



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		
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package			ABC Plan 2.5 (KM) \$2500/\$5000			
			S: 1	0%	\$749.52		
			2P: 1	\$0/\$0/\$0	\$1,686.42		
			F: 3	\$0/\$0/\$0/\$0	\$2,098.66		
	Not Included in Benefit Package			5Tier EA1			
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:				ABC Plan 2.5 (KQ) \$2500/\$5000			
			S: 0	10%	\$695.02		
			2P: 0	\$0/\$0/\$0	\$1,563.80		
			F: 0	\$0/\$0/\$0/\$0	\$1,946.06		
	Not Included in Benefit Package			5Tier EA1			
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:				ABC Plan 2.5 (KU) \$2500/\$5000			
			S: 0	20%	\$680.69		
			2P: 0	\$0/\$0/\$0	\$1,531.55		
			F: 0	\$0/\$0/\$0/\$0	\$1,905.93		
	Not Included in Benefit Package			5Tier EA1			
<b>Basic Term Life w/Med</b> 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		
<b>Dental</b> 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   		
<b>Vision</b> 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		
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite Rate:	Volume As Enrolled \$710,000  \$0.12 \$12.17	   \$0.12 \$12.17	8	Volume As Enrolled \$785,000  \$ 0.12 \$ 12.17	   \$ 0.12 \$ 12.17		
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite Rate:	Volume As Enrolled \$710,000  \$0.03 \$3.04	   \$0.03 \$3.04	8	Volume As Enrolled \$785,000  \$ 0.03 \$ 3.04	   \$ 0.03 \$ 3.04		
<b>LTD Benefit</b> 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	          \$0.63 \$41.82	8	66 2/3% Max \$5,000 \$7,500 30 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$51,964  \$ 0.63 \$ 41.82	          \$ 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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 Whiteford Agricultural Schools  
 Rates Effective 01/01/2026 through 12/31/2026**

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		
<b>Plan</b> 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	ABC Plan 2.5 (KM) \$2500/\$5000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$755.25 \$1,699.31 \$2,114.70		
<b>Plan</b> 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	ABC Plan 2.5 (KQ) \$2500/\$5000 10% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$700.34 \$1,575.77 \$1,960.95		
<b>Plan</b> 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	ABC Plan 2.5 (KU) \$2500/\$5000 20% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$685.90 \$1,543.28 \$1,920.52		
<b>Basic Term Life w/Med</b> Volume:			34	\$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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 Rates Effective 01/01/2026 through 12/31/2026**

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		
<b>Dental</b>	06179-21, 22						
Diag & Prev:	80%			80%			
Basic Services:	80% (X-Rays)			80% (X-Rays)			
Major Services:	80%	\$34.34	S: 8	80%	\$ 34.34		
Annual Max:	\$1000	\$66.21	2P: 7	\$1000	\$ 66.21		
Orthodontics:	80%	\$127.50	F: 41	80%	\$127.50		
Lifetime Max:	\$1300			\$1300			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
<b>Vision</b>	VSP 3 Plus P	\$10.48	S: 8	VSP 3 Plus P	\$ 10.48		
Plan Year:	Jan-Dec	\$22.50	2P: 7	Jan-Dec	\$ 22.50		
		\$33.85	F: 41		\$ 33.85		
<b>Life Insurance</b>							
Volume:	Volume As Enrolled			Volume As Enrolled			
Total Volume:	\$2,692,000		56	\$2,792,000			
Rate/\$1,000:		\$0.12			\$ 0.12		
Composite Rate:		\$5.98			\$ 5.98		
<b>AD&amp;D Coverage</b>							
Volume:	Volume As Enrolled			Volume As Enrolled			
Total Volume:	\$2,692,000		56	\$2,792,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$1.50			\$ 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		
<b>Plan</b> 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	ABC Plan 2.5 (KM) \$2500/\$5000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$755.25 \$1,699.31 \$2,114.70		
<b>Plan</b> 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	ABC Plan 2.5 (KQ) \$2500/\$5000 10% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$700.34 \$1,575.77 \$1,960.95		
<b>Plan</b> 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	ABC Plan 2.5 (KU) \$2500/\$5000 20% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$685.90 \$1,543.28 \$1,920.52		
<b>Basic Term Life w/Med</b> 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		
<b>Dental</b>	06179-02						
Diag & Prev:	80%			80%			
Basic Services:	80% (X-Rays)			80% (X-Rays)			
Major Services:	80%	\$32.19	S: 0	80%	\$ 32.19		
Annual Max:	\$1000	\$66.58	2P: 0	\$1000	\$ 66.58		
Orthodontics:	80%	\$132.16	F: 2	80%	\$132.16		
Lifetime Max:	\$1300			\$1300			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
<b>Vision</b>	VSP 2	\$4.87	S: 0	VSP 2	\$ 4.87		
Plan Year:	Jan-Dec	\$10.45	2P: 0	Jan-Dec	\$ 10.45		
		\$15.73	F: 2		\$ 15.73		
<b>Life Insurance</b>							
Volume:	\$25,000			\$25,000			
Total Volume:	\$50,000		2	\$50,000			
Rate/\$1,000:		\$0.12			\$ 0.12		
Composite Rate:		\$3.00			\$ 3.00		
<b>AD&amp;D Coverage</b>							
Volume:	\$25,000			\$25,000			
Total Volume:	\$50,000		2	\$50,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$0.75			\$ 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		
<b>Plan</b> 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	ABC Plan 2.5 (KM) \$2500/\$5000			
			2P: 0	0%	\$755.25		
			F: 0	\$0/\$0/\$0	\$1,699.31		
				\$0/\$0/\$0/\$0	\$2,114.70		
				5Tier EA1			
<b>Plan</b> 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	ABC Plan 2.5 (KQ) \$2500/\$5000			
			2P: 0	10%	\$700.34		
			F: 0	\$0/\$0/\$0	\$1,575.77		
				\$0/\$0/\$0/\$0	\$1,960.95		
				5Tier EA1			
<b>Plan</b> 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	ABC Plan 2.5 (KU) \$2500/\$5000			
			2P: 0	20%	\$685.90		
			F: 0	\$0/\$0/\$0	\$1,543.28		
				\$0/\$0/\$0/\$0	\$1,920.52		
				5Tier EA1			
<b>Basic Term Life w/Med</b> Volume:			0	\$5,000	\$1.50		

