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

**Quote Summary Exclusively for  
 Kelloggsville Public Schools  
 Rates Effective 01/01/2019 through 12/31/2019**

Quote Request ID: 226202  
 MESSA Field Rep: Renee Szurna

**Quoted Group(s): 124E-Teachers, 124G-Itinerant-Special Ed Teacher**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 342606		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical: <b>NON-PAK Choices</b>				<b>NON-PAK Choices</b>		
IN Deductible: \$100/\$200	\$786.67	S: 4	\$500/\$1000	\$679.08	\$689.54	
IN Coinsurance: 0%	\$1,768.14	2P: 2	0%	\$1,526.06	\$1,549.60	
OL/OV/SV Copay: \$10/\$10/\$10	\$2,199.99	F: 5	\$20/\$20/\$20	\$1,898.73	\$1,928.02	
UC/ER Copay: \$25/\$50			\$25/\$50			
Rx Coverage: Saver Rx			Saver Rx			
Riders Included: None			None			
Medical: <b>ABC Plan 1</b>			<b>ABC Plan 1</b>			
IN Deductible: \$1350/\$2700	\$615.79	S: 19	\$1350/\$2700	\$606.45	\$615.79	
IN Coinsurance: 0%	\$1,383.63	2P: 14	0%	\$1,362.61	\$1,383.63	
OL/OV/SV Copay: N/A	\$1,721.49	F: 47	N/A	\$1,695.34	\$1,721.49	
UC/ER Copay: N/A			N/A			
Rx Coverage: ABC Rx			ABC Rx			
Riders Included: HEQ			HEQ			
Medical: <b>Not Included in Benefit Package</b>			<b>ABC Plan 1</b>			
IN Deductible:		S: 0	\$1350/\$2700	\$539.79	\$548.10	
IN Coinsurance:		2P: 0	10%	\$1,212.64	\$1,231.34	
OL/OV/SV Copay:		F: 0	N/A	\$1,508.71	\$1,531.98	
UC/ER Copay:			N/A			
Rx Coverage:			3Tier			
Riders Included:			HEQ			

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.

**If you have any questions, please contact your MESSA Field Representative, Renee Szurna, at 800.292.4910.**

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**Kelloggsville Public Schools**  
**2019 RENEWAL SUMMARY**

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ACCOUNT EXECUTIVE: Rich Nutter

CURRENT BENEFITS: Priority Health - HMO HSA  
Health Savings Account  
Deductible \$1,350/\$2,700; Coinsurance 90%/10%  
Prescription Drug \$10 generic/\$40 brand (after deductible)

	<u>1/1/2018</u>	<u>1/1/2019</u>
One Person	\$ 447.83	\$ 497.39
Two Person	\$ 1,006.23	\$ 1,117.59
Family	\$ 1,251.95	\$ 1,390.50

*AVERAGE PERCENTAGE OF CHANGE:*

*11 %*