



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): 687D - Teacher

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 (7E) \$300/\$600 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 5 2-Person: 3 Family: 5	\$834.90 \$1,878.53 \$2,337.72	\$859.95 \$1,934.88 \$2,407.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 3 2-Person: 0 Family: 2	\$791.02 \$1,779.81 \$2,214.85	\$814.75 \$1,833.19 \$2,281.28
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: 5 2-Person: 1 Family: 13	\$699.06 \$1,572.90 \$1,957.39	\$720.04 \$1,620.08 \$2,016.11
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (9B) \$1600/\$3200 20% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 0 Family: 2	\$634.15 \$1,426.85 \$1,775.62	\$653.17 \$1,469.65 \$1,828.87
Basic Term Life with Medical Volume:	\$5,000	39	\$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:

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): 687D - Teacher

Ancillary plans with medical - 39 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-02 80% 80% (X-Rays) 80% \$1,000 80% \$1,500 2 Cleanings Jan-Dec	Single: 14 2-Person: 4 Family: 21	\$28.94 \$55.28 \$107.86	\$28.94 \$55.28 \$107.86
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 14 2-Person: 4 Family: 21	\$9.49 \$20.38 \$30.70	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,950,000	39	\$0.13 \$6.50	\$0.14 \$7.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,950,000	39	\$0.03 \$1.50	\$0.03 \$1.50
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:	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 \$242,162	54	\$0.56 \$25.22	\$0.53 \$23.77

Total Monthly Rate per Member: Single \$71.65 \$70.70
 Total Monthly Rate per Member: 2-Person \$108.88 \$107.93
 Total Monthly Rate per Member: Family \$171.78 \$170.83

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

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Quoted Group(s): 687D - Teacher

Ancillary plans without medical - 15 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-03 100% 90% (X-Rays) 90% \$1,000 90% \$1,500 2 Cleanings Jan-Dec	Single: 5 2-Person: 5 Family: 5	\$33.44 \$64.56 \$129.81	\$33.44 \$64.56 \$129.81
Vision Plan Year:	VSP 3 Jan-Dec	Single: 5 2-Person: 5 Family: 5	\$6.53 \$14.01 \$21.07	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$900,000	15	\$0.13 \$7.80	\$0.14 \$8.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$900,000	15	\$0.03 \$1.80	\$0.03 \$1.80
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:	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 \$242,162	54	\$0.56 \$25.22	\$0.53 \$23.77

Total Monthly Rate per Member: Single \$74.79 \$73.94
Total Monthly Rate per Member: 2-Person \$113.39 \$112.54
Total Monthly Rate per Member: Family \$185.70 \$184.85

COBRA RATES:

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