



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

**Quote Summary Exclusively for
 Fowler Public Schools
 Rates Effective 01/01/2023 through 12/31/2023**

Quote Request ID: 232540
 MESSA Field Rep: Abby Zarimba
 Date Created: 12/06/2022

Quoted Group(s): 526E - Full & Part Time Teachers

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 352055	
				Quoted Benefits	Rate w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	 \$918.12 \$2,065.78 \$2,570.75	S: 1 2P: 0 F: 3	Choices (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	 \$918.12 \$2,065.78 \$2,570.75
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 2 (7X) \$2000/\$4000 0% \$0/\$0/\$0 \$0/\$0 ABC Rx HEQ	 \$854.74 \$1,923.16 \$2,393.26	S: 0 2P: 0 F: 1	ABC Plan 1 (7V) \$1500/\$3000 0% \$0/\$0/\$0 \$0/\$0 ABC Rx HEQ	 \$913.31 \$2,054.95 \$2,557.28
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	 \$693.66 \$1,560.74 \$1,942.27	S: 2 2P: 1 F: 7	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	 \$693.66 \$1,560.74 \$1,942.27
Basic Term Life w/Med Volume:	\$5,000	\$1.50	15	\$5,000	\$1.50

The above rates are based on plans and enrollment as of 12/02/2022. 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): 526E - Full & Part Time Teachers

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 352055	
				Quoted Benefits	Rate
Dental	06484-02				
Diag & Prev:	100%			100%	
Basic Services:	100% (X-Rays)			100% (X-Rays)	
Major Services:	50%	\$42.69	S: 9	50%	\$ 42.69
Annual Max:	\$1500	\$78.82	2P: 3	\$1500	\$ 78.82
Orthodontics:	50%	\$154.53	F: 15	50%	\$154.53
Lifetime Max:	\$1000			\$1000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3	\$6.53	S: 9	VSP 3	\$ 6.53
Plan Year:	Jan-Dec	\$14.01	2P: 3	Jan-Dec	\$ 14.01
		\$21.07	F: 15		\$ 21.07
Life Insurance					
Volume:	\$25,000			\$25,000	
Total Volume:	\$675,000		27	\$675,000	
Rate/\$1,000:		\$0.17			\$ 0.17
Composite Rate:		\$4.25			\$ 4.25
AD&D Coverage					
Volume:	\$25,000			\$25,000	
Total Volume:	\$675,000		27	\$675,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.75			\$ 0.75
LTD Benefit					
Benefit:	66 2/3% Max \$3,000			66 2/3% Max \$3,000	
Max. Monthly Salary:	\$4,500			\$4,500	
Waiting Period:	60 CDMF			60 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:	\$112,966		27	\$112,966	
Rate/\$100:		\$0.56			\$ 0.56
Composite Rate:		\$23.43			\$ 23.43
Total Monthly Rate/Member - S		\$ 77.65			\$ 77.65
Total Monthly Rate/Member - 2P		\$ 121.26			\$ 121.26
Total Monthly Rate/Member - F		\$ 204.03			\$ 204.03

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**Quote Summary Exclusively for
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Quote Request ID: 232539
 MESSA Field Rep: Abby Zarimba
 Date Created: 12/06/2022

Quoted Group(s): 526C - Maintenance & Office Personnel

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 352056	
				Quoted Benefits	Rate w/ 2% Discount
Plan	Choices (AW) \$1000/\$2000			Choices (AW) \$1000/\$2000	
IN Deductible:					
IN Coinsurance:	0%	\$918.12	S: 0	0%	\$918.12
OL/OV/SV Copay:	\$20/\$20/\$20	\$2,065.78	2P: 0	\$20/\$20/\$20	\$2,065.78
UC/ER Copay:	\$25/\$50	\$2,570.75	F: 0	\$25/\$50	\$2,570.75
Rx Coverage:	3Tier Mail			3Tier Mail	
Riders:	None			None	
Plan	ABC Plan 2 (7X) \$2000/\$4000			ABC Plan 1 (7V) \$1500/\$3000	
IN Deductible:					
IN Coinsurance:	0%	\$854.74	S: 0	0%	\$913.31
OL/OV/SV Copay:	\$0/\$0/\$0	\$1,923.16	2P: 0	\$0/\$0/\$0	\$2,054.95
UC/ER Copay:	\$0/\$0	\$2,393.26	F: 0	\$0/\$0	\$2,557.28
Rx Coverage:	ABC Rx			ABC Rx	
Riders:	HEQ			HEQ	
Plan	Essentials by MESSA (EA) \$375/\$750			Essentials by MESSA (EA) \$375/\$750	
IN Deductible:					
IN Coinsurance:	20%	\$693.66	S: 0	20%	\$693.66
OL/OV/SV Copay:	\$10/\$25/\$50	\$1,560.74	2P: 1	\$10/\$25/\$50	\$1,560.74
UC/ER Copay:	\$50/\$200	\$1,942.27	F: 0	\$50/\$200	\$1,942.27
Rx Coverage:	EbM			EbM	
Riders:	None			None	
Basic Term Life w/Med					
Volume:	\$5,000	\$1.50	1	\$5,000	\$1.50

