



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

## 2024 Rate Renewal Exclusively for Pentwater Public Schools

Quote #: 353268  
 MESSA Field Rep: Jacqueline Mast  
 Date Created: 08/01/2023

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

Quoted Group(s): 797A - Support Staff

### Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06008-07 80% 80% (X-Rays) 80% \$2,000 80% UCR 2 Cleanings Jan-Dec	Single: 0 2-Person: 2 Family: 3	\$27.88 \$72.27 \$157.31	\$27.88 \$72.27 \$157.31
<b>Vision</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 0 2-Person: 2 Family: 3	\$9.31 \$20.00 \$30.07	\$9.31 \$20.00 \$30.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$50,000	5	\$0.22 \$2.20	\$0.23 \$2.30
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$50,000	5	\$0.03 \$0.30	\$0.03 \$0.30

Total Monthly Rate per Member: Single	\$39.69	\$39.79
Total Monthly Rate per Member: 2-Person	\$94.77	\$94.87
Total Monthly Rate per Member: Family	\$189.88	\$189.98

#### COBRA RATES:

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



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**Quoted Group(s): 797B - Administration**

**Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06008-08 80% 80% (X-Rays) 80% \$2,000 80% UCR 2 Cleanings Jan-Dec	Single: 0 2-Person: 1 Family: 1	\$32.31 \$74.68 \$158.99	\$32.31 \$74.68 \$158.99
<b>Vision</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 0 2-Person: 1 Family: 1	\$9.31 \$20.00 \$30.07	\$9.31 \$20.00 \$30.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$110,000	2	\$0.22 \$12.10	\$0.23 \$12.65
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$110,000	2	\$0.03 \$1.65	\$0.03 \$1.65

Total Monthly Rate per Member: Single	\$55.37	\$55.92
Total Monthly Rate per Member: 2-Person	\$108.43	\$108.98
Total Monthly Rate per Member: Family	\$202.81	\$203.36

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**Quoted Group(s): 797D - Teachers**

**Medical plans**

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 1 Family: 2	\$890.91 \$2,004.54 \$2,494.54	\$955.00 \$2,148.75 \$2,674.00
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (7X) \$2000/\$4000 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 2 Family: 6	\$736.94 \$1,658.12 \$2,063.44	\$789.96 \$1,777.41 \$2,211.89
<b>Basic Term Life with Medical</b> Volume:	\$5,000	12	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.336% for federal and state taxes and fees.

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Quoted Group(s): 797D - Teachers

### Ancillary plans with medical - 12 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental (All)*</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06008-09 80% 80% (X-Rays) 80% \$2,000 80% UCR 2 Cleanings Jan-Dec	Single: 1 2-Person: 5 Family: 11	\$31.74 \$64.37 \$139.47	\$31.74 \$64.37 \$139.47
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 1 2-Person: 5 Family: 11	\$9.31 \$20.00 \$30.07	\$9.31 \$20.00 \$30.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$120,000	12	\$0.22 \$2.20	\$0.23 \$2.30
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$120,000	12	\$0.03 \$0.30	\$0.03 \$0.30
Total Monthly Rate per Member: Single			\$43.55	\$43.65
Total Monthly Rate per Member: 2-Person			\$86.87	\$86.97
Total Monthly Rate per Member: Family			\$172.04	\$172.14

**COBRA RATES:**

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\* Indicates total ancillary plan enrollment and volume for quoted group(s).

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, Jacqueline Mast, at 800.292.4910.**



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Quoted Group(s): 797D - Teachers

### Ancillary plans without medical - 5 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental (All)*</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06008-09 80% 80% (X-Rays) 80% \$2,000 80% UCR 2 Cleanings Jan-Dec	Single: 1 2-Person: 5 Family: 11	\$31.74 \$64.37 \$139.47	\$31.74 \$64.37 \$139.47
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 1 2-Person: 5 Family: 11	\$9.31 \$20.00 \$30.07	\$9.31 \$20.00 \$30.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$15,000 \$75,000	5	\$0.22 \$3.30	\$0.23 \$3.45
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$15,000 \$75,000	5	\$0.03 \$0.45	\$0.03 \$0.45
Total Monthly Rate per Member: Single			\$44.80	\$44.95
Total Monthly Rate per Member: 2-Person			\$88.12	\$88.27
Total Monthly Rate per Member: Family			\$173.29	\$173.44

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