



1475 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): 687E - FT Secretaries

**Medical plans**

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> 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	\$785.43 \$1,767.21 \$2,199.19	\$860.04 \$1,935.10 \$2,408.11
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 2	\$638.42 \$1,436.44 \$1,787.57	\$699.06 \$1,572.90 \$1,957.39
<b>Basic Term Life with Medical</b> Volume:	\$5,000	3	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

**COBRA RATES:**

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Quoted Group(s): 687E - FT Secretaries

**Ancillary plans with medical - 3 members**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b>	06004-06			
Diag & Prev:	75%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 1	\$24.48	\$24.99
Annual Max:	\$1,500	2-Person: 0	\$45.14	\$46.09
Orthodontics:	0%	Family: 2	\$73.88	\$75.43
Lifetime Max:	\$ 0			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
<b>Vision (All)*</b>	VSP 3	Single: 1	\$7.22	\$6.53
Plan Year:	Jan-Dec	2-Person: 0	\$15.49	\$14.01
		Family: 2	\$23.30	\$21.07
<b>Life Insurance (All)*</b>				
Volume:	\$30,000			
Total Volume:	\$90,000	3		
Rate/\$1,000:			\$0.14	\$0.13
Composite:			\$4.20	\$3.90
<b>AD&amp;D Coverage (All)*</b>				
Volume:	\$30,000			
Total Volume:	\$90,000	3		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
<b>LTD Benefit (All)*</b>				
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:	\$5,538	3		
Rate/\$100:			\$2.04	\$1.67
Composite:			\$31.06	\$30.83
Total Monthly Rate per Member: Single			\$67.86	\$67.15
Total Monthly Rate per Member: 2-Person			\$96.79	\$95.73
Total Monthly Rate per Member: Family			\$133.34	\$132.13

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Quoted Group(s): 687E - FT Secretaries

**Ancillary plans without medical - 0 members**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b>	06004-07			
Diag & Prev:	75%			
Basic Services:	75% (X-Rays)			
Major Services:	60%	Single: 0	\$30.08	\$30.71
Annual Max:	\$1,500	2-Person: 0	\$56.53	\$57.72
Orthodontics:	75%	Family: 0	\$108.08	\$110.36
Lifetime Max:	\$1,200			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
<b>Vision (All)*</b>	VSP 3	Single: 1	\$7.22	\$6.53
Plan Year:	Jan-Dec	2-Person: 0	\$15.49	\$14.01
		Family: 2	\$23.30	\$21.07
<b>Life Insurance (All)*</b>				
Volume:	\$30,000			
Total Volume:	\$90,000	3		
Rate/\$1,000:			\$0.14	\$0.13
Composite:			\$4.20	\$3.90
<b>AD&amp;D Coverage (All)*</b>				
Volume:	\$30,000			
Total Volume:	\$90,000	3		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
<b>LTD Benefit (All)*</b>				
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:	\$5,538	3		
Rate/\$100:			\$2.04	\$1.67
Composite:			\$31.06	\$30.83
<b>Total Monthly Rate per Member: Single</b>			<b>\$73.46</b>	<b>\$72.87</b>
<b>Total Monthly Rate per Member: 2-Person</b>			<b>\$108.18</b>	<b>\$107.36</b>
<b>Total Monthly Rate per Member: Family</b>			<b>\$167.54</b>	<b>\$167.06</b>

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

**Medical plans**

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b>	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000			
IN Coinsurance:	0%	Single: 0	\$638.42	\$699.06
OL/OV/SV Copay:	\$0	2-Person: 2	\$1,436.44	\$1,572.90
UC/ER Copay:	\$0	Family: 1	\$1,787.57	\$1,957.39
Rx Coverage:	ABC Rx			
Riders:	HEQ			
<b>Basic Term Life with Medical</b>				
Volume:	\$5,000	3	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

<sup>2</sup>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	2022 Rate	2023 Rate
<b>Dental</b>	06004-04			
Diag & Prev:	75%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 0	\$25.45	\$25.98
Annual Max:	\$1,500	2-Person: 2	\$46.97	\$47.96
Orthodontics:	0%	Family: 1	\$77.60	\$79.23
Lifetime Max:	\$ 0			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
<b>Vision</b>	VSP 2	Single: 0	\$5.39	\$4.87
Plan Year:	Jan-Dec	2-Person: 2	\$11.54	\$10.43
		Family: 1	\$17.37	\$15.71
<b>Life Insurance</b>				
Volume:	\$5,000			
Total Volume:	\$15,000	3		
Rate/\$1,000:			\$0.14	\$0.13
Composite:			\$0.70	\$0.65
<b>AD&amp;D Coverage</b>				
Volume:	\$5,000			
Total Volume:	\$15,000	3		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.15	\$0.15
<b>LTD Benefit (All)*</b>				
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:	\$4,172	4		
Rate/\$100:			\$3.31	\$2.74
Composite:			\$31.78	\$28.58
Total Monthly Rate per Member: Single			\$63.47	\$60.23
Total Monthly Rate per Member: 2-Person			\$91.14	\$87.77
Total Monthly Rate per Member: Family			\$127.60	\$124.32

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

**Ancillary plans without medical - 1 member**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-05 75% 75% (X-Rays) 60% \$1,500 0% \$ 0 2 Cleanings, Sealants Jan-Dec	Single: 0 2-Person: 0 Family: 1	\$30.60 \$55.17 \$99.34	\$31.24 \$56.33 \$101.43
<b>Vision</b> Plan Year:	VSP 2 S Jan-Dec	Single: 0 2-Person: 0 Family: 1	\$6.05 \$12.95 \$19.51	\$5.47 \$11.71 \$17.64
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$10,000	1	\$0.14 \$1.40	\$0.13 \$1.30
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$10,000	1	\$0.03 \$0.30	\$0.03 \$0.30
<b>LTD Benefit (All)*</b> 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 \$4,172	4	\$3.31 \$31.78	\$2.74 \$28.58
Total Monthly Rate per Member: Single			\$70.13	\$66.89
Total Monthly Rate per Member: 2-Person			\$101.60	\$98.22
Total Monthly Rate per Member: Family			\$152.33	\$149.25

