



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

**Quote Summary Exclusively for
 Hesperia Community Schools
 Rates Effective 01/01/2024 through 12/31/2024**

Quote Request ID: 233645
 MESSA Field Rep: Jacqui Mast
 Date Created: 09/22/2023

Quoted Group(s): 590D - Teacher

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 353855		Bi-Weekly Amount	Yearly Amount
				Quoted Benefits	Rate w/ 2% Discount		
Plan IN Deductible: \$500/\$1000 IN Coinsurance: 0% OV/SV Copay: \$20/\$20 UC/ER Copay: \$25/\$50 Rx Coverage: Saver Rx Riders: None		\$1,043.77	S: 3 2P: 0 F: 1	Choices (7F) \$500/\$1000 0% \$20/\$20 \$25/\$50 Saver Rx None	\$1,043.77 \$2,348.48 \$2,922.55	Single - \$185.47 2-Person - \$464.34 Family - \$540.88	Single - \$4,822.39 2-Person - \$12,072.70 Family - \$14,062.77
Plan IN Deductible: \$1500/\$3000 IN Coinsurance: 0% OV/SV Copay: \$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: ABC Rx Riders: HEQ		\$922.55	S: 1 2P: 7 F: 12	ABC Plan 1 (7V) \$1600/\$3200 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	\$922.55 \$2,075.75 \$2,583.16	Single - \$129.53 2-Person - \$338.46 Family - \$384.23	Single - \$3367.75 2-Person - \$8,799.94 Family - \$9,990.09
Plan IN Deductible: \$375/\$750 IN Coinsurance: 20% OV/SV Copay: \$25/\$50 UC/ER Copay: \$50/\$200 Rx Coverage: EbM Riders: None	Essentials by MESSA (EA)	\$700.68	S: 1 2P: 0 F: 2	Essentials by MESSA (EA) \$375/\$750 20% \$25/\$50 \$50/\$200 EbM None	\$700.68 \$1,576.55 \$1,961.93	Single - \$27.13 2- Person - \$108.06 Family - \$95.51	Single - \$705.31 2-Person - \$2,809.54 Family - \$2,535.33
Plan 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> <i>HEQ</i>	\$784.16 \$1,764.37 \$2,195.66	Single - \$65.66 2-Person - \$194.75 Family - \$205.39	Single - \$1707.07 2-Person - \$5,063.38 Family - \$5,340.09
Basic Term Life w/Med Volume:	\$5,000	\$1.50	27	\$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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Quoted Group(s): 590D - Teacher

Ancillary plans with medical - 27 members

Description	Current Benefits	Rate	Census Used	Quote ID 353855	
				Quoted Benefits	Rate
Dental (All)*	00321-04				
Diag & Prev:	80%			80%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$32.22	S: 15	80%	\$ 32.22
Annual Max:	\$1250	\$62.07	2P: 9	\$1250	\$ 62.07
Orthodontics:	80%	\$121.81	F: 25	80%	\$121.81
Lifetime Max:	\$2150			\$2150	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision (All)*	VSP 3	\$6.53	S: 15	VSP 3	\$ 6.53
Plan Year:	Jan-Dec	\$14.01	2P: 9	Jan-Dec	\$ 14.01
		\$21.07	F: 25		\$ 21.07
Life Insurance					
Volume:	\$30,000			\$30,000	
Total Volume:	\$810,000		27	\$810,000	
Rate/\$1,000:		\$0.14			\$ 0.14
Composite Rate:		\$4.20			\$ 4.20
AD&D Coverage					
Volume:	\$30,000			\$30,000	
Total Volume:	\$810,000		27	\$810,000	
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:	\$236,139		49	\$236,139	
Rate/\$100:		\$0.43			\$ 0.43
Composite Rate:		\$20.72			\$ 20.72
Total Monthly Rate/Member - S		\$ 64.57			\$ 64.57
Total Monthly Rate/Member - 2P		\$ 101.90			\$ 101.90
Total Monthly Rate/Member - F		\$ 168.70			\$ 168.70

* Indicates total ancillary plan enrollment and volume for quoted group(s).
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Ancillary plans without medical - 22 members

Description	Current Benefits	Rate	Census Used	Quote ID 353855	
				Quoted Benefits	Rate
Dental (All)*	00321-04				
Diag & Prev:	80%			80%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$32.22	S: 15	80%	\$ 32.22
Annual Max:	\$1250	\$62.07	2P: 9	\$1250	\$ 62.07
Orthodontics:	80%	\$121.81	F: 25	80%	\$121.81
Lifetime Max:	\$2150			\$2150	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision (All)*	VSP 3	\$6.53	S: 15	VSP 3	\$ 6.53
Plan Year:	Jan-Dec	\$14.01	2P: 9	Jan-Dec	\$ 14.01
		\$21.07	F: 25		\$ 21.07
Life Insurance					
Volume:	\$50,000			\$50,000	
Total Volume:	\$1,100,000		22	\$1,100,000	
Rate/\$1,000:		\$0.14			\$ 0.14
Composite Rate:		\$7.00			\$ 7.00
AD&D Coverage					
Volume:	\$50,000			\$50,000	
Total Volume:	\$1,100,000		22	\$1,100,000	
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:	\$236,139		49	\$236,139	
Rate/\$100:		\$0.43			\$ 0.43
Composite Rate:		\$20.72			\$ 20.72
Total Monthly Rate/Member - S		\$ 67.97			\$ 67.97
Total Monthly Rate/Member - 2P		\$ 105.30			\$ 105.30
Total Monthly Rate/Member - F		\$ 172.10			\$ 172.10

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