

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

Quote Summary Exclusively for White Cloud Public Schools Rates Effective 01/01/2022 through 12/31/2022

Quote Request ID: 230945 MESSA Field Rep: **Grace Benedict** Date Created: 10/20/2021

Quoted Group(s): 264A - Teachers

Medical plans

•					Quote ID 349714		
					Rate		
			Cens	sus		w/ 2%	
Description	Current Benefits	Rate	Use	ed	Quoted Benefits	Discount	
Plan	ABC Plan 1 (7V)				ABC Plan 1 (7V)		
IN Deductible:	\$1400/\$2800				\$1400/\$2800		
IN Coinsurance:	0%	\$777.65	S:	10	0%	\$777.65	
OL/OV/SV Copay:	\$0/\$0/\$0	\$1,749.70	2P:	3	\$0/\$0/\$0	\$1,749.70	
UC/ER Copay:	\$0/\$0	\$2,177.41	F:	10	\$0/\$0	\$2,177.41	
Rx Coverage:	ABC Rx				ABC Rx		
Riders:	HEQ				HEQ		
Plan	ABC Plan 2 (9G)				ABC Plan 2 (9G)		
IN Deductible:	\$2000/\$4000				\$2000/\$4000		
IN Coinsurance:	10%	\$679.67	S:	3	10%	\$679.67	
OL/OV/SV Copay:	\$0/\$0/\$0	\$1,529.26	2P:	2	\$0/\$0/\$0	\$1,529.26	
UC/ER Copay:	\$0/\$0	\$1,903.08	F:	7	\$0/\$0	\$1,903.08	
Rx Coverage:	ABC Rx				ABC Rx		
Riders:	HEQ				HEQ		
Plan	Essentials by MESSA	(EA)			Essentials by MESSA	(EA)	
IN Deductible:	\$375/\$750				\$375/\$750		
IN Coinsurance:	20%	\$590.63	S:	1	20%	\$590.63	
OL/OV/SV Copay:	\$10/\$25/\$50	\$1,328.91	2P:	5	\$10/\$25/\$50	\$1,328.91	
UC/ER Copay:	\$50/\$200	\$1,653.76	F:	1	\$50/\$200	\$1,653.76	
Rx Coverage:	EbM				EbM		
Riders:	None				None		
Basic Term Life w/Med							
Volume:	\$5.000	\$1.50		42	\$5.000	\$1.50	



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Quoted Group(s): 264A - Teachers

Total Monthly Rate/Member - 2P

Total Monthly Rate/Member - F

Ancillary plans with medical - 42 members

Dental (AII)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year: Vision (AII)* Volume: Total Volume: Rate/\$1,000:	00909-03 30% 30% (X-Rays) 30% \$3 51500 \$5 30% \$11	30.69	Cens Use		Quote ID 3497		late	
Dental (AII)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year: Vision (AII)* Volume: Total Volume: Rate/\$1,000:	00909-03 30% 30% (X-Rays) 30% \$3 51500 \$5 30% \$11	30.69			Quoted Benefits	R	ate	
Dental (AII)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year: Vision (AII)* Volume: Total Volume: Rate/\$1,000:	00909-03 30% 30% (X-Rays) 30% \$3 51500 \$5 30% \$11	30.69			Quoted Benefits	R	ate	
Dental (AII)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year: Vision (AII)* Volume: Total Volume: Rate/\$1,000:	00909-03 30% 30% (X-Rays) 30% \$3 51500 \$5 30% \$11	30.69	Use	ed	Quoted Benefits	R	late	
Diag & Prev: 84 Basic Services: 86 Major Services: 86 Annual Max: \$ Orthodontics: 86 Lifetime Max: \$ Riders: 2 Plan Year: Ju Vision (All)* Plan Year: Ju Life Insurance (All)* Volume: \$ Total Volume: \$ Rate/\$1,000:	30% 30% (X-Rays) 30% \$3 51500 \$5 30% \$11							
Basic Services: 88 Major Services: 88 Annual Max: \$ Orthodontics: 88 Lifetime Max: \$ Riders: 2 Plan Year: Ju Vision (All)* V Plan Year: Ju Life Insurance (All)* Volume: \$ Total Volume: \$ Rate/\$1,000:	30% (X-Rays) 30% \$3 51500 \$5 30% \$11							
Major Services: 88 Annual Max: \$ Orthodontics: 88 Lifetime Max: \$ Riders: 2 Plan Year: Ju Vision (All)* V Plan Year: Ju Life Insurance (All)* Volume: \$ Total Volume: \$ Rate/\$1,000:	80% \$3 61500 \$5 80% \$11 62100				100%			
Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year: Vision (All)* Plan Year: Life Insurance (All)* Volume: Total Volume: Rate/\$1,000:	\$1500 \$5 80% \$11 \$2100				80% (X-Rays)			
Orthodontics: 88 Lifetime Max: \$; Riders: 2 Plan Year: Ju Vision (All)* V Plan Year: Ju Life Insurance (All)* Volume: \$; Total Volume: \$; Rate/\$1,000:	30% \$11 \$2100	TO 04	S:	15	80%		32.56	
Lifetime Max: \$; Riders: 2 Plan Year: Ju Vision (All)* V Plan Year: Ju Life Insurance (All)* Volume: \$; Total Volume: \$; Rate/\$1,000:	\$2100	58.91	2P:	12	<i>\$1500</i>		62.81	
Riders: 2 Plan Year: Ju Vision (All)* V Plan Year: Ju Life Insurance (All)* Volume: \$ Total Volume: \$ Rate/\$1,000:		18.68	F:	25	80%	\$1	24.34	
Plan Year: Ju Vision (All)* V Plan Year: Ju Life Insurance (All)* Volume: \$ Total Volume: \$ Rate/\$1,000:					\$2100			
Vision (AII)* Plan Year: Life Insurance (AII)* Volume: Total Volume: Rate/\$1,000:	2 Cleanings				2 Cleanings			
Plan Year: Ju Life Insurance (All)* Volume: \$: Total Volume: \$: Rate/\$1,000:	Jul-Jun				Jul-Jun			
Life Insurance (AII)* Volume: Total Volume: Rate/\$1,000:	/SP 3	\$7.22	S:	14	MESSA Vision Preferred	\$	6.82	
Volume: \$: Total Volume: \$: Rate/\$1,000:	Jul-Jun \$1	15.49	2P:	12	Jan-Dec	\$	14.64	
Volume: \$: Total Volume: \$: Rate/\$1,000:	\$2	23.30	F:	26		\$	22.03	
Total Volume: \$ Rate/\$1,000:								
Rate/\$1,000:	\$20,000				\$20,000			
' '	\$1,040,000			52	\$1,040,000			
	\$	\$0.14				\$	0.14	
Composite Rate:	5	\$2.80				\$	2.80	
AD&D Coverage (All)*								
Volume: \$2	\$20,000				\$20,000			
Total Volume: \$	\$1,040,000			52	\$1,040,000			
Rate/\$1,000:	\$	\$0.03				\$	0.03	
Composite Rate:	5	\$0.60				\$	0.60	
LTD Benefit (All)*								
Benefit: 60	60% Max \$5,000				60% Max \$5,000			
Max. Monthly Salary: \$8	88,333				\$8,333			
	00 CDMF				90 CDMF			
Alcohol/Drug: S	Same as any other illness				Same as any other illness			
Mental/Nervous: S	Same as any other illness				Same as any other illness			
	Primary				Primary			
	years				2 years			
	-				Waived			
COLA: N	No				No			
				52				
		\$0.37			· -/	\$	0.37	
						•		
Total Monthly Rate/Member	\$1	17.44				\$	17.44	
Pre-Exist Condition: W COLA: N SS Freeze: Y Volume: \$2 Rate/\$100: Composite Rate:	Vaived No ∕es 6245,071	\$0.37		52	Waived	•	0.37	

