



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

**Quote Summary Exclusively for
 Traverse City Area Schools
 Rates Effective 01/01/2025 through 12/31/2025**

Quote Request ID: 235101
 MESSA Field Rep: Viola Collin
 Date Created: 09/19/2024

Quoted Group(s): 242A - Teach, Coun, Soc Worker, Nurs

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 356250	
				Quoted Benefits	Rate w/ 2% Discount
Plan IN Deductible: \$300/\$600 IN Coinsurance: 0% \$792.09 TH:24-7/MH/PC Copay: \$20/\$20/\$20 \$1,782.21 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 \$2,217.86 Rx Coverage: Saver Rx Riders: None			S: 9 2P: 16 F: 47	<i>Choices (GL)</i> <i>\$300/\$600</i> <i>0%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	\$712.88 \$1,603.99 \$1,996.08
Plan IN Deductible: \$500/\$1000 IN Coinsurance: 0% \$750.36 TH:24-7/MH/PC Copay: \$20/\$20/\$20 \$1,688.32 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 \$2,101.02 Rx Coverage: Saver Rx Riders: None			S: 13 2P: 8 F: 29	<i>Choices (EH)</i> <i>\$500/\$1000</i> <i>0%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	\$675.32 \$1,519.48 \$1,890.90
Plan IN Deductible: \$1000/\$2000 IN Coinsurance: 20% \$634.11 TH:24-7/MH/PC Copay: \$20/\$20/\$20 \$1,426.76 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 \$1,775.53 Rx Coverage: Saver Rx Riders: None			S: 2 2P: 0 F: 2	<i>Choices (ER)</i> <i>\$1000/\$2000</i> <i>20%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	\$570.71 \$1,284.09 \$1,597.97
Plan IN Deductible: \$1600/\$3200 IN Coinsurance: 0% \$659.27 TH:24-7/MH/PC Copay: \$0/\$0/\$0 \$1,483.36 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 \$1,845.96 Rx Coverage: ABC Rx Riders: HEQ			S: 35 2P: 44 F: 229	<i>ABC Plan 1 (EV)</i> <i>\$1650/\$3300</i> <i>0%</i> <i>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1, HEQ</i>	\$593.35 \$1,335.03 \$1,661.37
Plan IN Deductible: \$1600/\$3200 IN Coinsurance: 20% \$585.98 TH:24-7/MH/PC Copay: \$0/\$0/\$0 \$1,318.46 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 \$1,640.75 Rx Coverage: ABC Mail Riders: HEQ			S: 3 2P: 4 F: 16	<i>ABC Plan 1 (FD)</i> <i>\$1650/\$3300</i> <i>20%</i> <i>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1, HEQ</i>	\$534.40 \$1,202.40 \$1,496.31
Basic Term Life w/Med Volume: \$5,000		\$1.50	457	\$5,000	\$1.50

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Quoted Group(s): 242A - Teach, Coun, Soc Worker, Nurs

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 356250	
				Quoted Benefits	Rate
Dental	06421-02				
Diag & Prev:	100%			100%	
Basic Services:	100% (X-Rays)			100% (X-Rays)	
Major Services:	100%	\$46.01	S: 64	100%	\$ 46.01
Annual Max:	\$1500	\$84.15	2P: 80	\$1500	\$ 84.15
Orthodontics:	50%	\$160.29	F: 353	50%	\$160.29
Lifetime Max:	\$1000			\$1000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3 Plus P 250CL	\$7.48	S: 66	VSP 3 Plus P 250CL	\$ 7.48
Plan Year:	Jan-Dec	\$16.07	2P: 81	Jan-Dec	\$ 16.07
		\$24.16	F: 350		\$ 24.16
Life Insurance					
Volume:	\$50,000			\$50,000	
Total Volume:	\$24,850,000		497	\$24,850,000	
Rate/\$1,000:		\$0.13			\$ 0.13
Composite Rate:		\$6.50			\$ 6.50
AD&D Coverage					
Volume:	\$50,000			\$50,000	
Total Volume:	\$24,850,000		497	\$24,850,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$1.50			\$ 1.50
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:	\$2,988,780		497	\$2,988,780	
Rate/\$100:		\$0.37			\$ 0.37
Composite Rate:		\$22.25			\$ 22.25
Total Monthly Rate/Member - S		\$ 83.74			\$ 83.74
Total Monthly Rate/Member - 2P		\$ 130.47			\$ 130.47
Total Monthly Rate/Member - F		\$ 214.70			\$ 214.70

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**Quote Summary Exclusively for
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 Rates Effective 01/01/2025 through 12/31/2025**