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 Rates Effective 01/01/2026 through 12/31/2026**

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		
<b>Dental</b>	06179-23						
Diag & Prev:	80%			80%			
Basic Services:	80% (X-Rays)			80% (X-Rays)			
Major Services:	80%	\$28.69	S: 0	80%	\$ 28.69		
Annual Max:	\$1000	\$54.23	2P: 0	\$1000	\$ 54.23		
Orthodontics:	80%	\$109.34	F: 1	80%	\$109.34		
Lifetime Max:	\$1300			\$1300			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
<b>Vision</b>	VSP 3 Plus P	\$10.48	S: 0	VSP 3 Plus P	\$ 10.48		
Plan Year:	Jan-Dec	\$22.50	2P: 0	Jan-Dec	\$ 22.50		
		\$33.85	F: 1		\$ 33.85		
<b>Life Insurance</b>							
Volume:	\$75,000			\$75,000			
Total Volume:	\$75,000		1	\$75,000			
Rate/\$1,000:		\$0.12			\$ 0.12		
Composite Rate:		\$9.00			\$ 9.00		
<b>AD&amp;D Coverage</b>							
Volume:	\$75,000			\$75,000			
Total Volume:	\$75,000		1	\$75,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$2.25			\$ 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 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		
<b>Plan</b> 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	ABC Plan 2.5 (KM) \$2500/\$5000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$755.25 \$1,699.31 \$2,114.70		
<b>Plan</b> 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	ABC Plan 2.5 (KQ) \$2500/\$5000 10% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$700.34 \$1,575.77 \$1,960.95		
<b>Plan</b> 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	ABC Plan 2.5 (KU) \$2500/\$5000 20% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier EA1	\$685.90 \$1,543.28 \$1,920.52		
<b>Basic Term Life w/Med</b> 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		
<b>Dental</b>	06179-20						
Diag & Prev:	80%			80%			
Basic Services:	80% (X-Rays)			80% (X-Rays)			
Major Services:	80%	\$32.01	S: 1	80%	\$ 32.01		
Annual Max:	\$1000	\$60.29	2P: 1	\$1000	\$ 60.29		
Orthodontics:	80%	\$126.55	F: 1	80%	\$126.55		
Lifetime Max:	\$1300			\$1300			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
<b>Vision</b>	VSP 2	\$4.87	S: 1	VSP 2	\$ 4.87		
Plan Year:	Jan-Dec	\$10.45	2P: 1	Jan-Dec	\$ 10.45		
		\$15.73	F: 1		\$ 15.73		
<b>Life Insurance</b>							
Volume:	\$25,000			\$25,000			
Total Volume:	\$75,000		3	\$75,000			
Rate/\$1,000:		\$0.12			\$ 0.12		
Composite Rate:		\$3.00			\$ 3.00		
<b>AD&amp;D Coverage</b>							
Volume:	\$25,000			\$25,000			
Total Volume:	\$75,000		3	\$75,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$0.75			\$ 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		

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

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		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$764.81</i> <i>\$1,720.82</i> <i>\$2,141.47</i>		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$709.20</i> <i>\$1,595.70</i> <i>\$1,985.76</i>		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$694.58</i> <i>\$1,562.81</i> <i>\$1,944.82</i>		
<b>Basic Term Life w/Med</b> Volume:			0	\$5,000	\$1.50		

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**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 3001841			
				Quoted Benefits	Rate		
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$25,000		1	\$25,000 \$25,000			
		\$0.12			\$ 0.12		
		\$3.00			\$ 3.00		
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$25,000		1	\$25,000 \$25,000			
		\$0.03			\$ 0.03		
		\$0.75			\$ 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		

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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		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$764.81</i> <i>\$1,720.82</i> <i>\$2,141.47</i>		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$709.20</i> <i>\$1,595.70</i> <i>\$1,985.76</i>		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$694.58</i> <i>\$1,562.81</i> <i>\$1,944.82</i>		
<b>Basic Term Life w/Med</b> 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		
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$150,000		7	\$25,000 \$175,000			
		\$0.12 \$3.00			\$ 0.12 \$ 3.00		
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite Rate:	\$25,000 \$150,000		7	\$25,000 \$175,000			
		\$0.03 \$0.75			\$ 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.**

**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		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$764.81</i> <i>\$1,720.82</i> <i>\$2,141.47</i>		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$709.20</i> <i>\$1,595.70</i> <i>\$1,985.76</i>		
<b>Plan</b> 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>\$0/\$0/\$0</i> <i>\$0/\$0/\$0/\$0</i> <i>5Tier</i> <i>EA1</i>	<i>\$694.58</i> <i>\$1,562.81</i> <i>\$1,944.82</i>		
<b>Basic Term Life w/Med</b> 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		
<b>Life Insurance</b> 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		
<b>AD&amp;D Coverage</b> 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		