98.29

\$ 167.21

\$ 95.24

\$ 162.82

^{*} Indicates total ancillary plan enrollment and volume for quoted group(s).



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Date Created: 10/20/2021

Quoted Group(s): 264A - Teachers

Ancillary plans without medical - 10 members

7 thomas y plant			<u> </u>	J.11	Quote ID 3497	11		
					Quote ID 3491	14		
			Cens					
Description	Current Benefits R	Rate	Use		Quoted Benefits	R	ate	
Dental (All)*	00909-04	iuio		<i></i>	Quotou Bononto		4.0	
Diag & Prev:	80%				100%			
Basic Services:	80% (X-Rays)				80% (X-Rays)			
Major Services:	1	28.23	S:	15	80%	\$	32.56	
Annual Max:	*	53.61	2P:	12	\$1500		62.81	
Orthodontics:		09.18	F:	25	80%		24.34	
Lifetime Max:	\$2100				\$2100			
Riders:	2 Cleanings				2 Cleanings			
Plan Year:	Jul-Jun				Jul-Jun			
Vision (All)*		\$7.22	S:	14	MESSA Vision Preferred	\$	6.82	
Plan Year:	Jul-Jun \$	15.49	2P:	12	Jan-Dec	\$	14.64	
		23.30	F:	26		\$	22.03	
Life Insurance (All)*								
Volume:	\$20,000				\$20,000			
Total Volume:	\$1,040,000			52	\$1,040,000			
Rate/\$1,000:	!	\$0.14				\$	0.14	
Composite Rate:		\$2.80				\$	2.80	
AD&D Coverage (All)*								
Volume:	\$20,000				\$20,000			
Total Volume:	\$1,040,000			52	\$1,040,000			
Rate/\$1,000:	:	\$0.03				\$	0.03	
Composite Rate:	:	\$0.60				\$	0.60	
LTD Benefit (All)*								
Benefit:	60% Max \$5,000				60% Max \$5,000			
Max. Monthly Salary:	\$8,333				\$8,333			
Waiting Period:	90 CDMF				90 CDMF			
Alcohol/Drug:	Same as any other illness				Same as any other illness			
Mental/Nervous:	Same as any other illness				Same as any other illness			
Soc. Sec. Offset:	Primary				Primary			
Own-Occupation:	2 years				2 years			
Pre-Exist Condition:	Waived				Waived			
COLA:	No				No			
SS Freeze:	Yes				Yes			
Volume:	\$245,071			52	\$245,071			
Rate/\$100:		\$0.37				\$	0.37	
Composite Rate:		17.44					17.44	
Total Monthly Rate/Memb	per - S \$	56.29			;	\$	60.22	

98.29

\$ 167.21

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

\$ 89.94

\$ 153.32

Total Monthly Rate/Member - 2P

Total Monthly Rate/Member - F

The above rates are based on plans and enrollment as of 10/15/2021. 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.