Quote Request ID: 235102
 MESSA Field Rep: Viola Collin
 Date Created: 09/19/2024

Quoted Group(s): 242C - CAPSA, 242D - Transportation, 242H - Food Srv,Maint,Non Un Emp

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 356252	
				Quoted Benefits	Rate w/ 1.25% Discount
Plan IN Deductible: \$300/\$600 IN Coinsurance: 0% TH:24-7/MH/PC Copay: \$20/\$20/\$20 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 Rx Coverage: Saver Rx Riders: None		\$798.15	S: 41 2P: 15 F: 21	<i>Choices (GL)</i> <i>\$300/\$600</i> <i>0%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	<i>\$718.34</i> <i>\$1,616.26</i> <i>\$2,011.35</i>
Plan IN Deductible: \$500/\$1000 IN Coinsurance: 0% TH:24-7/MH/PC Copay: \$20/\$20/\$20 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 Rx Coverage: Saver Rx Riders: None		\$756.10	S: 51 2P: 40 F: 48	<i>Choices (EH)</i> <i>\$500/\$1000</i> <i>0%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	<i>\$680.49</i> <i>\$1,531.11</i> <i>\$1,905.38</i>
Plan IN Deductible: \$1000/\$2000 IN Coinsurance: 20% TH:24-7/MH/PC Copay: \$20/\$20/\$20 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 Rx Coverage: Saver Rx Riders: None		\$638.97	S: 8 2P: 4 F: 11	<i>Choices (ER)</i> <i>\$1000/\$2000</i> <i>20%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	<i>\$575.07</i> <i>\$1,293.92</i> <i>\$1,610.20</i>
Plan IN Deductible: \$1600/\$3200 IN Coinsurance: 0% TH:24-7/MH/PC Copay: \$0/\$0/\$0 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 Rx Coverage: ABC Rx Riders: HEQ		\$664.32	S: 16 2P: 12 F: 48	<i>ABC Plan 1 (EV)</i> <i>\$1650/\$3300</i> <i>0%</i> <i>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1, HEQ</i>	<i>\$597.89</i> <i>\$1,345.25</i> <i>\$1,674.09</i>
Plan IN Deductible: \$1600/\$3200 IN Coinsurance: 20% TH:24-7/MH/PC Copay: \$0/\$0/\$0 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 Rx Coverage: ABC Mail Riders: HEQ		\$590.46	S: 2 2P: 6 F: 18	<i>ABC Plan 1 (FD)</i> <i>\$1650/\$3300</i> <i>20%</i> <i>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1, HEQ</i>	<i>\$538.49</i> <i>\$1,211.60</i> <i>\$1,507.76</i>
Basic Term Life w/Med Volume:	\$5,000	\$1.50	341	\$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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**Quote Summary Exclusively for
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Quote Request ID: 235102
 MESSA Field Rep: Viola Collin
 Date Created: 09/19/2024

Quoted Group(s): 242C - CAPSA, 242D - Transportation, 242H - Food Srv,Maint,Non Un Emp

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 356252	
				Quoted Benefits	Rate
Dental	06421-04, 05, 06				
Diag & Prev:	100%			100%	
Basic Services:	100% (X-Rays)			100% (X-Rays)	
Major Services:	100%	\$48.63	S: 216	100%	\$ 48.63
Annual Max:	\$1500	\$89.56	2P: 77	\$1500	\$ 89.56
Orthodontics:	50%	\$164.04	F: 108	50%	\$164.04
Lifetime Max:	\$1000			\$1000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3 Plus P 250CL	\$7.48	S: 202	VSP 3 Plus P 250CL	\$ 7.48
Plan Year:	Jan-Dec	\$16.07	2P: 79	Jan-Dec	\$ 16.07
		\$24.16	F: 121		\$ 24.16
Life Insurance					
Volume:	\$10,000			\$10,000	
Total Volume:	\$4,030,000		403	\$4,030,000	
Rate/\$1,000:		\$0.13			\$ 0.13
Composite Rate:		\$1.30			\$ 1.30
AD&D Coverage					
Volume:	\$10,000			\$10,000	
Total Volume:	\$4,030,000		403	\$4,030,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.30			\$ 0.30
Total Monthly Rate/Member - S		\$ 57.71			\$ 57.71
Total Monthly Rate/Member - 2P		\$ 107.23			\$ 107.23
Total Monthly Rate/Member - F		\$ 189.80			\$ 189.80

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Quote Request ID: 235103
 MESSA Field Rep: Viola Collin
 Date Created: 09/19/2024

