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

**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

<b>NON-PAK - 474E Bus Drivers 30+ Hours</b>		<b>Enrollment</b>	<b>2018 Rates without Taxes</b>	<b>2018 Rates with Taxes</b>
Dental:	0757-0008	Single: 2	\$18.70	\$19.03
Class I:	60%	2-Person: 1	\$36.06	\$36.70
Class II:	50%	Family: 0	\$71.83	\$73.11
Class III:	50%			
Annual Max:	\$1,500			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
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Vision:	VSP 3 G	Single: 2	\$6.84	\$6.99
		2-Person: 1	\$14.69	\$15.01
		Family: 0	\$22.09	\$22.56

**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

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

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
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

	Single	Double	Family
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>	Participants	4	<u>Combined</u>
	Monthly Cost	\$5,080.80	\$5,176.28
	Annual Cost	\$60,969.60	\$62,115.36
	PEPM	\$1,270.20	\$1,294.07

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

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

	Copay	Coinsurance	Max
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

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

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

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