

Quote Summary Exclusively for Almont Community Schools Rates Effective 01/01/2023 through 12/31/2023

Quote Request ID: 232216 MESSA Field Rep:

Tim Heir Date Created: 10/18/20

luoted Group(s): 322R - FT Support Staff

Medical plans

					Quote ID	351753
						Rate
			Cens	us		w/ 2%
escription	Current Benefits	Rate	Use	d	Quoted Benefits	Discount
'lan	Choices (3M)				Choices (3M)	
IN Deductible:	\$0				\$0	
IN Coinsurance:	0%	\$1,046.49	S:	1	0%	\$1,046.49
OL/OV/SV Copay:	\$5/\$5/\$5		2P:	0	\$5/\$5/\$5	\$2,354.59
UC/ER Copay:	\$10/\$25		F:	0	\$10/\$25	\$2,930.16
Rx Coverage:	\$10/\$20				\$10/\$20	***********
Riders:	None				None	
lan	ABC Plan 1 (7V)				ABC Plan 1 (7V)	
IN Deductible:	\$1400/\$2800				\$1500/\$3000	
IN Coinsurance:	0%	\$731.14	S:	0	0%	\$731.14
OL/OV/SV Copay:	\$0/\$0/\$0	*	2P:	0	\$0/\$0/\$0	\$1,645.07
UC/ER Copay:	\$0/\$0		F:	0	\$0/\$0	\$2,047.20
Rx Coverage:	ABC Rx				ABC Rx	
Riders:	HEQ				HEQ	
asic Term Life w/Med						
Volume:	\$5,000	\$1.50		1	\$5,000	\$1.50



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Incillary p	lans v	with	medical	- 1	member

Ancinary plans with medical - 1 member									
				Quote ID	351753				
lanauludi	0 15 5	-	Census		200.00				
escription	Current Benefits	Rate	Used	Quoted Benefits	Rate				
ental (All)*	00363-12								
Diag & Prev:	80%			80%					
Basic Services:	80% (X-Rays)	****	-	80% (X-Rays)					
Major Services:	80%	\$39.92	_		\$ 39.92				
Annual Max:	\$1000		2P: 0	(*D-100100115000	\$ 72.49				
Orthodontics:	80%		F: 0	80%	\$131.51				
Lifetime Max:	\$1500			\$1500					
Riders:	2 Cleanings			2 Cleanings					
Plan Year:	Jan-Dec			Jan-Dec					
'ision (All)*	VSP 3	\$6.53	1000	VSP 3	\$ 6.53				
Plan Year:	Jan-Dec		2P: 0	Jan-Dec	\$ 14.01				
The December 2			F: 0		\$ 21.07				
ife Insurance									
Volume:	\$25,000			\$25,000					
Total Volume:	\$25,000		1	\$25,000					
Rate/\$1,000:		\$0.30			\$ 0.30				
Composite Rate:		\$7.50			\$ 7.50				
D&D Coverage				2					
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				
TD Benefit (All)*				8					
Benefit:	50% Max \$2,000			50% Max \$2,000					
Max. Monthly Salary:	\$4,000			\$4,000					
Waiting Period:	120 CDMF			120 CDMF					
Alcohol/Drug:	2 Year Limitation			2 Year Limitation	1				
Mental/Nervous:	2 Year Limitation			2 Year Limitation	4				
Soc. Sec. Offset:	Family			Family					
Own-Occupation:	2 years			2 years					
Pre-Exist Condition:	Waived			Waived					
COLA:	No			No					
SS Freeze:	Yes			Yes					
Volume:	\$2,465		2	\$2,465					
Rate/\$100:		\$0.77			\$ 0.77				
Composite Rate:		\$9.49			\$ 9.49				
otal Monthly Rate/Memb		\$ 64.19			\$ 64.19		-		
otal Monthly Rate/Memb		\$ 17.74			\$ 104.24				
otal Monthly Rate/Memb	er - F	\$ 17.74			\$ 170.32				

Indicates total ancillary plan enrollment and volume for quoted group(s).

he above rates are based on plans and enrollment as of 10/14/2022. Material changes in the composition of the group such as number of enrollees, definable roup, eligibility requirements or plans offered may affect the final rates.

you have any questions, please contact your MESSA Field Representative, Tim Heim, at 800.292.4910.



