



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

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

Quote Request ID: 232216
MESSA Field Rep: Tim Heim
Date Created: 10/18/2022

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

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 351753		
				Quoted Benefits	Rate w/ 2% Discount	
Plan	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		
Plan	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		
Basic Term Life w/Med						
Volume:	\$5,000	\$1.50	1	\$5,000	\$1.50	

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

Ancillary plans with medical - 1 member

Description	Current Benefits	Rate	Census Used	Quote ID 351753	
				Quoted Benefits	Rate
Dental (All)*	00363-12				
Diag & Prev:	80%			80%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$39.92	S: 2	80%	\$ 39.92
Annual Max:	\$1000		2P: 0	\$1000	\$ 72.49
Orthodontics:	80%		F: 0	80%	\$131.51
Lifetime Max:	\$1500			\$1500	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision (All)*	VSP 3	\$6.53	S: 2	VSP 3	\$ 6.53
Plan Year:	Jan-Dec		2P: 0	Jan-Dec	\$ 14.01
			F: 0		\$ 21.07
Life 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					
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
STD 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:	\$2,465		2	\$2,465	
Rate/\$100:		\$0.77			\$ 0.77
Composite Rate:		\$9.49			\$ 9.49
Total Monthly Rate/Member - S		\$ 64.19			\$ 64.19
Total Monthly Rate/Member - 2P		\$ 17.74			\$ 104.24
Total Monthly Rate/Member - F		\$ 17.74			\$ 170.32

Indicates total ancillary plan enrollment and volume for quoted group(s).
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Quoted Group(s): 322R - FT Support Staff

Ancillary plans without medical - 1 member

Description	Current Benefits	Rate	Census Used	Quote ID 351753		
				Quoted Benefits	Rate	
Dental (All)*	00363-12					
Diag & Prev:	80%			80%		
Basic Services:	80% (X-Rays)			80% (X-Rays)		
Major Services:	80%	\$39.92	S: 2	80%	\$ 39.92	
Annual Max:	\$1000		2P: 0	\$1000	\$ 72.49	
Orthodontics:	80%		F: 0	80%	\$131.51	
Lifetime Max:	\$1500			\$1500		
Riders:	2 Cleanings			2 Cleanings		
Plan Year:	Jan-Dec			Jan-Dec		
Vision (All)*	VSP 3	\$6.53	S: 2	VSP 3	\$ 6.53	
Plan Year:	Jan-Dec		2P: 0	Jan-Dec	\$ 14.01	
			F: 0		\$ 21.07	
Life Insurance						
Volume:	\$30,000			\$30,000		
Total Volume:	\$30,000		1	\$30,000		
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		
Rate/\$1,000:	\$0.03				\$ 0.03	
Composite Rate:	\$0.90				\$ 0.90	
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:	\$2,465		2	\$2,465		
Rate/\$100:	\$0.77				\$ 0.77	
Composite Rate:	\$9.49				\$ 9.49	
Total Monthly Rate/Member - S	\$ 65.84			\$ 65.84		
Total Monthly Rate/Member - 2P	\$ 19.39			\$ 105.89		
Total Monthly Rate/Member - F	\$ 19.39			\$ 171.97		

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Quote Request ID: 232217
MESSA Field Rep: Tim Heim
Date Created: 10/18/2022

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

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 351751			
				Quoted Benefits	Rate w/ 1% Discount		
Plan	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		
Rx Coverage:	\$10/\$20			\$10/\$20			
Riders:	None			None			
Plan	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			
Basic Term Life w/Med							
Volume:	\$5,000	\$1.50	0	\$5,000	\$1.50		

Our 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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Quoted Group(s): 322A - PT Support Staff

Ancillary plans with medical - 0 members

Description	Current Benefits	Rate	Census Used	Quote ID 351751			
				Quoted Benefits	Rate		
Life Insurance							
Volume:	\$15,000			\$15,000			
Total Volume:			0	\$0			
Rate/\$1,000:		\$0.30			\$ 0.30		
Composite Rate:		\$4.50			\$ 4.50		
D&D Coverage							
Volume:	\$15,000			\$15,000			
Total Volume:			0	\$0			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$0.45			\$ 0.45		
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		4	\$4,656			
Rate/\$100:		\$0.83			\$ 0.83		
Composite Rate:		\$9.66			\$ 9.66		
Total Monthly Rate/Member - S		\$ 14.61			\$ 14.61		
Total Monthly Rate/Member - 2P		\$ 14.61			\$ 14.61		
Total Monthly Rate/Member - F		\$ 14.61			\$ 14.61		

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

Ancillary plans without medical - 4 members

Description	Current Benefits	Rate	Census Used	Quote ID 351751			
				Quoted Benefits	Rate		
Life Insurance							
Volume:	\$20,000		4	\$20,000			
Total Volume:	\$80,000			\$80,000			
Rate/\$1,000:		\$0.30			\$ 0.30		
Composite Rate:		\$6.00			\$ 6.00		
D&D Coverage							
Volume:	\$20,000		4	\$20,000			
Total Volume:	\$80,000			\$80,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$0.60			\$ 0.60		
TD Benefit (All)*							
Benefit:	50% Max \$2,000		4	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			\$4,656			
Rate/\$100:		\$0.83			\$ 0.83		
Composite Rate:		\$9.66			\$ 9.66		
Total Monthly Rate/Member - S		\$ 16.26			\$ 16.26		
Total Monthly Rate/Member - 2P		\$ 16.26			\$ 16.26		
Total Monthly Rate/Member - F		\$ 16.26			\$ 16.26		

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