



**Lakewood Public Schools
Administrators**

Plan		Monthly Rates		Total Monthly	Total Annual	% Change	Savings
Current:	MiEHIP Plan (I) OV/UC/ER: \$30/75/150 Deductible: \$500/1000 Rx Copay: \$20/50, 2x MOPD (I) Coinsurance: 0%	Single \$ 545.52 Double \$ 1,078.01 Family \$ 1,429.38 FC N/A Comp N/A		\$ 22,361.49	\$ 268,337.88		
Option 1:	UHC MX1 (I)** OV/UC/ER: \$30/100/250 Deductible: \$1000/2000 Rx Copay: \$15/45/85, 2x MOPD (I) Coinsurance: 0%	Single \$ 514.43 Double \$ 1,028.86 Family \$ 1,543.29 FC N/A Comp N/A		\$ 23,663.78	\$ 283,965.36	5.8%	\$ (15,627.48)
Option 2:	UHC MX2 (I)** OV/UC/ER: \$30/100/250 Deductible: \$1500/3000 Rx Copay: \$15/45/85, 2x MOPD (I) Coinsurance: 0%	Single \$ 487.09 Double \$ 974.18 Family \$ 1,461.27 FC N/A Comp N/A		\$ 22,406.14	\$ 268,873.68	0.2%	\$ (535.80)
Option 3:	UHC MK7 (I)** OV/UC/ER: \$30/100/250 Deductible: \$3000/6000 Rx Copay: \$10/35/60, 2x MOPD (I) Coinsurance: 0%	Single \$ 465.12 Double \$ 930.24 Family \$ 1,395.36 FC N/A Comp N/A		\$ 21,395.52	\$ 256,746.24	-4.3%	\$ 11,591.64
Option 4:	Humana PPO (I)** OV/UC/ER: \$30/50/150 Deductible: \$1000/2000 Rx Copay: \$10/35/55/25%, 2x MOPD (I) Coinsurance: 0%	Single \$ 549.79 Double \$ 1,374.48 Family \$ 1,814.31 FC N/A Comp N/A		\$ 28,259.26	\$ 339,111.12	26.4%	\$ (70,773.24)
Option 5:	Humana PPO (I)** OV/UC/ER: \$30/50/150 Deductible: \$1000/2000 Rx Copay: \$10/35/55/25%, 2x MOPD (I) Coinsurance: 20% (\$2000/4000 Max)	Single \$ 477.11 Double \$ 1,192.79 Family \$ 1,574.47 FC N/A Comp N/A		\$ 24,523.59	\$ 294,283.08	9.7%	\$ (25,945.20)
Option 6:	BCN HMO Deduct 1 (I) OV/UC/ER: \$30/50/150 Deductible: \$500/1000 Rx Copay: \$10/40, 2x MOPD (I) Coinsurance: 20% (\$1500/3000 Max)	Single \$ 547.40 Double \$ 1,259.03 Family \$ 1,505.36 FC N/A Comp N/A		\$ 23,894.17	\$ 286,730.04	6.9%	\$ (18,392.16)
Option 7:	BCN HMO Deduct 3 (I) OV/UC/ER: \$30/50/150 Deductible: \$1000/2000 Rx Copay: \$10/40, 2x MOPD (I) Coinsurance: 20% (\$1500/3000 Max)	Single \$ 500.74 Double \$ 1,151.71 Family \$ 1,377.04 FC N/A Comp N/A		\$ 21,857.39	\$ 262,288.68	-2.3%	\$ 6,049.20
Option 8:	BCBS PPO CB4A (I) OV/UC/ER: \$30/30/150 Deductible: \$500/1000 Rx Copay: \$10/40/80, 2x MOPD (I) Coinsurance: 20% (\$1500/3000 Max)	Single \$ 622.35 Double \$ 1,493.64 Family \$ 1,867.07 FC N/A Comp N/A		\$ 29,375.18	\$ 352,502.16	31.4%	\$ (84,164.28)

Current Rates:	Aug 2013 - July 2014	Census:	Single	1
Option Rates:	4Q2013		Double	3
Effective Date:	10/1/2013		Family	13
			FC	0
			Comp	0

* Rates quoted are based on the latest information provided by the District; all vendors reserve the right to re-rate based on actual enrollment. Proposed rates do not include funding for PA 142 (HICA) **Medical underwriting is required.