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luoted Group(s): 322R - FT Support Staff

Ancillary	/ plans	without	medical	- 1	member

Ancillary plan	s without med	uical - 1	mem			
				Quote ID	351753	
			Census			
escription	Current Benefits	Rate	Used	Quoted Benefits	Rate	
ental (All)*	00363-12			Name of the last o		
Diag & Prev:	80%			80%		
Basic Services:	80% (X-Rays)	****		80% (X-Rays)		
Major Services:	80%	\$39.92	S: 2		\$ 39.92	
Annual Max:	\$1000		2P: 0		\$ 72.49	
Orthodontics:	80%		F: 0	80%	\$131.51	
Lifetime Max:	\$1500			\$1500		
Riders:	2 Cleanings			2 Cleanings		
Plan Year:	Jan-Dec			Jan-Dec		
'ision (All)*	VSP 3	\$6.53	S: 2	25.2200-5 300	\$ 6.53	
Plan Year:	Jan-Dec		2P: 0	Jan-Dec	\$ 14.01	
17. 1.			F: 0		\$ 21.07	
ife Insurance						
Volume:	\$30,000			\$30,000		
Total Volume:	\$30,000		1	\$30,000	55mm 1 mg/1 - 57m mr	
Rate/\$1,000:		\$0.30			\$ 0.30	
Composite Rate:		\$9.00			\$ 9.00	
D&D Coverage	***					
Volume:	\$30,000			\$30,000		
Total Volume:	\$30,000		1	\$30,000	W	
Rate/\$1,000:		\$0.03			\$ 0.03	
Composite Rate:		\$0.90			\$ 0.90	
.TD Benefit (All)* Benefit:	500/ Mary #0 000					
	50% Max \$2,000			50% Max \$2,000		
Max. Monthly Salary: Waiting Period:	\$4,000 120 CDMF			\$4,000		
Alcohol/Drug:	2 Year Limitation			120 CDMF	1	
Mental/Nervous:	2 Year Limitation			2 Year Limitation		
Soc. Sec. Offset:	Family			2 Year Limitation		
Own-Occupation:	150			Family		
Pre-Exist Condition:	2 years Waived			2 years		
COLA:	No			Waived		
SS Freeze:	Yes			No		
Volume:	9 50000		_	Yes		
Rate/\$100:	\$2,465	60.77	2	\$2,465		
O SECURIORISM RESIDENCE		\$0.77			\$ 0.77	
Composite Rate:		\$9.49			\$ 9.49	
otal Monthly Rate/Memb		\$ 65.84			\$ 65.84	
otal Monthly Rate/Memb		\$ 19.39			\$ 105.89	
otal Monthly Rate/Memb	ei - F	\$ 19.39			\$ 171.97	

Indicates total ancillary plan enrollment and volume for quoted group(s).

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you have any questions, please contact your MESSA Field Representative, Tim Heim, at 800.292.4910.



