



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

**Quote Summary Exclusively for  
 Whiteford Agricultural Schools  
 Rates Effective 01/01/2021 through 12/31/2021**

Quote Request ID: 229527  
 MESSA Field Rep: Monica McKay  
 Date Created: 10/14/2020

**Quoted Group(s): 271F - Principals, 271O - Superintendent & CFO, 271P - Administrators & Directors**

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 347406	
				Quoted Benefits	Rate w/ 2% Discount
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package			<i>Choices (7F)</i> \$500/\$1000	
			S: 1	0%	\$765.63
			2P: 0	\$20/\$20/\$20	\$1,722.67
			F: 1	\$25/\$50	\$2,143.78
				<i>Saver Rx</i> <i>None</i>	
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package			<i>ABC Plan 1 (7V)</i> \$1400/\$2800	
			S: 0	0%	\$683.55
			2P: 0	\$0/\$0/\$0	\$1,538.00
			F: 0	\$0/\$0	\$1,913.94
				<i>ABC Rx</i> <i>HEQ</i>	
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package			<i>Essentials by MESSA (EA)</i> \$375/\$750	
			S: 0	20%	\$513.97
			2P: 0	\$10/\$25/\$50	\$1,156.44
			F: 0	\$50/\$200	\$1,439.12
				<i>EbM</i> <i>None</i>	
<b>Basic Term Life w/Med</b> Volume:			2	\$5,000	\$1.50

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**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 347406	
				Quoted Benefits	Rate
<b>Dental</b>	06179-17, 18, 19				
Diag & Prev:	80%			80%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$27.50	S: 1	80%	\$ 27.50
Annual Max:	\$1000	\$52.77	2P: 0	\$1000	\$ 52.77
Orthodontics:	80%	\$106.73	F: 4	80%	\$106.73
Lifetime Max:	\$1300			\$1300	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jul-Jun			Jul-Jun	
<b>Vision</b>	VSP 3 Plus P	\$12.18	S: 1	VSP 3 Plus P	\$ 12.18
Plan Year:	Jul-Jun	\$26.15	2P: 0	Jul-Jun	\$ 26.15
		\$39.34	F: 4		\$ 39.34
<b>Life Insurance</b>	Volume As Enrolled			Volume As Enrolled	
Total Volume:	\$580,000		5	\$580,000	
Rate/\$1,000:		\$0.14			\$ 0.14
Composite Rate:		\$16.24			\$ 16.24
<b>AD&amp;D Coverage</b>	Volume As Enrolled			Volume As Enrolled	
Total Volume:	\$580,000		5	\$580,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$3.48			\$ 3.48
<b>LTD Benefit</b>	Benefit: 66 2/3% Max \$5,000			66 2/3% Max \$5,000	
Max. Monthly Salary:	\$7,500			\$7,500	
Waiting Period:	30 CDMF			30 CDMF	
Alcohol/Drug:	2 Year Limitation			2 Year Limitation	
Mental/Nervous:	2 Year Limitation			2 Year Limitation	
Soc. Sec. Offset:	Family			Family	
Own-Occupation:	2 years			2 years	
Pre-Exist Condition:	Waived			Waived	
COLA:	No			No	
SS Freeze:	Yes			Yes	
Volume:	\$32,383		5	\$32,383	
Rate/\$100:		\$0.82			\$ 0.82
Composite Rate:		\$53.11			\$ 53.11
Total Monthly Rate/Member - S		\$ 112.51			\$ 112.51
Total Monthly Rate/Member - 2P		\$ 151.75			\$ 151.75
Total Monthly Rate/Member - F		\$ 218.90			\$ 218.90

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**Quote Summary Exclusively for  
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Quote Request ID: 229525  
 MESSA Field Rep: Monica McKay  
 Date Created: 10/14/2020

