



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

**Quote Summary Exclusively for
 Kalkaska Public Schools
 Rates Effective 01/01/2025 through 12/31/2025**

Quote Request ID: 236126
 MESSA Field Rep: Viola Collin
 Date Created: 10/25/2024

Quoted Group(s): 635C - Support Staff

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 357466	
				Quoted Benefits	Rate w/ 2% Discount
Plan	Choices (6M)			Choices (GL)	
IN Deductible:	\$100/\$200			\$300/\$600	
IN Coinsurance:	0%	\$898.78	S: 1	0%	\$762.27
TH:24-7/MH/PC Copay:	\$20/\$20/\$20	\$2,022.26	2P: 0	\$20/\$20/\$20	\$1,715.11
OV/SV/UC/ER Copay:	\$20/\$20/\$25/\$50	\$2,516.58	F: 0	\$20/\$20/\$25/\$50	\$2,134.36
Rx Coverage:	Saver Rx			5Tier	
Riders:	None			EA1	
Plan	ABC Plan 1 (7V)			ABC Plan 1 (EV)	
IN Deductible:	\$1600/\$3200			\$1650/\$3300	
IN Coinsurance:	0%	\$704.94	S: 7	0%	\$634.45
TH:24-7/MH/PC Copay:	\$0/\$0/\$0	\$1,586.13	2P: 7	\$0/\$0/\$0	\$1,427.52
OV/SV/UC/ER Copay:	\$0/\$0/\$0/\$0	\$1,973.84	F: 11	\$0/\$0/\$0/\$0	\$1,776.47
Rx Coverage:	ABC Rx			5Tier	
Riders:	HEQ			EA1, HEQ	
Plan	Not Included in Benefit Package			Balance+ (EF)	
IN Deductible:				\$1650/\$3300	
IN Coinsurance:			S: 0	20%	\$580.65
TH:24-7/MH/PC Copay:			2P: 0	\$10/\$10/\$25	\$1,306.45
OV/SV/UC/ER Copay:			F: 0	\$25/\$50/\$50/\$200	\$1,625.81
Rx Coverage:				Balance+Rx	
Riders:				EA1, HEQ	
Basic Term Life w/Med					
Volume:	\$5,000	\$1.50	26	\$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.

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Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 357466	
				Quoted Benefits	Rate
Dental	06097-15				
Diag & Prev:	100% (X-Rays)			100% (X-Rays)	
Basic Services:	70%			70%	
Major Services:	50%	\$33.63	S: 9	50%	\$ 33.63
Annual Max:	\$1000	\$62.56	2P: 11	\$1000	\$ 62.56
Orthodontics:	50%	\$130.33	F: 21	50%	\$130.33
Lifetime Max:	\$1500			\$1500	
Riders:	2 Cleanings, Sealants			2 Cleanings, Sealants	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 2	\$4.87	S: 9	VSP 2	\$ 4.87
Plan Year:	Jan-Dec	\$10.44	2P: 11	Jan-Dec	\$ 10.44
		\$15.73	F: 21		\$ 15.73
Life Insurance					
Volume:	\$25,000			\$25,000	
Total Volume:	\$1,025,000		41	\$1,025,000	
Rate/\$1,000:		\$0.12			\$ 0.12
Composite Rate:		\$3.00			\$ 3.00
AD&D Coverage					
Volume:	\$25,000			\$25,000	
Total Volume:	\$1,025,000		41	\$1,025,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.75			\$ 0.75
LTD Benefit					
Benefit:	66 2/3% Max \$2,500			66 2/3% Max \$2,500	
Max. Monthly Salary:	\$3,750			\$3,750	
Waiting Period:	90 CDMF			90 CDMF	
Alcohol/Drug:	2 Year Limitation			2 Year Limitation	
Mental/Nervous:	Same as any other illness			Same as any other illness	
Soc. Sec. Offset:	Family			Family	
Own-Occupation:	2 years			2 years	
Pre-Exist Condition:	Waived			Waived	
COLA:	No			No	
SS Freeze:	Yes			Yes	
Volume:	\$66,543		41	\$66,543	
Rate/\$100:		\$1.17			\$ 1.17
Composite Rate:		\$18.99			\$ 18.99
Total Monthly Rate/Member - S		\$ 61.24			\$ 61.24
Total Monthly Rate/Member - 2P		\$ 95.74			\$ 95.74
Total Monthly Rate/Member - F		\$ 168.80			\$ 168.80

