



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

**2024 Rate Renewal Exclusively for
 Menominee Area Schools**

(Part of APA - Upper Peninsula)

Rates Effective 01/01/2024 through 12/31/2024

Quote #: 352972
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/07/2023

Quoted Group(s): 168A - APA - UP 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$785.24 \$1,766.80 \$2,198.69	\$841.74 \$1,893.90 \$2,356.86
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: 4 2-Person: 5 Family: 6	\$740.48 \$1,666.09 \$2,073.35	\$793.76 \$1,785.95 \$2,222.51
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: 13 2-Person: 5 Family: 20	\$694.05 \$1,561.62 \$1,943.35	\$743.98 \$1,673.96 \$2,083.15
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: 2 2-Person: 1 Family: 1	\$594.10 \$1,336.73 \$1,663.49	\$636.85 \$1,432.90 \$1,783.17
Basic Term Life with Medical Volume:	\$5,000	57	\$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.



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Quote #: 352972
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/07/2023

Quoted Group(s): 168A - APA - UP Teacher

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-03 100% 90% (X-Rays) 90% \$3,000 90% \$2,000 2 Cleanings Jan-Dec	Single: 25 2-Person: 13 Family: 40	\$38.56 \$72.69 \$141.65	\$38.56 \$72.69 \$141.65
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 25 2-Person: 13 Family: 40	\$6.17 \$13.23 \$19.92	\$6.17 \$13.23 \$19.92
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$7,800,000	78	\$0.14 \$14.00	\$0.14 \$14.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$7,800,000	78	\$0.03 \$3.00	\$0.03 \$3.00
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 \$3,000 \$4,286 60 CDSW Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$306,616	78	\$0.76 \$28.84	\$0.69 \$27.12

Total Monthly Rate per Member: Single \$90.57 \$88.85
 Total Monthly Rate per Member: 2-Person \$131.76 \$130.04
 Total Monthly Rate per Member: Family \$207.41 \$205.69

COBRA RATES:

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 Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 168CDEI - APA-UP Adm,Dir,BusOff,Cler

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 4 2-Person: 1 Family: 1	\$785.24 \$1,766.80 \$2,198.69	\$841.74 \$1,893.90 \$2,356.86
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: 4 2-Person: 0 Family: 1	\$740.48 \$1,666.09 \$2,073.35	\$793.76 \$1,785.95 \$2,222.51
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: 7 2-Person: 1 Family: 4	\$694.05 \$1,561.62 \$1,943.35	\$743.98 \$1,673.96 \$2,083.15
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: 3 2-Person: 0 Family: 1	\$594.10 \$1,336.73 \$1,663.49	\$636.85 \$1,432.90 \$1,783.17
Basic Term Life with Medical Volume:	\$5,000	27	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

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Quote #: 352972
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/07/2023

Quoted Group(s): 168CDEI - APA-UP Adm,Dir,BusOff,Cler

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-11, 15, 17, 19 100% 90% (X-Rays) 90% \$1,000 90% \$1,500 2 Cleanings Jan-Dec	Single: 20 2-Person: 2 Family: 12	\$37.77 \$71.61 \$130.78	\$37.77 \$71.61 \$130.78
Vision Plan Year:	VSP 2 Jan-Dec	Single: 20 2-Person: 2 Family: 12	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$2,105,000	34	\$0.14 \$8.04	\$0.14 \$8.67
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$2,105,000	34	\$0.03 \$1.72	\$0.03 \$1.86
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 \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$112,581	34	\$1.07 \$33.14	\$0.94 \$31.13

Total Monthly Rate per Member: Single	\$85.54	\$84.30
Total Monthly Rate per Member: 2-Person	\$124.94	\$123.70
Total Monthly Rate per Member: Family	\$189.39	\$188.15

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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 168K - Technical/Clerical

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$0	0	\$0.14 \$1.40	\$0.14 \$1.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$0	0	\$0.03 \$0.30	\$0.03 \$0.30

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.

If you have any questions, please contact your MESSA Field Representative, RaeAnn Loy, at 800.292.4910.



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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 168L - Food Srv & Library Aides < 30

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
LTD Benefit				
Benefit:	66 2/3% Max \$3,000			
Max Monthly Salary:	\$4,500			
Waiting Period:	60 CDSW			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$2,824	1		
Rate/\$100:			\$2.23	\$1.81
Composite:			\$59.41	\$51.11

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Quote #: 352972
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/07/2023

Quoted Group(s): 168M - APA - UP Serv Trans Maint

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 1 Family: 1	\$785.24 \$1,766.80 \$2,198.69	\$841.74 \$1,893.90 \$2,356.86
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	\$740.48 \$1,666.09 \$2,073.35	\$793.76 \$1,785.95 \$2,222.51
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: 0 2-Person: 0 Family: 0	\$694.05 \$1,561.62 \$1,943.35	\$743.98 \$1,673.96 \$2,083.15
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: 1 2-Person: 0 Family: 0	\$594.10 \$1,336.73 \$1,663.49	\$636.85 \$1,432.90 \$1,783.17
Basic Term Life with Medical Volume:	\$5,000	4	\$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:

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 Date Created: 08/07/2023

Quoted Group(s): 168M - APA - UP Serv Trans Maint

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-13 100% 90% (X-Rays) 90% \$1,000 90% \$1,500 2 Cleanings Jan-Dec	Single: 1 2-Person: 2 Family: 1	\$39.41 \$75.14 \$142.10	\$39.41 \$75.14 \$142.10
Vision Plan Year:	VSP 2 Jan-Dec	Single: 1 2-Person: 2 Family: 1	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$282,000	4	\$0.14 \$9.24	\$0.14 \$9.87
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$282,000	4	\$0.03 \$1.98	\$0.03 \$2.12
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 \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$15,668	4	\$1.51 \$55.36	\$1.33 \$52.10

Total Monthly Rate per Member: Single \$110.86 \$108.37
 Total Monthly Rate per Member: 2-Person \$152.15 \$149.66
 Total Monthly Rate per Member: Family \$224.39 \$221.90

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Quote #: 352972
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/07/2023

Quoted Group(s): 1680 - APA-UP Food Serv wkg 30+ hrs

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ no Discount	2024 Rate ² w/ no 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: 0 Family: 0	\$801.27 \$1,802.86 \$2,243.56	\$858.92 \$1,932.55 \$2,404.96
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	\$755.60 \$1,700.09 \$2,115.67	\$809.96 \$1,822.40 \$2,267.87
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: 1 2-Person: 0 Family: 0	\$708.21 \$1,593.49 \$1,983.01	\$759.17 \$1,708.12 \$2,125.67
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	\$606.23 \$1,364.01 \$1,697.44	\$649.84 \$1,462.15 \$1,819.56
Basic Term Life with Medical Volume:	\$5,000	2	\$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.

Your account may be eligible for additional savings through our multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

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 Date Created: 08/07/2023

Quoted Group(s): 1680 - APA-UP Food Serv wkg 30+ hrs

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
LTD Benefit				
Benefit:	66 2/3% Max \$3,000			
Max Monthly Salary:	\$4,500			
Waiting Period:	60 CDSW			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$4,866	3		
Rate/\$100:			\$3.12	\$2.89
Composite:			\$47.74	\$46.88

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