



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

**Quote Summary Exclusively for
Whiteford Agricultural Schools
Rates Effective 01/01/2026 through 12/31/2026**

Quote Request ID: 238451
MESSA Field Rep: Monica McKay
Date Created: 11/19/2025

Quoted Group(s): 271F - Principals, 271O - Superintendent & CFO, 271P - Administrators & Directors

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 360313		
				Quoted Benefits	Rate w/ 2% Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 1 2P: 1 F: 3	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> \$749.52 <i>\$0/\$0/\$0</i> \$1,686.42 <i>\$0/\$0/\$0/\$0</i> \$2,098.66 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> \$695.02 <i>\$0/\$0/\$0</i> \$1,563.80 <i>\$0/\$0/\$0/\$0</i> \$1,946.06 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> \$680.69 <i>\$0/\$0/\$0</i> \$1,531.55 <i>\$0/\$0/\$0/\$0</i> \$1,905.93 <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			5	\$5,000	\$1.50	

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Date Created: 11/19/2025

Quoted Group(s): 271F - Principals, 271O - Superintendent & CFO, 271P - Administrators & Directors

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 360313			
				Quoted Benefits	Rate		
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06179-17, 18, 19 80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$30.17 \$57.89 \$117.10	S: 2 2P: 3 F: 3	80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$ 30.17 \$ 57.89 \$117.10		
Vision Plan Year:	VSP 3 Plus P Jan-Dec	\$10.48 \$22.50 \$33.85	S: 2 2P: 3 F: 3	VSP 3 Plus P Jan-Dec	\$ 10.48 \$ 22.50 \$ 33.85		
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	Volume As Enrolled \$710,000	\$0.12 \$12.17	8	Volume As Enrolled \$785,000	\$ 0.12 \$ 12.17		
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	Volume As Enrolled \$710,000	\$0.03 \$3.04	8	Volume As Enrolled \$785,000	\$ 0.03 \$ 3.04		
LTD Benefit Benefit: Max. Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Condition: COLA: SS Freeze: Volume: Rate/\$100: Composite Rate:	66 2/3% Max \$5,000 \$7,500 30 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$46,464	\$0.63 \$41.82	8	66 2/3% Max \$5,000 \$7,500 30 CDMF 2 Year Limitation 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$51,964	\$ 0.63 \$ 41.82		
Total Monthly Rate/Member - S		\$ 97.68			\$ 97.68		
Total Monthly Rate/Member - 2P		\$ 137.42			\$ 137.42		
Total Monthly Rate/Member - F		\$ 207.98			\$ 207.98		

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Quote Request ID: 238450
MESSA Field Rep: Monica McKay
Date Created: 11/19/2025

Quoted Group(s): 271A - Full Time Teachers, 271I - Superintendent Secretary

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 360312		
				Quoted Benefits	Rate w/ 1.25% Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 5 2P: 8 F: 21	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> <i>\$755.25</i> <i>\$0/\$0/\$0</i> <i>\$1,699.31</i> <i>\$0/\$0/\$0/\$0</i> <i>\$2,114.70</i> <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> <i>\$700.34</i> <i>\$0/\$0/\$0</i> <i>\$1,575.77</i> <i>\$0/\$0/\$0/\$0</i> <i>\$1,960.95</i> <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> <i>\$685.90</i> <i>\$0/\$0/\$0</i> <i>\$1,543.28</i> <i>\$0/\$0/\$0/\$0</i> <i>\$1,920.52</i> <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			34	\$5,000	\$1.50	

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Quote Request ID: 238450
MESSA Field Rep: Monica McKay
Date Created: 11/19/2025

Quoted Group(s): 271A - Full Time Teachers, 271I - Superintendent Secretary

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 360312			
				Quoted Benefits	Rate		
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06179-21, 22 80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$34.34 \$66.21 \$127.50	S: 8 2P: 7 F: 41	80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$ 34.34 \$ 66.21 \$127.50		
Vision Plan Year:	VSP 3 Plus P Jan-Dec	\$10.48 \$22.50 \$33.85	S: 8 2P: 7 F: 41	VSP 3 Plus P Jan-Dec	\$ 10.48 \$ 22.50 \$ 33.85		
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	Volume As Enrolled \$2,692,000	\$0.12 \$5.98	56	Volume As Enrolled \$2,792,000	\$ 0.12 \$ 5.98		
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	Volume As Enrolled \$2,692,000	\$0.03 \$1.50	56	Volume As Enrolled \$2,792,000	\$ 0.03 \$ 1.50		
Total Monthly Rate/Member - S		\$ 52.30			\$ 52.30		
Total Monthly Rate/Member - 2P		\$ 96.19			\$ 96.19		
Total Monthly Rate/Member - F		\$ 168.83			\$ 168.83		

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**Quote Summary Exclusively for
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Quote Request ID: 2001551
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271C - Support Staff