Quoted Group(s): 242I - Non-Affiliated Admin,Principal

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 356255	
				Quoted Benefits	Rate w/ 2% Discount
Plan IN Deductible: \$300/\$600 IN Coinsurance: 0% \$792.09 TH:24-7/MH/PC Copay: \$20/\$20/\$20 \$1,782.21 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 \$2,217.86 Rx Coverage: Saver Rx Riders: None			S: 3 2P: 2 F: 3	<i>Choices (GL)</i> <i>\$300/\$600</i> <i>0%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	\$712.88 \$1,603.99 \$1,996.08
Plan IN Deductible: \$500/\$1000 IN Coinsurance: 0% \$750.36 TH:24-7/MH/PC Copay: \$20/\$20/\$20 \$1,688.32 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 \$2,101.02 Rx Coverage: Saver Rx Riders: None			S: 4 2P: 3 F: 13	<i>Choices (EH)</i> <i>\$500/\$1000</i> <i>0%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	\$675.32 \$1,519.48 \$1,890.90
Plan IN Deductible: \$1000/\$2000 IN Coinsurance: 20% \$634.11 TH:24-7/MH/PC Copay: \$20/\$20/\$20 \$1,426.76 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 \$1,775.53 Rx Coverage: Saver Rx Riders: None			S: 0 2P: 0 F: 0	<i>Choices (ER)</i> <i>\$1000/\$2000</i> <i>20%</i> <i>\$20/\$20/\$20</i> <i>\$20/\$20/\$25/\$50</i> <i>5Tier</i> <i>EA1</i>	\$570.71 \$1,284.09 \$1,597.97
Plan IN Deductible: \$1600/\$3200 IN Coinsurance: 0% \$659.27 TH:24-7/MH/PC Copay: \$0/\$0/\$0 \$1,483.36 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 \$1,845.96 Rx Coverage: ABC Rx Riders: HEQ			S: 3 2P: 14 F: 26	<i>ABC Plan 1 (EV)</i> <i>\$1650/\$3300</i> <i>0%</i> <i>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1, HEQ</i>	\$593.35 \$1,335.03 \$1,661.37
Plan IN Deductible: \$1600/\$3200 IN Coinsurance: 20% \$585.98 TH:24-7/MH/PC Copay: \$0/\$0/\$0 \$1,318.46 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 \$1,640.75 Rx Coverage: ABC Mail Riders: HEQ			S: 2 2P: 4 F: 11	<i>ABC Plan 1 (FD)</i> <i>\$1650/\$3300</i> <i>20%</i> <i>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1, HEQ</i>	\$534.40 \$1,202.40 \$1,496.31
Basic Term Life w/Med Volume: \$5,000		\$1.50	88	\$5,000	\$1.50

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Quote Request ID: 235103
 MESSA Field Rep: Viola Collin
 Date Created: 09/19/2024

Quoted Group(s): 242I - Non-Affiliated Admin,Principal

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 356255	
				Quoted Benefits	Rate
Dental	06421-03				
Diag & Prev:	100%			100%	
Basic Services:	100% (X-Rays)			100% (X-Rays)	
Major Services:	100%	\$46.42	S: 12	100%	\$ 46.42
Annual Max:	\$1500	\$84.96	2P: 30	\$1500	\$ 84.96
Orthodontics:	50%	\$159.42	F: 59	50%	\$159.42
Lifetime Max:	\$1000			\$1000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3 Plus P 250CL	\$7.48	S: 12	VSP 3 Plus P 250CL	\$ 7.48
Plan Year:	Jan-Dec	\$16.07	2P: 30	Jan-Dec	\$ 16.07
		\$24.16	F: 59		\$ 24.16
Life Insurance					
Volume:	2X Salary (Max \$300,000)			2X Salary (Max \$300,000)	
Total Volume:	\$15,824,000		101	\$15,824,000	
Rate/\$1,000:		\$0.13			\$ 0.13
Composite Rate:		\$20.37			\$ 20.37
AD&D Coverage					
Volume:	2X Salary (Max \$300,000)			2X Salary (Max \$300,000)	
Total Volume:	\$15,824,000		101	\$15,824,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$4.70			\$ 4.70
LTD Benefit					
Benefit:	66 2/3% Max \$10,000			66 2/3% Max \$10,000	
Max. Monthly Salary:	\$15,000			\$15,000	
Waiting Period:	90 CDMF			90 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:	\$661,727		101	\$661,727	
Rate/\$100:		\$0.41			\$ 0.41
Composite Rate:		\$26.86			\$ 26.86
Total Monthly Rate/Member - S		\$ 105.83			\$ 105.83
Total Monthly Rate/Member - 2P		\$ 152.96			\$ 152.96
Total Monthly Rate/Member - F		\$ 235.51			\$ 235.51

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