**Quoted Group(s): 271A - Full Time Teachers, 271I - Superintendent Secretary**

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 347405	
				Quoted Benefits	Rate w/ 1.25% Discount
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package			<i>Choices (7F)</i> \$500/\$1000	
			S: 7	0%	\$771.49
			2P: 6	\$20/\$20/\$20	\$1,735.86
			F: 17	\$25/\$50	\$2,160.18
				<i>Saver Rx</i> <i>None</i>	
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package			<i>ABC Plan 1 (7V)</i> \$1400/\$2800	
			S: 0	0%	\$688.78
			2P: 0	\$0/\$0/\$0	\$1,549.77
			F: 0	\$0/\$0	\$1,928.59
				<i>ABC Rx</i> <i>HEQ</i>	
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package			<i>Essentials by MESSA (EA)</i> \$375/\$750	
			S: 0	20%	\$517.91
			2P: 0	\$10/\$25/\$50	\$1,165.29
			F: 0	\$50/\$200	\$1,450.14
				<i>EbM</i> <i>None</i>	
<b>Basic Term Life w/Med</b> Volume:			30	\$5,000	\$1.50

**Your account may be eligible for additional savings through our new multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.**

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Quote Request ID: 229525  
 MESSA Field Rep: Monica McKay  
 Date Created: 10/14/2020

**Quoted Group(s): 271A - Full Time Teachers, 2711 - Superintendent Secretary**

**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 347405	
				Quoted Benefits	Rate
<b>Dental</b>	06179-21, 22				
Diag & Prev:	80%			80%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$31.29	S: 11	80%	\$ 31.29
Annual Max:	\$1000	\$60.35	2P: 14	\$1000	\$ 60.35
Orthodontics:	80%	\$116.21	F: 27	80%	\$116.21
Lifetime Max:	\$1300			\$1300	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jul-Jun			Jul-Jun	
<b>Vision</b>	VSP 3 Plus P	\$12.18	S: 11	VSP 3 Plus P	\$ 12.18
Plan Year:	Jul-Jun	\$26.15	2P: 14	Jul-Jun	\$ 26.15
		\$39.34	F: 27		\$ 39.34
<b>Life Insurance</b>					
Volume:	Volume As Enrolled			Volume As Enrolled	
Total Volume:	\$2,542,000		52	\$2,592,000	
Rate/\$1,000:		\$0.14			\$ 0.14
Composite Rate:		\$6.98			\$ 6.98
<b>AD&amp;D Coverage</b>					
Volume:	Volume As Enrolled			Volume As Enrolled	
Total Volume:	\$2,542,000		52	\$2,592,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$1.50			\$ 1.50
Total Monthly Rate/Member - S		\$ 51.95			\$ 51.95
Total Monthly Rate/Member - 2P		\$ 94.98			\$ 94.98
Total Monthly Rate/Member - F		\$ 164.03			\$ 164.03

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Quote Request ID: 229526  
 MESSA Field Rep: Monica McKay  
 Date Created: 10/14/2020

Quoted Group(s): 271C - Support Staff

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 347407	
				Quoted Benefits	Rate w/ 1% Discount
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 1	Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	\$773.45 \$1,740.25 \$2,165.65
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	ABC Plan 1 (7V) \$1400/\$2800 0% \$0/\$0/\$0 \$0/\$0 ABC Rx HEQ	\$690.52 \$1,553.69 \$1,933.47
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	\$519.22 \$1,168.24 \$1,453.81
<b>Basic Term Life w/Med</b> Volume:			1	\$5,000	\$1.50

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**Quoted Group(s): 271C - Support Staff**

**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 347407	
				Quoted Benefits	Rate
<b>Dental</b>	06179-02				
Diag & Prev:	80%			80%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$29.36	S: 0	80%	\$ 29.36
Annual Max:	\$1000	\$60.70	2P: 0	\$1000	\$ 60.70
Orthodontics:	80%	\$120.45	F: 1	80%	\$120.45
Lifetime Max:	\$1300			\$1300	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jul-Jun			Jul-Jun	
<b>Life Insurance</b>					
Volume:	\$25,000			\$25,000	
Total Volume:	\$25,000		1	\$25,000	
Rate/\$1,000:		\$0.14			\$ 0.14
Composite Rate:		\$3.50			\$ 3.50
<b>AD&amp;D Coverage</b>					
Volume:	\$25,000			\$25,000	
Total Volume:	\$25,000		1	\$25,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.75			\$ 0.75
Total Monthly Rate/Member - S		\$ 33.61			\$ 33.61
Total Monthly Rate/Member - 2P		\$ 64.95			\$ 64.95
Total Monthly Rate/Member - F		\$ 124.70			\$ 124.70

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