

**Quote Summary Exclusively for  
 Southgate Community Schools  
 Rates Effective 01/01/2019 through 12/31/2019**

Quote Request ID: 226516  
 MESSA Field Rep: Andrew Lavendusky

**Quoted Group(s): NEW-All Employees**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 342956		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical:				<b>NON-PAK</b>		
IN Deductible:			S: 53	ABC Plan 1		
IN Coinsurance:			2P: 40	\$1350/\$2700	\$574.80	\$583.65
OL/OV/SV Copay:			F: 140	0%	\$1,291.41	\$1,311.33
UC/ER Copay:				N/A	\$1,606.73	\$1,631.51
Rx Coverage:				N/A		
Riders Included:				ABC Rx		
				HEQ		
Medical:				ABC Plan 2		
IN Deductible:			S: 0	\$2000/\$4000	\$538.04	\$546.32
IN Coinsurance:			2P: 0	0%	\$1,208.69	\$1,227.33
OL/OV/SV Copay:			F: 0	N/A	\$1,503.79	\$1,526.99
UC/ER Copay:				N/A		
Rx Coverage:				ABC Rx		
Riders Included:				HEQ		
Medical:				ABC Plan 1		
IN Deductible:			S: 0	\$1350/\$2700	\$511.63	\$519.51
IN Coinsurance:			2P: 0	10%	\$1,149.29	\$1,167.01
OL/OV/SV Copay:			F: 0	N/A	\$1,429.87	\$1,451.92
UC/ER Copay:				N/A		
Rx Coverage:				3Tier		
Riders Included:				HEQ		
Medical:				Essentials by MESSA		
IN Deductible:			S: 0	\$375/\$750	\$432.56	\$439.22
IN Coinsurance:			2P: 0	20%	\$971.40	\$986.38
OL/OV/SV Copay:			F: 0	\$10/\$25/\$50	\$1,208.49	\$1,227.13
UC/ER Copay:				\$50/\$200		
Rx Coverage:				EbM		
Riders Included:				None		

The above rates are based on the information provided. 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, Andrew Lavendusky, at 800.292.4910.**



Good health. Good business. Great schools.  
 1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
 800.292.4910

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Quote Request ID: 226734  
 MESSA Field Rep: Andrew Lavendusky

**Quoted Group(s): NEW-All Employees**

Description	Current Benefits	Current Rate With Taxes	Census Used	Quote ID 343104		
				Quoted Benefits	Rate Without Taxes	Rate With Taxes
Medical:				<b>NON-PAK</b>		
IN Deductible:			S: 53	ABC Plan 3		
IN Coinsurance:			2P: 40	\$3500/\$7000	\$458.99	\$466.05
OL/OV/SV Copay:			F: 140	20%	\$1,030.85	\$1,046.74
UC/ER Copay:				N/A	\$1,282.47	\$1,302.25
Rx Coverage:				N/A		
Riders Included:				ABC Rx		
				HEQ		

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