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001837		
				Quoted Benefits	Rate w/ 1.25% Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 2	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> <i>\$755.25</i> <i>\$0/\$0/\$0</i> <i>\$1,699.31</i> <i>\$0/\$0/\$0/\$0</i> <i>\$2,114.70</i> <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> <i>\$700.34</i> <i>\$0/\$0/\$0</i> <i>\$1,575.77</i> <i>\$0/\$0/\$0/\$0</i> <i>\$1,960.95</i> <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> <i>\$685.90</i> <i>\$0/\$0/\$0</i> <i>\$1,543.28</i> <i>\$0/\$0/\$0/\$0</i> <i>\$1,920.52</i> <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			2	\$5,000	\$1.50	

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Quote Request ID: 2001551
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271C - Support Staff

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001837			
				Quoted Benefits	Rate		
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06179-02 80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$32.19 \$66.58 \$132.16	S: 0 2P: 0 F: 2	80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$ 32.19 \$ 66.58 \$132.16		
Vision Plan Year:	VSP 2 Jan-Dec	\$4.87 \$10.45 \$15.73	S: 0 2P: 0 F: 2	VSP 2 Jan-Dec	\$ 4.87 \$ 10.45 \$ 15.73		
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$50,000 \$0.12 \$3.00		2	\$25,000 \$50,000	\$ 0.12 \$ 3.00		
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$50,000 \$0.03 \$0.75		2	\$25,000 \$50,000	\$ 0.03 \$ 0.75		
Total Monthly Rate/Member - S		\$ 40.81			\$ 40.81		
Total Monthly Rate/Member - 2P		\$ 80.78			\$ 80.78		
Total Monthly Rate/Member - F		\$ 151.64			\$ 151.64		

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**Quote Summary Exclusively for
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Quote Request ID: 2001556
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271Q - Accounting Assistant

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001842		
				Quoted Benefits	Rate w/ 1.25% Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> \$755.25 <i>\$0/\$0/\$0</i> \$1,699.31 <i>\$0/\$0/\$0/\$0</i> \$2,114.70 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> \$700.34 <i>\$0/\$0/\$0</i> \$1,575.77 <i>\$0/\$0/\$0/\$0</i> \$1,960.95 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> \$685.90 <i>\$0/\$0/\$0</i> \$1,543.28 <i>\$0/\$0/\$0/\$0</i> \$1,920.52 <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			0	\$5,000	\$1.50	

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Quote Request ID: 2001556
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271Q - Accounting Assistant

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001842			
				Quoted Benefits	Rate		
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06179-23 80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$28.69 \$54.23 \$109.34	S: 0 2P: 0 F: 1	80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$ 28.69 \$ 54.23 \$109.34		
Vision Plan Year:	VSP 3 Plus P Jan-Dec	\$10.48 \$22.50 \$33.85	S: 0 2P: 0 F: 1	VSP 3 Plus P Jan-Dec	\$ 10.48 \$ 22.50 \$ 33.85		
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$75,000 \$75,000	\$0.12 \$9.00	1	\$75,000 \$75,000	\$ 0.12 \$ 9.00		
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$75,000 \$75,000	\$0.03 \$2.25	1	\$75,000 \$75,000	\$ 0.03 \$ 2.25		
Total Monthly Rate/Member - S		\$ 50.42			\$ 50.42		
Total Monthly Rate/Member - 2P		\$ 87.98			\$ 87.98		
Total Monthly Rate/Member - F		\$ 154.44			\$ 154.44		

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**Quote Summary Exclusively for
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Quote Request ID: 2001554
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271L - Full Time Secretary

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001840		
				Quoted Benefits	Rate w/ 1.25% Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> \$755.25 <i>\$0/\$0/\$0</i> \$1,699.31 <i>\$0/\$0/\$0/\$0</i> \$2,114.70 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> \$700.34 <i>\$0/\$0/\$0</i> \$1,575.77 <i>\$0/\$0/\$0/\$0</i> \$1,960.95 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> \$685.90 <i>\$0/\$0/\$0</i> \$1,543.28 <i>\$0/\$0/\$0/\$0</i> \$1,920.52 <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			0	\$5,000	\$1.50	

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Quote Request ID: 2001554
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271L - Full Time Secretary

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001840			
				Quoted Benefits	Rate		
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06179-20 80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$32.01 \$60.29 \$126.55	S: 1 2P: 1 F: 1	80% 80% (X-Rays) 80% \$1000 80% \$1300 2 Cleanings Jan-Dec	\$ 32.01 \$ 60.29 \$126.55		
Vision Plan Year:	VSP 2 Jan-Dec	\$4.87 \$10.45 \$15.73	S: 1 2P: 1 F: 1	VSP 2 Jan-Dec	\$ 4.87 \$ 10.45 \$ 15.73		
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$75,000 \$0.12 \$3.00		3	\$25,000 \$75,000	\$ 0.12 \$ 3.00		
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$75,000 \$0.03 \$0.75		3	\$25,000 \$75,000	\$ 0.03 \$ 0.75		
Total Monthly Rate/Member - S		\$ 40.63			\$ 40.63		
Total Monthly Rate/Member - 2P		\$ 74.49			\$ 74.49		
Total Monthly Rate/Member - F		\$ 146.03			\$ 146.03		