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Administrators**

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Current: MiHIP Plan (I) OV/UC/ER: \$30/75/150 Deductible: \$500/1000 Rx Copay: \$20/50, 2x MOPD (I) Coinsurance: 0%	Single \$ 545.52 Double \$ 1,078.01 Family \$ 1,429.38 FC N/A Comp N/A	\$ 22,361.49	\$ 268,337.88		
Option 9: BCBS SB PPO (I) OV/UC/ER: \$20/60/150 Deductible: \$500/1000 Rx Copay: \$10/40/80, 2x MOPD (I) Coinsurance: 20% (\$2500/5000 Max)	Single \$ 575.68 Double \$ 1,381.62 Family \$ 1,727.04 FC N/A Comp N/A	\$ 27,172.06	\$ 326,064.72	21.5%	\$ (57,726.84)
Option 10: BCBS SB HRA (I) OV/UC/ER: \$30/60/150 Deductible: \$1000/2000 Rx Copay: \$10/40/80, 2x MOPD (I) Coinsurance: 20% (\$2500/5000 Max)	Single \$ 558.18 Double \$ 1,339.63 Family \$ 1,674.53 FC N/A Comp N/A	\$ 26,345.96	\$ 316,151.52	17.8%	\$ (47,813.64)

Current Rates:	Aug 2013 - July 2014	Census:	Single	1
Option Rates:	4Q2013		Double	3
Effective Date:	10/1/2013		Family	13
			FC	0
			Comp	0

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Administrators**

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Current: MiEHIP Plan (I) OV/UC/ER: \$30/75/150 Deductible: \$500/1000 Rx Copay: \$20/50, 2x MOPD (I) Coinsurance: 0%	Single \$ 545.52 Double \$ 1,078.01 Family \$ 1,429.38 FC N/A Comp N/A	\$ 22,361.49	\$ 268,337.88		
Option 11: UHC HSA MW9 (I)** OV/UC/ER: 0% after ded. Deductible: \$1500/3000 Rx Copay: \$15/45/85 after ded., 2x MOPD (I) Coinsurance: 0% (\$3000/6000 Max)	Single \$ 496.21 Double \$ 992.42 Family \$ 1,488.63 FC N/A Comp N/A	\$ 22,825.66	\$ 273,907.92	2.1%	\$ (5,570.04)
Single Deductible Funding			\$ 1,500.00		
Double, Family Deductible Funding			\$ 48,000.00		
Annual Account Fees (\$3.75 per account per month)			\$ 765.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 1,009.80		
Group Set Up Fee			\$ 127.50		
TOTAL			\$ 325,310.22	21.2%	\$ (56,972.34)
Account fees are illustrative					
Option 12: UHC HSA MY2 (I)** OV/UC/ER: 20% after ded. Deductible: \$1500/3000 Rx Copay: \$10/35/60 after ded., 2x MOPD (I) Coinsurance: 20% (\$3500/9000 Max)	Single \$ 458.91 Double \$ 917.82 Family \$ 1,376.73 FC N/A Comp N/A	\$ 21,109.86	\$ 253,318.32	-5.6%	\$ 15,019.56
Single Deductible Funding			\$ 1,500.00		
Double, Family Deductible Funding			\$ 48,000.00		
Annual Account Fees (\$3.75 per account per month)			\$ 765.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 1,009.80		
Group Set Up Fee			\$ 127.50		
TOTAL			\$ 304,720.62	13.6%	\$ (36,382.74)
Account fees are illustrative					
Option 13: BCN HMO HSA (I) OV/UC/ER: 20% after ded. Deductible: \$1250/2500 Rx Copay: \$15/50/50% after ded., (\$70 Min/100 Max), 2x MOPD (I) Coinsurance: 20% (\$1000/2000 Max)	Single \$ 474.25 Double \$ 1,090.77 Family \$ 1,304.19 FC N/A Comp N/A	\$ 20,701.03	\$ 248,412.36	-7.4%	\$ 19,925.52
Single Deductible Funding			\$ 1,250.00		
Double, Family Deductible Funding			\$ 40,000.00		
Annual Account Fees (\$3.75 per account per month)			\$ 765.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 1,009.80		
Group Set Up Fee			\$ 127.50		
TOTAL			\$ 291,564.66	8.7%	\$ (23,226.78)
Account fees are illustrative					

Current Rates: Aug 2013 - July 2014
Option Rates: 4Q2013
Effective Date: 10/1/2013

Census: Single 1
Double 3
Family 13
FC 0
Comp 0

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**Lakewood Public Schools
Administrators**

