



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

**Quote Summary Exclusively for  
 Frankfort-Elberta Area Schools  
 Rates Effective 01/01/2024 through 12/31/2024**

Quote Request ID: 233712  
 MESSA Field Rep: Viola Collin  
 Date Created: 10/02/2023

**Quoted Group(s): 484A - Admin and Non Union Employees, 484C - Teacher**

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 353934	
				Quoted Benefits	Rate w/ 2% Discount
<b>Plan</b> IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (5B) \$500/\$1000 0% \$5/\$5 \$10/\$25 \$10/\$20 EA1	  \$911.10 \$2,049.99 \$2,551.08   	S: 2 2P: 4 F: 7	Choices (5B) \$500/\$1000 0% \$5/\$5 \$10/\$25 \$10/\$20 EA1	  \$911.10 \$2,049.99 \$2,551.08   
<b>Plan</b> IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (7U) \$1500/\$3000 0% \$0/\$0 \$0/\$0 ABC Rx EA1, HEQ	  \$732.19 \$1,647.45 \$2,050.14   	S: 0 2P: 3 F: 18	ABC Plan 1 (7U) \$1600/\$3200 0% \$0/\$0 \$0/\$0 ABC Rx EA1, HEQ	  \$732.19 \$1,647.45 \$2,050.14   
<b>Plan</b> IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$25/\$50 \$50/\$200 EbM EA1	  \$556.13 \$1,251.31 \$1,557.17   	S: 1 2P: 0 F: 0	<i>Balance+ (EF)</i> \$1600/\$3200 20% \$25/\$50 \$50/\$200 <i>Balance+Rx</i> EA1, HEQ	  \$622.37 \$1,400.36 \$1,742.65   
<b>Basic Term Life w/Med</b> Volume:	\$5,000	\$1.50	35	\$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 09/29/2023. 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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**Quoted Group(s): 484A - Admin and Non Union Employees, 484C - Teacher**

**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 353934	
				Quoted Benefits	Rate
<b>Dental</b>	00987-13, 15				
Diag & Prev:	100% (X-Rays)			100% (X-Rays)	
Basic Services:	80%			80%	
Major Services:	80%	\$41.09	S: 5	80%	\$ 41.09
Annual Max:	\$2000	\$78.89	2P: 9	\$2000	\$ 78.89
Orthodontics:	80%	\$163.04	F: 25	80%	\$163.04
Lifetime Max:	UCR			UCR	
Riders:	2 Cleanings, AO, Sealants			2 Cleanings, AO, Sealants	
Plan Year:	Jan-Dec			Jan-Dec	
<b>Vision</b>	VSP 2 S	\$5.47	S: 5	VSP 2 S	\$ 5.47
Plan Year:	Jan-Dec	\$11.71	2P: 9	Jan-Dec	\$ 11.71
		\$17.64	F: 25		\$ 17.64
<b>Life Insurance</b>					
Volume:	\$100,000			\$100,000	
Total Volume:	\$1,170,000		39	\$3,900,000	
Rate/\$1,000:		\$0.17			\$ 0.17
Composite Rate:		\$5.10			\$ 17.00
<b>AD&amp;D Coverage</b>					
Volume:	\$100,000			\$100,000	
Total Volume:	\$1,170,000		39	\$3,900,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.90			\$ 3.00
<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:	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:	\$226,636		39	\$226,636	
Rate/\$100:		\$0.32			\$ 0.32
Composite Rate:		\$18.60			\$ 18.60
<b>Total Monthly Rate/Member - S</b>		\$ 71.16			\$ 85.16
<b>Total Monthly Rate/Member - 2P</b>		\$ 115.20			\$ 129.20
<b>Total Monthly Rate/Member - F</b>		\$ 205.28			\$ 219.28

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Quote Request ID: 233713  
 MESSA Field Rep: Viola Collin  
 Date Created: 10/02/2023

**Quoted Group(s): 484B - Support Staff**

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 353933	
				Quoted Benefits	Rate w/ 2% Discount
<b>Plan</b> Choices (5B) IN Deductible: \$500/\$1000 IN Coinsurance: 0% OV/SV Copay: \$5/\$5 UC/ER Copay: \$10/\$25 Rx Coverage: \$10/\$20 Riders: EA1		\$911.10	S: 1 2P: 0 F: 0	Choices (5B) \$500/\$1000 0% \$5/\$5 \$10/\$25 \$10/\$20 EA1	\$911.10 \$2,049.99 \$2,551.08
<b>Plan</b> ABC Plan 1 (7U) IN Deductible: \$1500/\$3000 IN Coinsurance: 0% OV/SV Copay: \$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: ABC Rx Riders: EA1, HEQ		\$732.19	S: 4 2P: 4 F: 5	ABC Plan 1 (7U) \$1600/\$3200 0% \$0/\$0 \$0/\$0 ABC Rx EA1, HEQ	\$732.19 \$1,647.45 \$2,050.14
<b>Plan</b> Essentials by MESSA (EB) IN Deductible: \$375/\$750 IN Coinsurance: 20% OV/SV Copay: \$25/\$50 UC/ER Copay: \$50/\$200 Rx Coverage: EbM Riders: EA1		\$556.13	S: 0 2P: 0 F: 0	<i>Balance+ (EF)</i> \$1600/\$3200 20% \$25/\$50 \$50/\$200 <i>Balance+Rx</i> EA1, HEQ	\$622.37 \$1,400.36 \$1,742.65
<b>Basic Term Life w/Med</b> Volume:	\$5,000	\$1.50	14	\$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): 484B - Support Staff**

**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 353933	
				Quoted Benefits	Rate
<b>Dental</b>	00987-05				
Diag & Prev:	100% (X-Rays)			100% (X-Rays)	
Basic Services:	80%			80%	
Major Services:	80%	\$38.41	S: 7	80%	\$ 38.41
Annual Max:	\$1000	\$77.88	2P: 5	\$1000	\$ 77.88
Orthodontics:	80%	\$158.84	F: 10	80%	\$158.84
Lifetime Max:	UCR			UCR	
Riders:	2 Cleanings, AO, Sealants			2 Cleanings, AO, Sealants	
Plan Year:	Jan-Dec			Jan-Dec	
<b>Vision</b>	VSP 2 S	\$5.47	S: 7	VSP 2 S	\$ 5.47
Plan Year:	Jan-Dec	\$11.71	2P: 5	Jan-Dec	\$ 11.71
		\$17.64	F: 10		\$ 17.64
<b>Life Insurance</b>					
Volume:	\$30,000			\$30,000	
Total Volume:	\$660,000		22	\$660,000	
Rate/\$1,000:		\$0.17			\$ 0.17
Composite Rate:		\$5.10			\$ 5.10
<b>AD&amp;D Coverage</b>					
Volume:	\$30,000			\$30,000	
Total Volume:	\$660,000		22	\$660,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.90			\$ 0.90
<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:	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:	\$62,645		22	\$62,645	
Rate/\$100:		\$0.76			\$ 0.76
Composite Rate:		\$21.64			\$ 21.64
<b>Total Monthly Rate/Member - S</b>		\$ 71.52			\$ 71.52
<b>Total Monthly Rate/Member - 2P</b>		\$ 117.23			\$ 117.23
<b>Total Monthly Rate/Member - F</b>		\$ 204.12			\$ 204.12

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