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Quoted Group(s): 526C - Maintenance & Office Personnel

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 352056	
				Quoted Benefits	Rate
Dental	06484-05				
Diag & Prev:	100%			100%	
Basic Services:	100% (X-Rays)			100% (X-Rays)	
Major Services:	50%	\$47.40	S: 0	50%	\$ 47.40
Annual Max:	\$1500	\$93.58	2P: 2	\$1500	\$ 93.58
Orthodontics:	50%	\$182.94	F: 2	50%	\$182.94
Lifetime Max:	\$1000			\$1000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3	\$6.53	S: 0	VSP 3	\$ 6.53
Plan Year:	Jan-Dec	\$14.01	2P: 2	Jan-Dec	\$ 14.01
		\$21.07	F: 2		\$ 21.07
Life Insurance					
Volume:	\$25,000			\$25,000	
Total Volume:	\$100,000		4	\$100,000	
Rate/\$1,000:		\$0.17			\$ 0.17
Composite Rate:		\$4.25			\$ 4.25
AD&D Coverage					
Volume:	\$25,000			\$25,000	
Total Volume:	\$100,000		4	\$100,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.75			\$ 0.75
LTD Benefit					
Benefit:	66 2/3% Max \$3,000			66 2/3% Max \$3,000	
Max. Monthly Salary:	\$4,500			\$4,500	
Waiting Period:	60 CDMF			60 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:	\$7,875		4	\$7,875	
Rate/\$100:		\$2.21			\$ 2.21
Composite Rate:		\$43.51			\$ 43.51
Total Monthly Rate/Member - S		\$ 102.44			\$ 102.44
Total Monthly Rate/Member - 2P		\$ 156.10			\$ 156.10
Total Monthly Rate/Member - F		\$ 252.52			\$ 252.52

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**Quote Summary Exclusively for
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Quote Request ID: 232537
 MESSA Field Rep: Abby Zarimba
 Date Created: 12/06/2022

Quoted Group(s): 526A - Administration

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 352057	
				Quoted Benefits	Rate w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	\$974.41 \$2,192.43 \$2,728.35	S: 0 2P: 1 F: 0	Choices (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	\$918.12 \$2,065.78 \$2,570.75
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	\$913.31 \$2,054.95 \$2,557.28	S: 0 2P: 1 F: 2	ABC Plan 1 (7V) \$1500/\$3000 0% \$0/\$0/\$0 \$0/\$0 ABC Rx HEQ	\$913.31 \$2,054.95 \$2,557.28
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	\$693.66 \$1,560.74 \$1,942.27
Basic Term Life w/Med Volume:	\$5,000	\$1.50	4	\$5,000	\$1.50

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 Date Created: 12/06/2022

Quoted Group(s): 526A - Administration

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 352057	
				Quoted Benefits	Rate
Dental	06484-03				
Diag & Prev:	100%			100%	
Basic Services:	100% (X-Rays)			100% (X-Rays)	
Major Services:	50%	\$48.89	S: 0	50%	\$ 48.89
Annual Max:	\$1500	\$89.99	2P: 2	\$1500	\$ 89.99
Orthodontics:	50%	\$174.80	F: 4	50%	\$174.80
Lifetime Max:	\$1000			\$1000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3	\$6.53	S: 0	VSP 3	\$ 6.53
Plan Year:	Jan-Dec	\$14.01	2P: 2	Jan-Dec	\$ 14.01
		\$21.07	F: 4		\$ 21.07
Life Insurance					
Volume:	\$25,000			\$25,000	
Total Volume:	\$150,000		6	\$150,000	
Rate/\$1,000:		\$0.17			\$ 0.17
Composite Rate:		\$4.25			\$ 4.25
AD&D Coverage					
Volume:	\$25,000			\$25,000	
Total Volume:	\$150,000		6	\$150,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.75			\$ 0.75
LTD Benefit					
Benefit:	66 2/3% Max \$3,000			66 2/3% Max \$3,000	
Max. Monthly Salary:	\$4,500			\$4,500	
Waiting Period:	60 CDMF			60 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:	\$20,936		6	\$20,936	
Rate/\$100:		\$1.10			\$ 1.10
Composite Rate:		\$38.38			\$ 38.38

Total Monthly Rate/Member - S	\$ 98.80	\$ 98.80
Total Monthly Rate/Member - 2P	\$ 147.38	\$ 147.38
Total Monthly Rate/Member - F	\$ 239.25	\$ 239.25

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