Plan	Monthly Rates	Total Monthly	Total Annual	% Change	Savings
Current: MiEHIP Plan (I)	Single \$ 545.52				
OV/UC/ER: \$30/75/150	Double \$ 1,078.01				
Deductible: \$500/1000	Family \$ 1,429.38	\$ 22,361.49	\$ 268,337.88		
Rx Copay: \$20/50, 2x MOPD (I)	FC N/A				
Coinsurance: 0%	Comp N/A				
Option 14: BCBS PPO SB HSA (I)	Single \$ 559.88				
OV/UC/ER: 0% after ded.	Double \$ 1,343.71				
Deductible: \$1250/2500	Family \$ 1,679.64	\$ 26,426.33	\$ 317,115.96	18.2%	\$ (48,778.08)
Rx Copay: \$10/40/80 after ded., 2x MOPD (I)	FC N/A				
Coinsurance: 0% (\$1000/2000 Max)	Comp N/A				
Single Deductible Funding			\$ 1,250.00		
Double, Family Deductible Funding			\$ 40,000.00		
Annual Account Fees (\$3.75 per account per month)			\$ 765.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 1,009.80		
Group Set Up Fee			\$ 127.50		
TOTAL			\$ 360,268.26	34.3%	\$ (91,930.38)
Account fees are illustrative					

Current Rates:	Aug 2013 - July 2014	Census:	Single	1
Option Rates:	4Q2013		Double	3
Effective Date:	10/1/2013		Family	13
			FC	0
			Comp	0
* Rates quoted are based on the latest information provided by the District; all vendors reserve the right to re-rate based on actual enrollment. Proposed rates do not include funding for PA 142 (HICA) **Medical underwriting is required.				



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

Benefit Program Cost Summary

Effective 01/01/2014

Lakewood Public Schools
 223 W Broadway St
 Woodland, MI 48897-9798

Group: 133A-Teacher

Employer ID: 133
 MESSA Field Rep: Larry Donston

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Teacher - 100000	FT	133A	Counselor - 100002	FT	133A
Social Worker - 100004	FT	133A			

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices 71453-160	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single/\$4000 Family Prescription Coverage: MESSA Saver Rx Excludes Voluntary Abortion	Single: 5 2-Person: 12 Family: 70	517.21 1,163.73 1,448.20	7F 1Y33 1Y34 1Y35
Dental	Dent 70/70/70/70:1000(2000) 6274-0001	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 5 2-Person: 12 Family: 70	33.62 62.91 112.80	D0366B 1Y36 1Y37 1Y38
Vision	VSP 3	Plan year July to July	Single: 5 2-Person: 12 Family: 70	7.32 15.73 23.66	V31 1Y3C 1Y3D 1Y3E
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 87 Volume: 379,267 Rate per 100: 0.49	21.36	LT283 1L3A
PAK Life	\$15,000 PAK Life		Individuals: 87 Volume: 1,305,000 Rate per 1000: 0.13	1.95	P0150B 12EX
PAK AD&D	\$15,000 PAK AD&D		Individuals: 87 Volume: 1,305,000 Rate per 1000: 0.03	0.45	K0150B 12EW
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM01 001Z

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above, Medical COBRA rates for PAK A are as follows:

Medical - Single	517.21
Medical - 2-Person	1,163.73
Medical - Family	1,448.20



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Benefit Program Cost Summary

Effective 01/01/2014

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent 70/70/70/70:1000(2000) 6274-0002	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 1 2-Person: 4 Family: 17	35.02 65.48 117.59	D0366D 1Y39 1Y3A 1Y3B
Vision	VSP 3	Plan year July to July	Single: 1 2-Person: 4 Family: 17	7.32 15.73 23.66	V33 1Y3F 1Y3G 1Y3H
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 22 Volume: 95,906 Rate per 100: 0.49	21.36	LT2832 1L3B
PAK Life	\$20,000 PAK Life		Individuals: 22 Volume: 440,000 Rate per 1000: 0.13	2.60	P0200E 12FB
PAK AD&D	\$20,000 PAK AD&D		Individuals: 22 Volume: 440,000 Rate per 1000: 0.03	0.60	K0200E 12FA