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**Quote Summary Exclusively for
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 Rates Effective 01/01/2025 through 12/31/2025**

Quote Request ID: 236149
 MESSA Field Rep: Viola Collin
 Date Created: 10/28/2024

Quoted Group(s): 635D - Teachers

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 357467	
				Quoted Benefits	Rate w/ 2% Discount
Plan	Choices (6M)			Choices (GL)	
IN Deductible:	\$100/\$200			\$300/\$600	
IN Coinsurance:	0%	\$898.78	S: 1	0%	\$762.27
TH:24-7/MH/PC Copay:	\$20/\$20/\$20	\$2,022.26	2P: 0	\$20/\$20/\$20	\$1,715.11
OV/SV/UC/ER Copay:	\$20/\$20/\$25/\$50	\$2,516.58	F: 0	\$20/\$20/\$25/\$50	\$2,134.36
Rx Coverage:	Saver Rx			5Tier	
Riders:	None			EA1	
Plan	ABC Plan 1 (7V)			ABC Plan 1 (EV)	
IN Deductible:	\$1600/\$3200			\$1650/\$3300	
IN Coinsurance:	0%	\$704.94	S: 13	0%	\$634.45
TH:24-7/MH/PC Copay:	\$0/\$0/\$0	\$1,586.13	2P: 12	\$0/\$0/\$0	\$1,427.52
OV/SV/UC/ER Copay:	\$0/\$0/\$0/\$0	\$1,973.84	F: 40	\$0/\$0/\$0/\$0	\$1,776.47
Rx Coverage:	ABC Rx			5Tier	
Riders:	HEQ			EA1, HEQ	
Plan	Not Included in Benefit Package			Balance+ (EF)	
IN Deductible:				\$1650/\$3300	
IN Coinsurance:			S: 0	20%	\$580.65
TH:24-7/MH/PC Copay:			2P: 0	\$10/\$10/\$25	\$1,306.45
OV/SV/UC/ER Copay:			F: 0	\$25/\$50/\$50/\$200	\$1,625.81
Rx Coverage:				Balance+Rx	
Riders:				EA1, HEQ	
Basic Term Life w/Med					
Volume:	\$5,000	\$1.50	66	\$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.

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 Date Created: 10/28/2024

Quoted Group(s): 635D - Teachers

Ancillary plans

Description	Current Benefits		Census Used	Quote ID 357467	
	Rate			Quoted Benefits	Rate
Dental	06097-16				
Diag & Prev:	100%			100%	
Basic Services:	100% (X-Rays)			100% (X-Rays)	
Major Services:	90%	\$45.72	S: 16	90%	\$ 45.72
Annual Max:	\$1500	\$84.43	2P: 14	\$1500	\$ 84.43
Orthodontics:	75%	\$168.69	F: 49	75%	\$168.69
Lifetime Max:	\$1200			\$1200	
Riders:	2 Cleanings, Sealants			2 Cleanings, Sealants	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3 Plus P 250CL	\$9.32	S: 16	VSP 3 Plus P 250CL	\$ 9.32
Plan Year:	Jan-Dec	\$20.03	2P: 14	Jan-Dec	\$ 20.03
		\$30.11	F: 49		\$ 30.11
Life Insurance					
Volume:	\$40,000			\$40,000	
Total Volume:	\$3,160,000		79	\$3,160,000	
Rate/\$1,000:		\$0.12			\$ 0.12
Composite Rate:		\$4.80			\$ 4.80
AD&D Coverage					
Volume:	\$40,000			\$40,000	
Total Volume:	\$3,160,000		79	\$3,160,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$1.20			\$ 1.20
LTD Benefit					
Benefit:	66 2/3% Max \$4,000			66 2/3% Max \$4,500	
Max. Monthly Salary:	\$6,000			\$6,750	
Waiting Period:	90 CDMF			90 CDMF	
Alcohol/Drug:	2 Year Limitation			2 Year Limitation	
Mental/Nervous:	Same as any other illness			Same as any other illness	
Soc. Sec. Offset:	Family			Family	
Own-Occupation:	2 years			2 years	
Pre-Exist Condition:	Waived			Waived	
COLA:	No			No	
SS Freeze:	Yes			Yes	
Volume:	\$399,272		79	\$399,776	
Rate/\$100:		\$0.38			\$ 0.38
Composite Rate:		\$19.21			\$ 19.23

