



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

**Quote Summary Exclusively for  
 White Cloud Public Schools  
 Rates Effective 01/01/2024 through 12/31/2024**

Quote Request ID: 233253  
 MESSA Field Rep: Jacqueline Mast  
 Date Created: 09/11/2023

**Quoted Group(s): 264A - Teachers**

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 353644	
				Quoted Benefits	Rate w/ 2% Discount
<b>Plan</b> ABC Plan 1 (7V) IN Deductible: \$1500/\$3000 IN Coinsurance: 0% OV/SV Copay: \$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: ABC Rx Riders: HEQ		\$884.17	S: 9 2P: 4 F: 9	ABC Plan 1 (7V) \$1600/\$3200 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	\$884.17 \$1,989.38 \$2,475.68
<b>Plan</b> ABC Plan 2 (9G) IN Deductible: \$2000/\$4000 IN Coinsurance: 10% OV/SV Copay: \$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: ABC Rx Riders: HEQ		\$772.78	S: 2 2P: 1 F: 9	ABC Plan 2 (9G) \$2000/\$4000 10% \$0/\$0 \$0/\$0 ABC Rx HEQ	\$772.78 \$1,738.74 \$2,163.76
<b>Plan</b> Essentials by MESSA (EA) IN Deductible: \$375/\$750 IN Coinsurance: 20% OV/SV Copay: \$25/\$50 UC/ER Copay: \$50/\$200 Rx Coverage: EbM Riders: None		\$671.53	S: 5 2P: 2 F: 2	Essentials by MESSA (EA) \$375/\$750 20% \$25/\$50 \$50/\$200 EbM None	\$671.53 \$1,510.95 \$1,880.30
<b>Plan</b> IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>Balance+ (ED)</i> \$1600/\$3200 20% \$25/\$50 \$50/\$200 <i>Balance+Rx</i> HEQ	\$751.54 \$1,690.96 \$2,104.30
<b>Basic Term Life w/Med</b> Volume:	\$5,000	\$1.50	43	\$5,000	\$1.50

**The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.**

*The above rates are based on plans and enrollment as of 08/15/2023. 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, Jacqueline Mast, at 800.292.4910.**



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**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 353644	
				Quoted Benefits	Rate
<b>Dental</b>	00909-18				
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$33.24	S: 18	80%	\$ 33.24
Annual Max:	\$1500	\$64.13	2P: 9	\$1500	\$ 64.13
Orthodontics:	80%	\$126.96	F: 27	80%	\$126.96
Lifetime Max:	\$2100			\$2100	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
<b>Vision</b>	MESSA Vision Preferred	\$6.17	S: 17	MESSA Vision Preferred	\$ 6.17
Plan Year:	Jan-Dec	\$13.23	2P: 10	Jan-Dec	\$ 13.23
		\$19.92	F: 27		\$ 19.92
<b>Life Insurance</b>					
Volume:	\$20,000			\$20,000	
Total Volume:	\$1,080,000		54	\$1,080,000	
Rate/\$1,000:		\$0.13			\$ 0.13
Composite Rate:		\$2.60			\$ 2.60
<b>AD&amp;D Coverage</b>					
Volume:	\$20,000			\$20,000	
Total Volume:	\$1,080,000		54	\$1,080,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.60			\$ 0.60
<b>LTD Benefit</b>					
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:	\$258,100		54	\$258,100	
Rate/\$100:		\$0.37			\$ 0.37
Composite Rate:		\$17.68			\$ 17.68
<b>Total Monthly Rate/Member - S</b>		\$ 60.29			\$ 60.29
<b>Total Monthly Rate/Member - 2P</b>		\$ 98.24			\$ 98.24
<b>Total Monthly Rate/Member - F</b>		\$ 167.76			\$ 167.76

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