

2023 Rate Renewal Exclusively for Mancelona Public Schools

1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560 800.292.4910 Quote #: 351083 MESSA Field Rep: Viola Collin Date Created: 08/04/2022

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

Quoted Group(s): 687D - Teacher

Medical plans

Description	Benefits	Enrollment	2022 Rate¹ 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: 4 2-Person: 2 Family: 5	\$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 Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 2 2-Person: 1 Family: 3	\$722.40 \$1,625.41 \$2,022.72	\$791.02 \$1,779.81 \$2,214.85
Plan 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: 7 2-Person: 3 Family: 11	\$638.42 \$1,436.44 \$1,787.57	\$699.06 \$1,572.90 \$1,957.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (9B) \$1500/\$3000 20% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 0 Family: 3	\$579.14 \$1,303.08 \$1,621.60	\$634.15 \$1,426.85 \$1,775.62
Basic Term Life with Medical Volume:	\$5,000	41	\$1.50	\$1.50

^{&#}x27;Medical Rate includes 1.490% for federal and state taxes and fees,

COBRA RATES:

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

²Medical Rate includes 1.335% for federal and state taxes and fees.



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Quote #:

Date Created:

351083 MESSA Field Rep: Viola Collin 08/04/2022

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

Quoted Group(s): 687D - Teacher

Ancillary plans with medical - 41 members

Description	Benefits	Enrollment	2022 Rate	2023 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: 6 Family: 21	\$28.35 \$54.14 \$105.64	\$28.94 \$55.28 \$107.86
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 14 2-Person: 6 Family: 21	\$10.50 \$22.54 \$33.94	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$2,050,000	41	\$0.14 \$7.00	\$0.13 \$6.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$2,050,000	41	\$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 \$234,156	52	\$0.55 \$25.52	\$0.56 \$25.22
Total Monthly Rate per Member: Single Total Monthly Rate per Member: 2-Pers Total Monthly Rate per Member: Family			\$72.87 \$110.70 \$173.60	\$71.65 \$108.88 \$171.78

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

Quoted Group(s): 687D - Teacher

Ancillary plans without medical - 11 members

Description	Benefits	Enrollment	2022 Rate	2023 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: 1 2-Person: 2 Family: 8	\$32.75 \$63.23 \$127.13	\$33.44 \$64.56 \$129.81
Vision Plan Year:	VSP 3 Jan-Dec	Single: 1 2-Person: 2 Family: 8	\$7.22 \$15.49 \$23.30	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$660,000	11	\$0.14 \$8.40	\$0.13 \$7.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$660,000	11	\$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 \$234,156	52	\$0.55 \$25.52	\$0.56 \$25.22
Total Monthly Rate per Member: Single Total Monthly Rate per Member: 2-Person Total Monthly Rate per Member: Family			\$75.69 \$114.44 \$186.15	\$74.79 \$113.39 \$185.70

COBRA RATES:

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