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Quote Request ID: 2001555
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271M - Part Time Secretary

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001841		
				Quoted Benefits	Rate w/ no Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> <i>\$764.81</i> <i>\$0/\$0/\$0</i> <i>\$1,720.82</i> <i>\$0/\$0/\$0/\$0</i> <i>\$2,141.47</i> <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> <i>\$709.20</i> <i>\$0/\$0/\$0</i> <i>\$1,595.70</i> <i>\$0/\$0/\$0/\$0</i> <i>\$1,985.76</i> <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> <i>\$694.58</i> <i>\$0/\$0/\$0</i> <i>\$1,562.81</i> <i>\$0/\$0/\$0/\$0</i> <i>\$1,944.82</i> <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			0	\$5,000	\$1.50	

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Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001841		
				Quoted Benefits	Rate	
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$25,000	\$0.12 \$3.00	1	\$25,000 \$25,000	\$ 0.12 \$ 3.00	
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$25,000	\$0.03 \$0.75	1	\$25,000 \$25,000	\$ 0.03 \$ 0.75	
Total Monthly Rate/Member - S		\$ 3.75			\$ 3.75	
Total Monthly Rate/Member - 2P		\$ 3.75			\$ 3.75	
Total Monthly Rate/Member - F		\$ 3.75			\$ 3.75	

The above rates are based on plans and enrollment as of 11/19/2025. 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.

If you have any questions, please contact your MESSA Field Representative, Monica Mckay, at 800.292.4910.



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**Quote Summary Exclusively for
Whiteford Agricultural Schools
Rates Effective 01/01/2026 through 12/31/2026**

Quote Request ID: 2001552
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271G - Part Time Bus Drivers

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001838		
				Quoted Benefits	Rate w/ no Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> \$764.81 <i>\$0/\$0/\$0</i> \$1,720.82 <i>\$0/\$0/\$0/\$0</i> \$2,141.47 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> \$709.20 <i>\$0/\$0/\$0</i> \$1,595.70 <i>\$0/\$0/\$0/\$0</i> \$1,985.76 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> \$694.58 <i>\$0/\$0/\$0</i> \$1,562.81 <i>\$0/\$0/\$0/\$0</i> \$1,944.82 <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			0	\$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.

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001838		
				Quoted Benefits	Rate	
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$150,000	\$0.12 \$3.00	7	\$25,000 \$175,000	\$ 0.12 \$ 3.00	
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$150,000	\$0.03 \$0.75	7	\$25,000 \$175,000	\$ 0.03 \$ 0.75	
Total Monthly Rate/Member - S		\$ 3.75			\$ 3.75	
Total Monthly Rate/Member - 2P		\$ 3.75			\$ 3.75	
Total Monthly Rate/Member - F		\$ 3.75			\$ 3.75	

The above rates are based on plans and enrollment as of 11/19/2025. 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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**Quote Summary Exclusively for
Whiteford Agricultural Schools
Rates Effective 01/01/2026 through 12/31/2026**

Quote Request ID: 2001553
MESSA Field Rep: Monica Mckay
Date Created: 11/19/2025

Quoted Group(s): 271H - PT Bus Aides & PT Maintenance

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001839		
				Quoted Benefits	Rate w/ no Discount	
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KM)</i> <i>\$2500/\$5000</i> <i>0%</i> \$764.81 <i>\$0/\$0/\$0</i> \$1,720.82 <i>\$0/\$0/\$0/\$0</i> \$2,141.47 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KQ)</i> <i>\$2500/\$5000</i> <i>10%</i> \$709.20 <i>\$0/\$0/\$0</i> \$1,595.70 <i>\$0/\$0/\$0/\$0</i> \$1,985.76 <i>5Tier</i> <i>EA1</i>		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	<i>ABC Plan 2.5 (KU)</i> <i>\$2500/\$5000</i> <i>20%</i> \$694.58 <i>\$0/\$0/\$0</i> \$1,562.81 <i>\$0/\$0/\$0/\$0</i> \$1,944.82 <i>5Tier</i> <i>EA1</i>		
Basic Term Life w/Med Volume:			0	\$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.

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 3001839		
				Quoted Benefits	Rate	
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$17,500 \$17,500	\$0.12 \$2.10	1	\$17,500 \$17,500	\$ 0.12 \$ 2.10	
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$17,500 \$17,500	\$0.03 \$0.53	1	\$17,500 \$17,500	\$ 0.03 \$ 0.53	
Total Monthly Rate/Member - S		\$ 2.63			\$ 2.63	
Total Monthly Rate/Member - 2P		\$ 2.63			\$ 2.63	
Total Monthly Rate/Member - F		\$ 2.63			\$ 2.63	

The above rates are based on plans and enrollment as of 11/19/2025. 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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