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

**Medical plans**

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b>	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000			
IN Coinsurance:	0%	Single: 0	\$638.42	\$699.06
OL/OV/SV Copay:	\$0	2-Person: 1	\$1,436.44	\$1,572.90
UC/ER Copay:	\$0	Family: 1	\$1,787.57	\$1,957.39
Rx Coverage:	ABC Rx			
Riders:	HEQ			
<b>Basic Term Life with Medical</b>				
Volume:	\$5,000	2	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

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

**Ancillary plans with medical - 2 members**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-23 75% 50% (X-Rays) 50% \$1,500 0% \$ 0 2 Cleanings, Sealants Jan-Dec	Single: 0 2-Person: 1 Family: 1	\$19.18 \$35.65 \$63.87	\$19.58 \$36.40 \$65.21
<b>Vision</b> Plan Year:	VSP 2 Jan-Dec	Single: 0 2-Person: 1 Family: 1	\$5.39 \$11.54 \$17.37	\$4.87 \$10.43 \$15.71
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$20,000	2	\$0.14 \$1.40	\$0.13 \$1.30
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$20,000	2	\$0.03 \$0.30	\$0.03 \$0.30
<b>LTD Benefit (All)*</b> 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 \$7,048	3	\$2.35 \$52.35	\$2.39 \$56.15
Total Monthly Rate per Member: Single			\$78.62	\$82.20
Total Monthly Rate per Member: 2-Person			\$101.24	\$104.58
Total Monthly Rate per Member: Family			\$135.29	\$138.67

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

**Ancillary plans without medical - 1 member**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b>	06004-24			
Diag & Prev:	75%			
Basic Services:	75% (X-Rays)			
Major Services:	60%	Single: 0	\$27.00	\$27.56
Annual Max:	\$1,500	2-Person: 1	\$50.79	\$51.86
Orthodontics:	75%	Family: 0	\$97.00	\$99.04
Lifetime Max:	\$1,200			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
<b>Vision</b>	VSP 2 S	Single: 0	\$6.05	\$5.47
Plan Year:	Jan-Dec	2-Person: 1	\$12.95	\$11.71
		Family: 0	\$19.51	\$17.64
<b>Life Insurance</b>				
Volume:	\$15,000			
Total Volume:	\$15,000	1		
Rate/\$1,000:			\$0.14	\$0.13
Composite:			\$2.10	\$1.95
<b>AD&amp;D Coverage</b>				
Volume:	\$15,000			
Total Volume:	\$15,000	1		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.45	\$0.45
<b>LTD Benefit (All)*</b>				
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:	\$7,048	3		
Rate/\$100:			\$2.35	\$2.39
Composite:			\$52.35	\$56.15
Total Monthly Rate per Member: Single			\$87.95	\$91.58
Total Monthly Rate per Member: 2-Person			\$118.64	\$122.12
Total Monthly Rate per Member: Family			\$171.41	\$175.23

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

**Medical plans**

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> 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	\$785.43 \$1,767.21 \$2,199.19	\$860.04 \$1,935.10 \$2,408.11
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 0 Family: 0	\$638.42 \$1,436.44 \$1,787.57	\$699.06 \$1,572.90 \$1,957.39
<b>Basic Term Life with Medical</b> Volume:	\$5,000	2	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

<sup>2</sup>Medical 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	2022 Rate	2023 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06004-21 75% 50% (X-Rays) 50% \$1,500 0% \$ 0 2 Cleanings, Sealants Jan-Dec	Single: 2 2-Person: 0 Family: 0	\$22.87 \$43.69 \$72.48	\$23.35 \$44.61 \$74.00
<b>Vision (All)*</b> Plan Year:	VSP 3 Jan-Dec	Single: 2 2-Person: 2 Family: 2	\$7.22 \$15.49 \$23.30	\$6.53 \$14.01 \$21.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$20,000	2	\$0.14 \$1.40	\$0.13 \$1.30
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$20,000	2	\$0.03 \$0.30	\$0.03 \$0.30
<b>LTD Benefit (All)*</b> 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 \$6,746	6	\$2.14 \$23.80	\$2.12 \$23.84
Total Monthly Rate per Member: Single			\$55.59	\$55.32
Total Monthly Rate per Member: 2-Person			\$84.68	\$84.06
Total Monthly Rate per Member: Family			\$121.28	\$120.51

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

**Ancillary plans without medical - 4 members**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b> 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	\$32.10 \$61.88 \$107.03	\$32.77 \$63.18 \$109.28
<b>Vision (All)*</b> Plan Year:	VSP 3 Jan-Dec	Single: 2 2-Person: 2 Family: 2	\$7.22 \$15.49 \$23.30	\$6.53 \$14.01 \$21.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$120,000	4	\$0.14 \$4.20	\$0.13 \$3.90
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$120,000	4	\$0.03 \$0.90	\$0.03 \$0.90
<b>LTD Benefit (All)*</b> 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 \$6,746	6	\$2.14 \$23.80	\$2.12 \$23.84
Total Monthly Rate per Member: Single			\$68.22	\$67.94
Total Monthly Rate per Member: 2-Person			\$106.27	\$105.83
Total Monthly Rate per Member: Family			\$159.23	\$158.99

**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 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.

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