



**2024 Rate Renewal Exclusively for
Mancelona Public Schools**

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

Quote #: 353223
MESSA Field Rep: Viola Collin
Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 687A - Admin & NonBargainSupportSpv

Medical plans

Description	Benefits	Enrollment	2023 Rate' w/ 2% Discount	2024 Rate' w/ 2% Discount
Plan	MESSA Choices (7E)			
IN Deductible:	\$300/\$600	Single: 1	\$834.90	\$859.95
IN Coinsurance:	0%	2-Person: 1	\$1,878.53	\$1,934.88
OL/OV/SV Copay:	\$20/\$20/\$20	Family: 0	\$2,337.72	\$2,407.84
UC/ER Copay:	\$25/\$50			
Rx Coverage:	Saver Rx			
Riders:	None			
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1600/\$3200	Single: 0	\$699.06	\$720.04
IN Coinsurance:	0%	2-Person: 0	\$1,572.90	\$1,620.08
OL/OV/SV Copay:	\$0	Family: 4	\$1,957.39	\$2,016.11
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	6	\$1.50	\$1.50

*Medical Rate includes 1.335% for federal and state taxes and fees.
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COBRA RATES:

The COBRA rates for this group are the same as the rates above.

The above rates are based on plans and enrollment as of 07/31/2023. 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): 687A - Admin & NonBargainSupportSpv

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-20 100% 80% (X-Rays) 80% \$1,700 80% UCR 2 Cleanings, Sealants Jan-Dec	Single: 1 2-Person: 2 Family: 5	\$37.36 \$72.12 \$160.35	\$37.36 \$72.12 \$160.35
Vision Plan Year:	VSP 3 Plus P Jan-Dec	Single: 1 2-Person: 2 Family: 5	\$10.46 \$22.46 \$33.80	\$10.46 \$22.46 \$33.80
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$590,000	8	\$0.13 \$7.52	\$0.14 \$10.33
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$590,000	8	\$0.03 \$1.74	\$0.03 \$2.21
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$5,000 \$7,500 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$46,607	8	\$0.93 \$43.02	\$0.78 \$45.44

Total Monthly Rate per Member: Single \$100.10 \$105.80
 Total Monthly Rate per Member: 2-Person \$146.86 \$152.56
 Total Monthly Rate per Member: Family \$246.43 \$252.13

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Quoted Group(s): 687B - Superintendent

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan	MESSA Choices (7E)			
IN Deductible:	\$300/\$600	Single: 0	\$834.90	\$859.95
IN Coinsurance:	0%	2-Person: 0	\$1,878.53	\$1,934.88
OL/OV/SV Copay:	\$20/\$20/\$20	Family: 0	\$2,337.72	\$2,407.84
UC/ER Copay:	\$25/\$50			
Rx Coverage:	Saver Rx			
Riders:	None			
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1600/\$3200	Single: 0	\$699.06	\$720.04
IN Coinsurance:	0%	2-Person: 1	\$1,572.90	\$1,620.08
OL/OV/SV Copay:	\$0	Family: 0	\$1,957.39	\$2,016.11
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	1	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-18 100% 80% (X-Rays) 80% \$1,700 80% UCR 2 Cleanings, Sealants Jan-Dec	Single: 0 2-Person: 1 Family: 0	\$33.46 \$64.96 \$140.38	\$33.46 \$64.96 \$140.38
Vision Plan Year:	VSP 3 Plus P Jan-Dec	Single: 0 2-Person: 1 Family: 0	\$10.46 \$22.46 \$33.80	\$10.46 \$22.46 \$33.80
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$160,000 \$160,000	1	\$0.13 \$20.80	\$0.14 \$22.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$160,000 \$160,000	1	\$0.03 \$4.80	\$0.03 \$4.80
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$5,000 \$7,500 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$7,500	1	\$0.82 \$61.50	\$0.75 \$56.25

Total Monthly Rate per Member: Single \$131.02 \$127.37
 Total Monthly Rate per Member: 2-Person \$174.52 \$170.87
 Total Monthly Rate per Member: Family \$261.28 \$257.63

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