



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

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

Quote Request ID: 233687
 MESSA Field Rep: Jim Gleason
 Date Created: 10/02/2023

Quoted Group(s): 022A - Administration

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 353927	
				Quoted Benefits	Rate w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (AX) \$1000/\$2000 0% \$20/\$20 \$25/\$50 3Tier Mail EA1	 \$754.84 \$1,698.41 \$2,113.55	S: 1 2P: 0 F: 1	Choices (AX) \$1000/\$2000 0% \$20/\$20 \$25/\$50 3Tier Mail EA1	 \$754.84 \$1,698.41 \$2,113.55
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (BR) \$1500/\$3000 0% \$0/\$0 \$0/\$0 3Tier Mail EA1, HEQ	 \$709.69 \$1,596.82 \$1,987.13	S: 0 2P: 1 F: 3	ABC Plan 1 (BR) \$1600/\$3200 0% \$0/\$0 \$0/\$0 3Tier Mail EA1, HEQ	 \$709.69 \$1,596.82 \$1,987.13
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 2 (CH) \$2000/\$4000 10% \$0/\$0 \$0/\$0 3Tier Mail EA1, HEQ	 \$619.61 \$1,394.15 \$1,734.92	S: 1 2P: 0 F: 2	ABC Plan 2 (CH) \$2000/\$4000 10% \$0/\$0 \$0/\$0 3Tier Mail EA1, HEQ	 \$619.61 \$1,394.15 \$1,734.92
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>Essentials by MESSA (EB)</i> \$375/\$750 20% \$25/\$50 \$50/\$200 <i>EbM</i> <i>EA1</i>	 \$570.32 \$1,283.24 \$1,596.91
Basic Term Life w/Med Volume:	\$5,000	\$1.50	9	\$5,000	\$1.50

The above rates are based on plans and enrollment as of 09/28/2023. 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.

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Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 353927	
				Quoted Benefits	Rate
Dental	06314-12				
Diag & Prev:	100% (X-Rays)			100% (X-Rays)	
Basic Services:	80%			80%	
Major Services:	80%	\$35.89	S: 5	80%	\$ 35.89
Annual Max:	\$1500	\$67.29	2P: 1	\$1500	\$ 67.29
Orthodontics:	80%	\$127.56	F: 6	80%	\$127.56
Lifetime Max:	\$1200			\$1200	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3	\$6.53	S: 5	VSP 3	\$ 6.53
Plan Year:	Jan-Dec	\$14.01	2P: 1	Jan-Dec	\$ 14.01
		\$21.07	F: 6		\$ 21.07
Life Insurance					
Volume:	2X Salary (Max \$225,000)			2X Salary (Max \$225,000)	
Total Volume:	\$2,109,000		15	\$2,109,000	
Rate/\$1,000:		\$0.13			\$ 0.13
Composite Rate:		\$22.01			\$ 22.01
AD&D Coverage					
Volume:	2X Salary (Max \$225,000)			2X Salary (Max \$225,000)	
Total Volume:	\$2,109,000		15	\$2,109,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$5.08			\$ 5.08
LTD Benefit					
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:	\$84,346		15	\$84,346	
Rate/\$100:		\$0.45			\$ 0.45
Composite Rate:		\$29.63			\$ 29.63
Total Monthly Rate/Member - S		\$ 99.14		\$ 99.14	
Total Monthly Rate/Member - 2P		\$ 138.02		\$ 138.02	
Total Monthly Rate/Member - F		\$ 205.35		\$ 205.35	

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**Quote Summary Exclusively for
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Quote Request ID: 233689
 MESSA Field Rep: Jim Gleason
 Date Created: 10/02/2023

Quoted Group(s): 022D - Support Staff

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 353929	
				Quoted Benefits	Rate w/ 1.25% Discount
Plan IN Deductible: \$1000/\$2000 IN Coinsurance: 0% OV/SV Copay: \$20/\$20 UC/ER Copay: \$25/\$50 Rx Coverage: 3Tier Mail Riders: EA1		\$760.61 \$1,711.40 \$2,129.72	S: 6 2P: 0 F: 0	Choices (AX) \$1000/\$2000 0% \$20/\$20 \$25/\$50 3Tier Mail EA1	\$760.61 \$1,711.40 \$2,129.72
Plan IN Deductible: \$1500/\$3000 IN Coinsurance: 0% OV/SV Copay: \$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: 3Tier Mail Riders: EA1, HEQ		\$715.12 \$1,609.04 \$2,002.34	S: 15 2P: 2 F: 1	ABC Plan 1 (BR) \$1600/\$3200 0% \$0/\$0 \$0/\$0 3Tier Mail EA1, HEQ	\$715.12 \$1,609.04 \$2,002.34
Plan IN Deductible: \$2000/\$4000 IN Coinsurance: 10% OV/SV Copay: \$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: 3Tier Mail Riders: EA1, HEQ		\$624.36 \$1,404.82 \$1,748.19	S: 4 2P: 0 F: 0	ABC Plan 2 (CH) \$2000/\$4000 10% \$0/\$0 \$0/\$0 3Tier Mail EA1, HEQ	\$624.36 \$1,404.82 \$1,748.19
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>Essentials by MESSA (EB)</i> \$375/\$750 20% \$25/\$50 \$50/\$200 EbM EA1	\$574.69 \$1,293.06 \$1,609.13
Basic Term Life w/Med Volume:	\$5,000	\$1.50	28	\$5,000	\$1.50

Your account may be eligible for additional savings through our multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

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Ancillary plans

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				Quoted Benefits	Rate
Dental	06314-13				
Diag & Prev:	100% (X-Rays)			100% (X-Rays)	
Basic Services:	80%			80%	
Major Services:	80%	\$36.27	S: 19	80%	\$ 36.27
Annual Max:	\$1500	\$67.96	2P: 1	\$1500	\$ 67.96
Orthodontics:	80%	\$128.25	F: 0	80%	\$128.25
Lifetime Max:	\$1200			\$1200	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3	\$6.53	S: 19	VSP 3	\$ 6.53
Plan Year:	Jan-Dec	\$14.01	2P: 2	Jan-Dec	\$ 14.01
		\$21.07	F: 0		\$ 21.07
Life Insurance					
Volume:	\$30,000			\$30,000	
Total Volume:	\$1,380,000		46	\$1,380,000	
Rate/\$1,000:		\$0.15			\$ 0.15
Composite Rate:		\$4.50			\$ 4.50
AD&D Coverage					
Volume:	\$30,000			\$30,000	
Total Volume:	\$1,380,000		46	\$1,380,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.90			\$ 0.90
Total Monthly Rate/Member - S		\$ 48.20			\$ 48.20
Total Monthly Rate/Member - 2P		\$ 87.37			\$ 87.37
Total Monthly Rate/Member - F		\$ 154.72			\$ 154.72

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