



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

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

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

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

Quoted Group(s): 687E - FT Secretaries

Medical plans

Description	Benefits	Enrollment	2023 Rate' w/ 2% Discount	2024 Rate' w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7A) \$300/\$600 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$860.04 \$1,935.10 \$2,408.11	\$885.84 \$1,993.14 \$2,480.35
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$699.06 \$1,572.90 \$1,957.39	\$720.04 \$1,620.08 \$2,016.11
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

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

*Medical Rate includes 1.336% for federal and state taxes and fees.

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

Quoted Group(s): 687E - FT Secretaries

Ancillary plans with medical - 2 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-06 75% 50% (X-Rays) 50% \$1,500 0% \$ 0 2 Cleanings, Sealants Jan-Dec	Single: 1 2-Person: 0 Family: 1	\$24.99 \$46.09 \$75.43	\$24.99 \$46.09 \$75.43
Vision (All)* Plan Year:	VSP 3 G Jan-Dec	Single: 1 2-Person: 0 Family: 1	\$7.32 \$15.70 \$23.59	\$7.32 \$15.70 \$23.59
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$60,000	2	\$0.13 \$3.90	\$0.14 \$4.20
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$60,000	2	\$0.03 \$0.90	\$0.03 \$0.90
LTD Benefit (All)* 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:	70% Max \$2,500 \$3,571 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$4,408	2	\$1.67 \$30.83	\$1.61 \$35.48

Total Monthly Rate per Member: Single \$67.94 \$72.89
 Total Monthly Rate per Member: 2-Person \$97.42 \$102.37
 Total Monthly Rate per Member: Family \$134.65 \$139.60

COBRA RATES:

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Quoted Group(s): 687E - FT Secretaries

Ancillary plans without medical - 0 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06004-07			
Diag & Prev:	75%			
Basic Services:	75% (X-Rays)			
Major Services:	60%	Single: 0	\$30.71	\$30.71
Annual Max:	\$1,500	2-Person: 0	\$57.72	\$57.72
Orthodontics:	75%	Family: 0	\$110.36	\$110.36
Lifetime Max:	\$1,200			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 3 G	Single: 1	\$7.32	\$7.32
Plan Year:	Jan-Dec	2-Person: 0	\$15.70	\$15.70
		Family: 1	\$23.59	\$23.59
Life Insurance (All)*				
Volume:	\$30,000			
Total Volume:	\$60,000	2		
Rate/\$1,000:			\$0.13	\$0.14
Composite:			\$3.90	\$4.20
AD&D Coverage (All)*				
Volume:	\$30,000			
Total Volume:	\$60,000	2		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
LTD Benefit (All)*				
Benefit:	70% Max \$2,500			
Max Monthly Salary:	\$3,571			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$4,408	2		
Rate/\$100:			\$1.67	\$1.61
Composite:			\$30.83	\$35.48

Total Monthly Rate per Member: Single \$73.66 \$78.61
 Total Monthly Rate per Member: 2-Person \$109.05 \$114.00
 Total Monthly Rate per Member: Family \$169.58 \$174.53

COBRA RATES:

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

Quoted Group(s): 687N - FT Bus Drivers

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 0	\$699.06	\$720.04
OL/OV/SV Copay:	\$0	2-Person: 0	\$1,572.90	\$1,620.08
UC/ER Copay:	\$0	Family: 1	\$1,957.39	\$2,016.11
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.

²Medical Rate includes 1.336% for federal and state taxes and fees.

