



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

2024 Rate Renewal Exclusively for Traverse City Area Schools

Quote #: 353020
 MESSA Field Rep: Viola Collin
 Date Created: 08/07/2023

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

Quoted Group(s): 242A - Teach, Coun, Soc Worker, Nurs

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 (7E) \$300/\$600 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 11 2-Person: 11 Family: 46	\$645.68 \$1,452.77 \$1,807.89	\$692.13 \$1,557.28 \$1,937.95
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: 10 2-Person: 6 Family: 31	\$611.66 \$1,376.24 \$1,712.66	\$655.67 \$1,475.24 \$1,835.86
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8N) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2 2-Person: 1 Family: 1	\$520.52 \$1,171.18 \$1,457.46	\$557.96 \$1,255.42 \$1,562.31
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: 36 2-Person: 42 Family: 245	\$540.63 \$1,216.41 \$1,513.77	\$579.52 \$1,303.92 \$1,622.66
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1600/\$3200 20% \$0 \$0 ABC Mail HEQ	Single: 1 2-Person: 5 Family: 6	\$483.91 \$1,088.81 \$1,354.95	\$518.72 \$1,167.13 \$1,452.43
Basic Term Life with Medical Volume:	\$5,000	454	\$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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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06421-02 100% 100% (X-Rays) 100% \$1,500 50% \$1,000 2 Cleanings Jan-Dec	Single: 62 2-Person: 73 Family: 362	\$43.34 \$81.35 \$150.50	\$43.34 \$81.35 \$150.50
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 62 2-Person: 74 Family: 361	\$7.47 \$16.05 \$24.13	\$7.47 \$16.05 \$24.13
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,850,000	497	\$0.12 \$6.00	\$0.12 \$6.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,850,000	497	\$0.03 \$1.50	\$0.03 \$1.50
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:	66 2/3% Max \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$2,861,741	497	\$0.38 \$21.34	\$0.36 \$20.73
Total Monthly Rate per Member: Single			\$79.65	\$79.04
Total Monthly Rate per Member: 2-Person			\$126.24	\$125.63
Total Monthly Rate per Member: Family			\$203.47	\$202.86

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Quoted Group(s): 242CDH - CAPSA, Trans, FS, Maint, NU Em

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 1.25% Discount	2024 Rate ² w/ 1.25% 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: 42 2-Person: 17 Family: 22	\$650.62 \$1,463.89 \$1,821.73	\$697.42 \$1,569.20 \$1,952.78
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: 47 2-Person: 39 Family: 48	\$616.34 \$1,386.77 \$1,725.76	\$660.69 \$1,486.53 \$1,849.91
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8N) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 6 2-Person: 3 Family: 5	\$524.51 \$1,180.14 \$1,468.62	\$562.23 \$1,265.03 \$1,574.26
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: 14 2-Person: 11 Family: 48	\$544.76 \$1,225.72 \$1,525.35	\$583.96 \$1,313.90 \$1,635.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1600/\$3200 20% \$0 \$0 ABC Mail HEQ	Single: 1 2-Person: 3 Family: 13	\$487.61 \$1,097.14 \$1,365.32	\$522.69 \$1,176.06 \$1,463.54
Basic Term Life with Medical Volume:	\$5,000	319	\$1.50	\$1.50

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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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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06421-04, 05, 06 100% 100% (X-Rays) 100% \$1,500 50% \$1,000 2 Cleanings Jan-Dec	Single: 267 2-Person: 58 Family: 89	\$44.32 \$82.31 \$138.82	\$44.32 \$82.31 \$138.82
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 250 2-Person: 63 Family: 101	\$7.47 \$16.05 \$24.13	\$7.47 \$16.05 \$24.13
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$4,140,000	414	\$0.12 \$1.20	\$0.12 \$1.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$4,140,000	414	\$0.03 \$0.30	\$0.03 \$0.30
Total Monthly Rate per Member: Single			\$53.29	\$53.29
Total Monthly Rate per Member: 2-Person			\$99.86	\$99.86
Total Monthly Rate per Member: Family			\$164.45	\$164.45

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Quoted Group(s): 242I - Non-Affiliated Admin,Principal

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 (7E) \$300/\$600 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 4 2-Person: 2 Family: 1	\$645.68 \$1,452.77 \$1,807.89	\$692.13 \$1,557.28 \$1,937.95
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: 2 Family: 12	\$611.66 \$1,376.24 \$1,712.66	\$655.67 \$1,475.24 \$1,835.86
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8N) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$520.52 \$1,171.18 \$1,457.46	\$557.96 \$1,255.42 \$1,562.31
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: 5 2-Person: 14 Family: 26	\$540.63 \$1,216.41 \$1,513.77	\$579.52 \$1,303.92 \$1,622.66
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1600/\$3200 20% \$0 \$0 ABC Mail HEQ	Single: 3 2-Person: 2 Family: 12	\$483.91 \$1,088.81 \$1,354.95	\$518.72 \$1,167.13 \$1,452.43
Basic Term Life with Medical Volume:	\$5,000	87	\$1.50	\$1.50

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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06421-03 100% 100% (X-Rays) 100% \$1,500 50% \$1,000 2 Cleanings Jan-Dec	Single: 16 2-Person: 26 Family: 57	\$45.18 \$85.64 \$152.73	\$45.18 \$85.64 \$152.73
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 16 2-Person: 26 Family: 57	\$7.47 \$16.05 \$24.13	\$7.47 \$16.05 \$24.13
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$300,000) \$14,712,000	99	\$0.12 \$16.77	\$0.12 \$17.83
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$300,000) \$14,712,000	99	\$0.03 \$4.19	\$0.03 \$4.46
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:	66 2/3% Max \$10,000 \$15,000 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$615,486	99	\$0.45 \$26.33	\$0.41 \$25.49
Total Monthly Rate per Member: Single			\$99.94	\$100.43
Total Monthly Rate per Member: 2-Person			\$148.98	\$149.47
Total Monthly Rate per Member: Family			\$224.15	\$224.64

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