volume				

**NON-PAK COBRA RATES:**

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/13/2017. Rates will be effective for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.

**Rate Exhibit for ELK RAPIDS SCHOOLS**



Plan: Current EBT POS 100-500      Quote No: 41068  
 Effective Date: 01/01/2018      Agent Name: LOGAN SUTTMANN  
 Deductible Type: Policy Year      Group No: 791618      Commission: 3%  
 Rating Segment: ACTIVE - ADMIN/NON-UNION POS 100% 500, ACTIVE - ADMIN/NON-UNION POS HSA 100% 1300, ACTIVE - DRIVERS POS 1

<b>Product</b> [NonGrandfathered HCR]	<b>POS Traditional</b>	<b>Riders</b>
<b>Copay Type</b>	<b>Copay Aligned</b>	Abortion Rider: Elective Termination DME/P&O Coins: 100% Rehab Visits: 30 Skilled Nursing Facility 120-day annual limit, in network Tooth Extraction
<b>Hospital Coinsurance</b>		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, 50% Copay
In Network	100%	
Out of Network	80%	
<b>Deductible</b>		
Individual - In Network	\$500	
Family - In Network	\$1,000	
Individual - Out of Network	\$1,000	
Family - Out of Network	\$2,000	
<b>Coinsurance Max</b>		
Individual - In Network	\$0	
Family - In Network	\$0	
Individual - Out of Network	\$2,500	
Family - Out of Network	\$5,000	
<b>Office Visit (PCP) Copay</b>	\$20	
<b>Specialist Copay</b>	\$35	<b>Total Cost Sharing Out of Pocket Annual Limit</b>
<b>Urgent Care Copay</b>	\$75	Individual - In Network      \$7,150
<b>Emergency Room Copay</b>	\$150	Family - In Network      \$14,300
<b>Ambulance Copay</b>	\$150	Individual - Out of Network      \$14,300
<b>High Tech Imaging Copay</b>	\$150	Family - Out of Network      \$28,600

Rx Deductible (Individual/Family): \$0

	<b>Copay</b>	<b>Coinsurance</b>	<b>Max</b>
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	<b>Single</b>	<b>Double</b>	<b>Family</b>
Premium	\$612.98	\$1,377.18	\$1,713.46
Federal & State Taxes	\$11.52	\$25.88	\$32.20
Billed Rate	\$624.50	\$1,403.06	\$1,745.66
Participants	1	2	1

<b>Summary</b>	<b>Participants</b>	<b>4</b>	<b>Combined</b>
	Monthly Cost	\$5,080.80	\$5,176.28
	Annual Cost	\$60,969.60	\$62,115.36
	<b>PEPM</b>	<b>\$1,270.20</b>	<b>\$1,294.07</b>

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

**Rate Exhibit for ELK RAPIDS SCHOOLS**



Plan: **Current EBT POS HSA 100-1350**      Quote No: **41068**  
 Effective Date: **01/01/2018**      Agent Name: **LOGAN SUTTMANN**  
 Deductible Type: **Policy Year**      Group No: **791618**      Commission: **3%**  
 Rating Segment: **ACTIVE - ADMIN/NON-UNION POS 100% 500, ACTIVE - ADMIN/NON-UNION POS HSA 100% 1300, ACTIVE - DRIVERS POS 1**

<b>Product</b> [NonGrandfathered HCR]	<b>POS HSA</b>	<b>Riders</b>
<b>Copay Type</b>	<b>Traditional</b>	Abortion Rider: Elective Termination DME/P&O Coins: 100% Rehab Visits: 30 Skilled Nursing Facility 120-day annual limit, in network Tooth Extraction
<b>Hospital Coinsurance</b>		
In Network	100%	
Out of Network	80%	
<b>Deductible</b>		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, 50% Copay
Individual - In Network	\$1,350	
Family - In Network	\$2,700	
Individual - Out of Network	\$2,700	
Family - Out of Network	\$5,400	
<b>Total Cost Sharing Out of Pocket Annual Limit</b>		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family):      The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	<b>Copay</b>	<b>Coinsurance</b>	<b>Max</b>
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	<b>Single</b>	<b>Double</b>	<b>Family</b>
<b>Premium</b>	\$502.54	\$1,129.06	\$1,404.75
<b>Federal &amp; State Taxes</b>	\$9.49	\$21.32	\$26.53
<b>Billed Rate</b>	\$512.03	\$1,150.38	\$1,431.28
<b>Participants</b>	10	6	7

<b>Summary</b>	<b>Participants</b>	<b>23</b>	<b>Combined</b>
	<b>Monthly Cost</b>	<b>\$21,633.01</b>	<b>\$22,041.54</b>
	<b>Annual Cost</b>	<b>\$259,596.12</b>	<b>\$264,498.48</b>
	<b>PEPM</b>	<b>\$940.57</b>	<b>\$958.33</b>

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.