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2014

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA ABC Plan 1 71452-161 / 71452-162	In-Network Ded: \$1250 Single Cov; \$2500 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 2-Person & Family Cov Out-of-Network Ded: \$2500 Single Cov; \$5000 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Excludes Voluntary Abortion Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 0	467.82 1,052.61 1,309.91	7V 2QSP 2QSQ 2QSR
Dental	Dent 70/70/70/70:1000(2000) 6274-0001	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	33.62 62.91 112.80	D0366A 2QSS 2QST 2QSU
Vision	VSP 3	Plan year July to July	Single: 0 2-Person: 0 Family: 0	7.32 15.73 23.66	V32 2QSV 2QSW 2QSX
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 0 Volume: 0 Rate per 100: 0.49	21.36	LT283B 2QSY
PAK Life	\$15,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.13	1.95	P0150C 2QSZ
PAK AD&D	\$15,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.45	K0150C 2QT0
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above, Medical COBRA rates for PAK C are as follows:

Medical - Single	467.82
Medical - 2-Person	1,052.61
Medical - Family	1,309.91

Please refer to plan coverage booklets for a complete description of benefits.



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**Quote Summary Exclusively for
 Lakewood Public Schools**

Quote Effective 01/01/2014

Requested: 10/28/2013
 Quote Request ID: 215646
 MESSA Field Rep: Renee Szurna

Quoted Group(s): 133B-Administration & Non Union

Description	Current - 133B	Rate	Census Used	Quote ID 325876	Rate
Medical:	NON-PAK			PAK A	
IN Deductible:	Not Included in Benefit Package		Single: 1	<i>MESSA ABC Plan 1</i>	<i>469.32</i>
OON Deductible:			2-Person: 3	<i>\$1250/\$2500</i>	<i>1,054.11</i>
OV/UC/ER Copay:			Family: 12	<i>\$2500/\$5000</i>	<i>1,311.41</i>
RX Drug Copay:				<i>N/A</i>	
Riders Included:				<i>ABC Rx</i>	
				<i>XVA2</i>	
Dental:	Not Included in Benefit Package		Single: 1		<i>41.75</i>
Class I:			2-Person: 3	<i>80%</i>	<i>77.08</i>
Class II:			Family: 12	<i>80%</i>	<i>130.24</i>
Class III:				<i>80%</i>	
Annual Max:				<i>\$2,000</i>	
Class IV:				<i>80%</i>	
Lifetime Max:				<i>\$1,300</i>	
Riders Included:				<i>2 Cleanings</i>	
Vision:	VSP 3	7.32	Single: 1	VSP 3	<i>7.32</i>
		15.73	2-Person: 3		<i>15.73</i>
		23.66	Family: 12		<i>23.66</i>
Life Ins:	Not Included in Benefit Package		16	<i>\$5,000</i>	
Volume:					<i>80,000</i>
Rate/\$1,000:					<i>0.13</i>
Composite:					<i>0.65</i>
AD&D Ins:	Not Included in Benefit Package		16	<i>\$5,000</i>	
Volume:					<i>80,000</i>
Rate/\$1,000:					<i>0.03</i>
Composite:					<i>0.15</i>
Dep Life Ins:	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	
Waiting Period:					
Alcohol/Drug:					
Mental/Nervous:					
SS Offset:					
COLA:					
Volume:					
Rate/\$100:					

Total Monthly Rate Per Member - Single \$519.19
 Total Monthly Rate Per Member - 2 Person \$1,147.72
 Total Monthly Rate Per Member - Family \$1,466.11

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.



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Quote Effective 01/01/2014

Requested: 10/28/2013
 Quote Request ID: 215646
 MESSA Field Rep: Renee Szurna

Quoted Group(s): 133B-Administration & Non Union

Description	Current - 133B	Rate	Census Used	Quote ID 325876	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:	Not Included in Benefit Package			PAK B Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:	Not Included in Benefit Package		Single: 0 2-Person: 0 Family: 0		41.75 77.08 130.24 80% 80% 80% \$2,000 80% \$1,300 2 Cleanings
Vision:	Not Included in Benefit Package		Single: 0 2-Person: 0 Family: 0	VSP 3	7.32 15.73 23.66
Life Ins: Volume: Rate/\$1,000: Composite:	Not Included in Benefit Package		0	\$5,000	0 0.13 0.65
AD&D Ins: Volume: Rate/\$1,000: Composite:	Not Included in Benefit Package		0	\$5,000	0 0.03 0.15
Dep Life Ins: Volume: Rate/\$1,000: Composite:	Not Included in Benefit Package			Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:	Not Included in Benefit Package			Not Included in Benefit Package	

Total Monthly Rate Per Member - Single \$49.87
 Total Monthly Rate Per Member - 2 Person \$93.61
 Total Monthly Rate Per Member - Family \$154.70

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.