



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

2023 Rate Renewal Exclusively for Menominee County ISD

(Part of APA - Upper Peninsula)

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

Quote #: 351097
MESSA Field Rep: RaeAnn Loy
Date Created: 08/04/2022

Quoted Group(s): 731A - APA - UP Teachers

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 4 2-Person: 3 Family: 4	\$756.39 \$1,701.86 \$2,117.88	\$785.24 \$1,766.80 \$2,198.69
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 1 Family: 0	\$713.27 \$1,604.86 \$1,997.16	\$740.48 \$1,666.09 \$2,073.35
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: 1 2-Person: 3 Family: 3	\$668.54 \$1,504.22 \$1,871.92	\$694.05 \$1,561.62 \$1,943.35
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$572.27 \$1,287.61 \$1,602.36	\$594.10 \$1,336.73 \$1,663.49
Basic Term Life with Medical Volume:	\$5,000	20	\$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.



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Date Created: 08/04/2022

Quoted Group(s): 731A - APA - UP Teachers

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06121-02 100% 90% (X-Rays) 90% \$3,000 90% \$3,000 2 Cleanings, Adult Ortho Jan-Dec	Single: 6 2-Person: 7 Family: 7	\$46.78 \$89.31 \$172.01	\$47.77 \$91.19 \$175.64
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 6 2-Person: 7 Family: 7	\$10.30 \$22.12 \$33.26	\$9.31 \$20.00 \$30.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,000,000	20	\$0.12 \$6.00	\$0.12 \$6.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,000,000	20	\$0.03 \$1.50	\$0.03 \$1.50
Dependent Life Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$0	0	\$0.23 \$0.46	\$0.23 \$0.46
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:	70% Max \$6,000 \$8,571 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$109,661	20	\$0.82 \$45.86	\$0.91 \$49.90

Total Monthly Rate per Member: Single	\$110.90	\$114.94
Total Monthly Rate per Member: 2-Person	\$165.25	\$169.05
Total Monthly Rate per Member: Family	\$259.09	\$263.57

COBRA RATES:

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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, RaeAnn Loy, at 800.292.4910.



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Quote #: 351097
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Date Created: 08/04/2022

Quoted Group(s): 731EF - APA-UP Admin/Off Staff, Supt

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 1 Family: 4	\$756.39 \$1,701.86 \$2,117.88	\$785.24 \$1,766.80 \$2,198.69
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$713.27 \$1,604.86 \$1,997.16	\$740.48 \$1,666.09 \$2,073.35
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: 2 2-Person: 1 Family: 3	\$668.54 \$1,504.22 \$1,871.92	\$694.05 \$1,561.62 \$1,943.35
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$572.27 \$1,287.61 \$1,602.36	\$594.10 \$1,336.73 \$1,663.49
Basic Term Life with Medical Volume:	\$5,000	12	\$1.50	\$1.50

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Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 3 2-Person: 2 Family: 8	\$10.30 \$22.12 \$33.26	\$9.31 \$20.00 \$30.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$700,000	13	\$0.12 \$6.40	\$0.12 \$6.46
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$700,000	13	\$0.03 \$1.60	\$0.03 \$1.62
Dependent Life Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$24,000	12	\$0.23 \$0.46	\$0.23 \$0.46
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:	70% Max \$6,000 \$8,571 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$74,035	13	\$0.76 \$43.47	\$0.71 \$40.43

Total Monthly Rate per Member: Single	\$104.20	\$109.42
Total Monthly Rate per Member: 2-Person	\$153.68	\$169.11
Total Monthly Rate per Member: Family	\$234.92	\$241.51

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