



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

2023 Rate Renewal Exclusively for Mancelona Public Schools

Quote #: 351083
MESSA Field Rep: Viola Collin
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

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

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 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: 1 2-Person: 1 Family: 0	\$762.47 \$1,715.55 \$2,134.91	\$834.90 \$1,878.53 \$2,337.72
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7P) \$1500/\$3000 0% \$0 \$0 ABC Rx None	Single: 0 2-Person: 0 Family: 3	\$638.42 \$1,436.44 \$1,787.57	\$699.06 \$1,572.90 \$1,957.39
Basic Term Life with Medical Volume:	\$5,000	5	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% 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 08/02/2022. 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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Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 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	\$36.34 \$70.63 \$155.94	\$37.36 \$72.12 \$160.35
Vision Plan Year:	VSP 3 Plus P Jan-Dec	Single: 1 2-Person: 2 Family: 5	\$11.57 \$24.85 \$37.38	\$10.46 \$22.46 \$33.80
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$463,000	8	\$0.14 \$9.07	\$0.13 \$7.52
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$463,000	8	\$0.03 \$1.94	\$0.03 \$1.74
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 \$37,004	8	\$0.89 \$46.59	\$0.93 \$43.02
Total Monthly Rate per Member: Single			\$105.51	\$100.10
Total Monthly Rate per Member: 2-Person			\$153.08	\$146.86
Total Monthly Rate per Member: Family			\$250.92	\$246.43

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Quoted Group(s): 687B - Superintendent

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 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: 0 2-Person: 0 Family: 0	\$762.47 \$1,715.55 \$2,134.91	\$834.90 \$1,878.53 \$2,337.72
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7P) \$1500/\$3000 0% \$0 \$0 ABC Rx None	Single: 0 2-Person: 1 Family: 0	\$638.42 \$1,436.44 \$1,787.57	\$699.06 \$1,572.90 \$1,957.39
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

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Ancillary plans

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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	\$32.40 \$62.23 \$136.26	\$33.46 \$64.96 \$140.38
Vision Plan Year:	VSP 3 Plus P Jan-Dec	Single: 0 2-Person: 1 Family: 0	\$11.57 \$24.85 \$37.38	\$10.46 \$22.46 \$33.80
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$160,000 \$160,000	1	\$0.14 \$22.40	\$0.13 \$20.80
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	\$0.81 \$60.75	\$0.82 \$61.50
Total Monthly Rate per Member: Single			\$131.92	\$131.02
Total Monthly Rate per Member: 2-Person			\$175.03	\$174.52
Total Monthly Rate per Member: Family			\$261.59	\$261.28

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