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Quote Request ID: MESSA Field Rep:

Date Created:

232217 Tim Heir 10/18/20

luoted Group(s): 322A - PT Support Staff

Medical plans

neuleal plans								
					Quote ID	351751		
						Rate		
			Cens	us		w/ 1%		
escription	Current Benefits	Rate	Use	d	Quoted Benefits	Discount	N. C.	
lan	Choices (3M)				Choices (3M)			
IN Deductible:	\$0				\$0			
IN Coinsurance:	0%	\$1,057.16	S:	0	0%	\$1,057.16		
OL/OV/SV Copay:	\$5/\$5/\$5		2P:	0	\$5/\$5/\$5	\$2,378.62		
UC/ER Copay:	\$10/\$25		F:	0	\$10/\$25	\$2,960.06		1
Rx Coverage:	\$10/\$20				\$10/\$20			
Riders:	None				None			
'lan	ABC Plan 1 (7V)				ABC Plan 1 (7V)			
IN Deductible:	\$1400/\$2800				\$1500/\$3000			
IN Coinsurance:	0%	\$738.60	S:	0	0%	\$738.60		
OL/OV/SV Copay:	\$0/\$0/\$0		2P:	0	\$0/\$0/\$0	\$1,661.85		
UC/ER Copay:	\$0/\$0		F:	0	\$0/\$0	\$2,068.09		
Rx Coverage:	ABC Rx				ABC Rx	***************************************		
Riders:	HEQ				HEQ			
asic Term Life w/Med								
Volume:	\$5,000	\$1.50		0	\$5,000	\$1.50		

four 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 naximize your discount.



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Date Created: 10/18/20

luoted Group(s): 322A - PT Support Staff

Ancillary	plans	with	medical	- 0	members

				Quote ID	35175		
escription	Current Benefits	Rate	Census Used	Quoted Benefits		Rate	te
ife Insurance							
Volume:	\$15,000			\$15,000			
Total Volume:			0	\$0			
Rate/\$1,000:		\$0.30		8	5	0.3	0.30
Composite Rate:		\$4.50			5		
D&D Coverage							
Volume:	\$15,000			\$15,000			
Total Volume:			0	\$0			
Rate/\$1,000:		\$0.03			\$	0.0	0.03
Composite Rate:		\$0.45			\$		MATTER STATE OF THE STATE OF TH
.TD Benefit (All)*							
Benefit:	50% Max \$2,000			50% Max \$2,000			
Max. Monthly Salary:	\$4,000			\$4,000			
Waiting Period:	120 CDMF			120 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	i		No			
SS Freeze:	Yes			Yes			
Volume:	\$4,656		4	\$4,656			
Rate/\$100:		\$0.83		1	\$	0.83	.83
Composite Rate:		\$9.66			\$	9.66	9.8
otal Monthly Rate/Memb		\$ 14.61			\$	14.6	.61
otal Monthly Rate/Memb	er - 2P	\$ 14.61			\$	14.6	
otal Monthly Rate/Memb	er - F	\$ 14.61			\$	14.6	



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ective 01/01/2023 through 12/31/2023 Date Created:

luoted Group(s): 322A - PT Support Staff

Incillary	plans	without	medical	- 4	members	

					Quote ID	351751	ĺ	
				Census				
escription	Current Benefits	F	Rate	Used	Quoted Benefits		Rate	
ife Insurance								
Volume:	\$20,000				\$20,000			
Total Volume:	\$80,000			4	\$80,000			
Rate/\$1,000:			\$0.30			\$	0.30	
Composite Rate:			\$6.00			\$		
D&D Coverage								
Volume:	\$20,000				\$20,000			
Total Volume:	\$80,000			4	\$80,000			
Rate/\$1,000:		9	\$0.03			\$	0.03	3
Composite Rate:		Vi	\$0.60			\$		
.TD Benefit (All)*								
Benefit:	50% Max \$2,000				50% Max \$2,000			
Max. Monthly Salary:	\$4,000				\$4,000			
Waiting Period:	120 CDMF				120 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:	\$4,656		- 1	4	\$4,656			
Rate/\$100:		,	\$0.83			\$	0.83	
Composite Rate:			\$9.66			\$	9.66	
otal Monthly Rate/Member	er - S	\$	16.26			\$	16.26	
otal Monthly Rate/Member	er - 2P	\$	16.26			\$	16.26	3
otal Monthly Rate/Member	er - F	\$	16.26			\$	16.26	3