COBRA RATES:

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Quoted Group(s): 687N - FT Bus Drivers

Ancillary plans with medical - 1 member

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06004-23			
Diag & Prev:	75%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 0	\$19.58	\$19.58
Annual Max:	\$1,500	2-Person: 0	\$36.40	\$36.40
Orthodontics:	0%	Family: 1	\$65.21	\$65.21
Lifetime Max:	\$ 0			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 3 G	Single: 0	\$7.32	\$7.32
Plan Year:	Jan-Dec	2-Person: 1	\$15.70	\$15.70
		Family: 1	\$23.59	\$23.59
Life Insurance				
Volume:	\$10,000			
Total Volume:	\$10,000	1		
Rate/\$1,000:			\$0.13	\$0.14
Composite:			\$1.30	\$1.40
AD&D Coverage				
Volume:	\$10,000			
Total Volume:	\$10,000	1		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.30	\$0.30
LTD Benefit (All)*				
Benefit:	70% Max \$2,500			
Max Monthly Salary:	\$3,571			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$5,743	2		
Rate/\$100:			\$2.39	\$2.35
Composite:			\$56.15	\$67.48

Total Monthly Rate per Member: Single \$84.65 \$96.08
 Total Monthly Rate per Member: 2-Person \$109.85 \$121.28
 Total Monthly Rate per Member: Family \$146.55 \$157.98

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Quoted Group(s): 687N - FT Bus Drivers

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-24 75% 75% (X-Rays) 60% \$1,500 75% \$1,200 2 Cleanings, Sealants Jan-Dec	Single: 0 2-Person: 1 Family: 0	\$27.56 \$51.86 \$99.04	\$27.56 \$51.86 \$99.04
Vision (All)* Plan Year:	VSP 3 G Jan-Dec	Single: 0 2-Person: 1 Family: 1	\$7.32 \$15.70 \$23.59	\$7.32 \$15.70 \$23.59
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$15,000 \$15,000	1	\$0.13 \$1.95	\$0.14 \$2.10
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$15,000 \$15,000	1	\$0.03 \$0.45	\$0.03 \$0.45
LTD Benefit (All)* 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:	70% Max \$2,500 \$3,571 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$5,743	2	\$2.39 \$56.15	\$2.35 \$67.48

Total Monthly Rate per Member: Single \$93.43 \$104.91
 Total Monthly Rate per Member: 2-Person \$126.11 \$137.59
 Total Monthly Rate per Member: Family \$181.18 \$192.66

COBRA RATES:

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Quoted Group(s): 687F - PT Bus Drivers

Medical plans

Description	Benefits	Enrollment	2023 Rate' w/ 2% Discount	2024 Rate' w/ 2% Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 1	\$699.06	\$720.04
OL/OV/SV Copay:	\$0	2-Person: 1	\$1,572.90	\$1,620.08
UC/ER Copay:	\$0	Family: 1	\$1,957.39	\$2,016.11
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	3	\$1.50	\$1.50

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

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Quoted Group(s): 687F - PT Bus Drivers

Ancillary plans with medical - 3 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-04 75% 50% (X-Rays) 50% \$1,500 0% \$ 0 2 Cleanings, Sealants Jan-Dec	Single: 1 2-Person: 1 Family: 1	\$25.98 \$47.96 \$79.23	\$25.98 \$47.96 \$79.23
Vision (All)* Plan Year:	VSP 3 G Jan-Dec	Single: 2 2-Person: 1 Family: 2	\$7.32 \$15.70 \$23.59	\$7.32 \$15.70 \$23.59
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$15,000	3	\$0.13 \$0.65	\$0.14 \$0.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$15,000	3	\$0.03 \$0.15	\$0.03 \$0.15
LTD Benefit (All)* 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:	70% Max \$2,500 \$3,571 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$5,616	5	\$2.74 \$28.58	\$1.70 \$19.09

Total Monthly Rate per Member: Single \$62.68 \$53.24
 Total Monthly Rate per Member: 2-Person \$93.04 \$83.60
 Total Monthly Rate per Member: Family \$132.20 \$122.76

COBRA RATES:

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Quoted Group(s): 687F - PT Bus Drivers