Total Monthly Rate/Member - S \$ 80.25 \$ 80.27
 Total Monthly Rate/Member - 2P \$ 129.67 \$ 129.69
 Total Monthly Rate/Member - F \$ 224.01 \$ 224.03

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**Quote Summary Exclusively for
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Quote Request ID: 236150
 MESSA Field Rep: Viola Collin
 Date Created: 10/28/2024

Quoted Group(s): 635M - Admin/NonUnionTeach/Secretary, 635N - Superintendent

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 357469	
				Quoted Benefits	Rate w/ 2% Discount
Plan	Choices (6M)			Choices (GL)	
IN Deductible:	\$100/\$200			\$300/\$600	
IN Coinsurance:	0%	\$898.78	S: 0	0%	\$762.27
TH:24-7/MH/PC Copay:	\$20/\$20/\$20	\$2,022.26	2P: 0	\$20/\$20/\$20	\$1,715.11
OV/SV/UC/ER Copay:	\$20/\$20/\$25/\$50	\$2,516.58	F: 0	\$20/\$20/\$25/\$50	\$2,134.36
Rx Coverage:	Saver Rx			5Tier	
Riders:	None			EA1	
Plan	ABC Plan 1 (7V)			ABC Plan 1 (EV)	
IN Deductible:	\$1600/\$3200			\$1650/\$3300	
IN Coinsurance:	0%	\$704.94	S: 0	0%	\$634.45
TH:24-7/MH/PC Copay:	\$0/\$0/\$0	\$1,586.13	2P: 0	\$0/\$0/\$0	\$1,427.52
OV/SV/UC/ER Copay:	\$0/\$0/\$0/\$0	\$1,973.84	F: 0	\$0/\$0/\$0/\$0	\$1,776.47
Rx Coverage:	ABC Rx			5Tier	
Riders:	HEQ			EA1, HEQ	
Plan	Not Included in Benefit Package			Balance+ (EF)	
IN Deductible:				\$1650/\$3300	
IN Coinsurance:			S: 0	20%	\$580.65
TH:24-7/MH/PC Copay:			2P: 0	\$10/\$10/\$25	\$1,306.45
OV/SV/UC/ER Copay:			F: 0	\$25/\$50/\$50/\$200	\$1,625.81
Rx Coverage:				Balance+Rx	
Riders:				EA1, HEQ	
Basic Term Life w/Med					
Volume:	\$5,000	\$1.50	0	\$5,000	\$1.50

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 Date Created: 10/28/2024

Quoted Group(s): 635M - Admin/NonUnionTeach/Secretary, 635N - Superintendent

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 357469	
				Quoted Benefits	Rate
Dental	06097-10, 12				
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	75%	\$41.52	S: 2	75%	\$ 41.52
Annual Max:	\$1500	\$77.05	2P: 9	\$1500	\$ 77.05
Orthodontics:	75%	\$153.94	F: 20	75%	\$153.94
Lifetime Max:	\$1500			\$1500	
Riders:	2 Cleanings, Sealants			2 Cleanings, Sealants	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3 Plus P 250CL	\$7.33	S: 2	VSP 3 Plus P 250CL	\$ 9.32
Plan Year:	Jan-Dec	\$15.72	2P: 9	Jan-Dec	\$ 20.03
		\$23.62	F: 20		\$ 30.11
Life Insurance					
Volume:	Volume As Enrolled			Volume As Enrolled	
Total Volume:	\$1,600,000		31	\$1,600,000	
Rate/\$1,000:		\$0.12			\$ 0.12
Composite Rate:		\$6.19			\$ 6.19
AD&D Coverage					
Volume:	Volume As Enrolled			Volume As Enrolled	
Total Volume:	\$1,600,000		31	\$1,600,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$1.55			\$ 1.55
LTD Benefit					
Benefit:	66 2/3% Max \$5,000			66 2/3% Max \$8,000	
Max. Monthly Salary:	\$7,500			\$12,000	
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:	Family			Family	
Own-Occupation:	2 years			2 years	
Pre-Exist Condition:	Waived			Waived	
COLA:	No			No	
SS Freeze:	Yes			Yes	
Volume:	\$125,301		31	\$131,343	
Rate/\$100:		\$0.67			\$ 0.67
Composite Rate:		\$27.08			\$ 28.39
Total Monthly Rate/Member - S		\$ 83.67			\$ 86.97
Total Monthly Rate/Member - 2P		\$ 127.59			\$ 133.21
Total Monthly Rate/Member - F		\$ 212.38			\$ 220.18

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