



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

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

Quote Request ID: 232025
MESSA Field Rep: Jacqueline Mast
Date Created: 09/28/2022

Quoted Group(s): 590D - Teacher

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 351528			
				Quoted Benefits	Rate w/ 2% Discount		
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (6P) \$200/\$400 0% \$10/\$10/\$10 \$25/\$50 Saver Rx None	 \$1,121.30 \$2,522.94 \$3,139.65	S: 2 2P: 3 F: 3	Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	 \$1,013.37 \$2,280.08 \$2,837.44		
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (7V) \$1400/\$2800 0% \$0/\$0/\$0 \$0/\$0 ABC Rx HEQ	 \$895.68 \$2,015.29 \$2,507.93	S: 2 2P: 8 F: 19	ABC Plan 1 (7V) \$1500/\$3000 0% \$0/\$0/\$0 \$0/\$0 ABC Rx HEQ	 \$895.68 \$2,015.29 \$2,507.93		
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	 \$680.28 \$1,530.62 \$1,904.79		
Basic Term Life w/Med Volume:	\$5,000	\$1.50	37	\$5,000	\$1.50		

The above rates are based on plans and enrollment as of 09/26/2022. 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.

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Quoted Group(s): 590D - Teacher

Ancillary plans with medical - 37 members

Description	Current Benefits	Rate	Census Used	Quote ID 351528			
				Quoted Benefits	Rate		
Dental (All)*	00321-04			80%			
Diag & Prev:	80%			80% (X-Rays)			
Basic Services:	80% (X-Rays)			80%	\$ 32.22		
Major Services:	80%	\$32.22	S: 9	\$1250	\$ 62.07		
Annual Max:	\$1250	\$62.07	2P: 12	80%	\$121.81		
Orthodontics:	80%	\$121.81	F: 30	\$2150			
Lifetime Max:	\$2150			2 Cleanings			
Riders:	2 Cleanings			Jan-Dec			
Plan Year:	Jan-Dec						
Vision (All)*	VSP 3	\$6.53	S: 9	VSP 3	\$ 6.53		
Plan Year:	Jan-Dec	\$14.01	2P: 12	Jan-Dec	\$ 14.01		
		\$21.07	F: 30		\$ 21.07		
Life Insurance							
Volume:	\$30,000			\$30,000			
Total Volume:	\$1,110,000		37	\$1,110,000			
Rate/\$1,000:		\$0.17			\$ 0.17		
Composite Rate:		\$5.10			\$ 5.10		
AD&D Coverage							
Volume:	\$30,000			\$30,000			
Total Volume:	\$1,110,000		37	\$1,110,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$0.90			\$ 0.90		
LTD Benefit (All)*							
Benefit:	66 2/3% Max \$5,000			66 2/3% Max \$5,000			
Max. Monthly Salary:	\$7,500			\$7,500			
Waiting Period:	90 CDMF			90 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:	\$268,288		51	\$268,288			
Rate/\$100:		\$0.43			\$ 0.43		
Composite Rate:		\$22.62			\$ 22.62		
Total Monthly Rate/Member - S		\$ 67.37		\$ 67.37			
Total Monthly Rate/Member - 2P		\$ 104.70		\$ 104.70			
Total Monthly Rate/Member - F		\$ 171.50		\$ 171.50			

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

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Quoted Group(s): 590D - Teacher

Ancillary plans without medical - 14 members

Description	Current Benefits	Rate	Census Used	Quote ID 351528		
				Quoted Benefits	Rate	
Dental (All)*	00321-04			80%		
Diag & Prev:	80%			80% (X-Rays)		
Basic Services:	80% (X-Rays)			80%	\$ 32.22	
Major Services:	80%	\$32.22	S: 9	\$1250	\$ 62.07	
Annual Max:	\$1250	\$62.07	2P: 12	80%	\$121.81	
Orthodontics:	80%	\$121.81	F: 30	\$2150		
Lifetime Max:	\$2150			2 Cleanings		
Riders:	2 Cleanings			Jan-Dec		
Plan Year:	Jan-Dec					
Vision (All)*	VSP 3	\$6.53	S: 9	VSP 3	\$ 6.53	
Plan Year:	Jan-Dec	\$14.01	2P: 12	Jan-Dec	\$ 14.01	
		\$21.07	F: 30		\$ 21.07	
Life Insurance						
Volume:	\$50,000			\$50,000		
Total Volume:	\$700,000		14	\$700,000		
Rate/\$1,000:		\$0.17			\$ 0.17	
Composite Rate:		\$8.50			\$ 8.50	
AD&D Coverage						
Volume:	\$50,000			\$50,000		
Total Volume:	\$700,000		14	\$700,000		
Rate/\$1,000:		\$0.03			\$ 0.03	
Composite Rate:		\$1.50			\$ 1.50	
LTD Benefit (All)*						
Benefit:	66 2/3% Max \$5,000			66 2/3% Max \$5,000		
Max. Monthly Salary:	\$7,500			\$7,500		
Waiting Period:	90 CDMF			90 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:	\$268,288		51	\$268,288		
Rate/\$100:		\$0.43			\$ 0.43	
Composite Rate:		\$22.62			\$ 22.62	
Total Monthly Rate/Member - S		\$ 71.37		\$ 71.37		
Total Monthly Rate/Member - 2P		\$ 108.70		\$ 108.70		
Total Monthly Rate/Member - F		\$ 175.50		\$ 175.50		

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