Ancillary plans without medical - 2 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06004-05			
Diag & Prev:	75%			
Basic Services:	75% (X-Rays)			
Major Services:	60%	Single: 1	\$31.24	\$31.24
Annual Max:	\$1,500	2-Person: 0	\$56.33	\$56.33
Orthodontics:	0%	Family: 1	\$101.43	\$101.43
Lifetime Max:	\$ 0			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 3 G	Single: 2	\$7.32	\$7.32
Plan Year:	Jan-Dec	2-Person: 1	\$15.70	\$15.70
		Family: 2	\$23.59	\$23.59
Life Insurance				
Volume:	\$10,000			
Total Volume:	\$20,000	2		
Rate/\$1,000:			\$0.13	\$0.14
Composite:			\$1.30	\$1.40
AD&D Coverage				
Volume:	\$10,000			
Total Volume:	\$20,000	2		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.30	\$0.30
LTD Benefit (All)*				
Benefit:	70% Max \$2,500			
Max Monthly Salary:	\$3,571			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$5,616	5	\$2.74	\$1.70
Rate/\$100:			\$28.58	\$19.09
Composite:				

Total Monthly Rate per Member: Single \$68.74 \$59.35
 Total Monthly Rate per Member: 2-Person \$102.21 \$92.82
 Total Monthly Rate per Member: Family \$155.20 \$145.81

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

Quoted Group(s): 687L - Paras,ChildCare,TeachingAsst

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7A) \$300/\$600 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$860.04 \$1,935.10 \$2,408.11	\$885.84 \$1,993.14 \$2,480.35
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 0 Family: 0	\$699.06 \$1,572.90 \$1,957.39	\$720.04 \$1,620.08 \$2,016.11
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

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

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Quoted Group(s): 687L - Paras,ChildCare,TeachingAsst

Ancillary plans with medical - 2 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06004-21			
Diag & Prev:	75%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 2	\$23.35	\$23.35
Annual Max:	\$1,500	2-Person: 0	\$44.61	\$44.61
Orthodontics:	0%	Family: 0	\$74.00	\$74.00
Lifetime Max:	\$ 0			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 3 G	Single: 2	\$7.32	\$7.32
Plan Year:	Jan-Dec	2-Person: 2	\$15.70	\$15.70
		Family: 2	\$23.59	\$23.59
Life Insurance				
Volume:	\$10,000			
Total Volume:	\$20,000	2		
Rate/\$1,000:			\$0.13	\$0.14
Composite:			\$1.30	\$1.40
AD&D Coverage				
Volume:	\$10,000			
Total Volume:	\$20,000	2		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.30	\$0.30
LTD Benefit (All)*				
Benefit:	70% Max \$2,500			
Max Monthly Salary:	\$3,571			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$7,702	6		
Rate/\$100:			\$2.12	\$2.00
Composite:			\$23.84	\$25.67

Total Monthly Rate per Member: Single \$56.11 \$58.04
 Total Monthly Rate per Member: 2-Person \$85.75 \$87.68
 Total Monthly Rate per Member: Family \$123.03 \$124.96

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Quoted Group(s): 687L - Paras,ChildCare,TeachingAsst

Ancillary plans without medical - 4 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-22 75% 75% (X-Rays) 60% \$1,500 0% \$ 0 2 Cleanings, Sealants Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$32.77 \$63.18 \$109.28	\$32.77 \$63.18 \$109.28
Vision (All)* Plan Year:	VSP 3 G Jan-Dec	Single: 2 2-Person: 2 Family: 2	\$7.32 \$15.70 \$23.59	\$7.32 \$15.70 \$23.59
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$120,000	4	\$0.13 \$3.90	\$0.14 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$120,000	4	\$0.03 \$0.90	\$0.03 \$0.90
LTD Benefit (All)* 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:	70% Max \$2,500 \$3,571 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$7,702	6	\$2.12 \$23.84	\$2.00 \$25.67

Total Monthly Rate per Member: Single \$68.73 \$70.86
Total Monthly Rate per Member: 2-Person \$107.52 \$109.65
Total Monthly Rate per Member: Family \$161.51 \$163.64

COBRA RATES:

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

* Indicates total ancillary plan enrollment and volume for quoted group(s).

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.

If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 800.292.4910.