



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

2022 Rate Renewal Exclusively for Traverse City Area Schools

Quote #: 349349
 MESSA Field Rep: Viola Collin
 Date Created: 08/20/2021

Rates Effective 01/01/2022 through 12/31/2022

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

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 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: 9 2-Person: 7 Family: 53	\$601.66 \$1,353.73 \$1,684.65	\$607.79 \$1,367.52 \$1,701.80
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: 8 2-Person: 5 Family: 16	\$569.96 \$1,282.42 \$1,595.90	\$575.77 \$1,295.48 \$1,612.15
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: 1 Family: 0	\$485.04 \$1,091.34 \$1,358.10	\$489.97 \$1,102.44 \$1,371.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 44 2-Person: 41 Family: 243	\$508.86 \$1,144.94 \$1,424.81	\$508.90 \$1,145.03 \$1,424.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1400/\$2800 20% \$0 \$0 ABC Mail HEQ	Single: 2 2-Person: 3 Family: 5	\$455.47 \$1,024.83 \$1,275.33	\$455.51 \$1,024.91 \$1,275.45
Basic Term Life with Medical Volume:	\$5,000	437	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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

Ancillary plans with medical - 437 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06421-01 100% (X-Rays) 80% 70% \$1,500 0% \$ 0 2 Cleanings, Sealants Jul-Jun	Single: 63 2-Person: 61 Family: 313	\$33.85 \$63.32 \$113.90	\$33.80 \$62.96 \$114.67
Vision (All)* Plan Year:	VSP 3 Plus P 250CL Jul-Jun	Single: 71 2-Person: 69 Family: 354	\$8.17 \$17.55 \$26.39	\$7.88 \$16.92 \$25.43
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,700,000	494	\$0.09 \$4.50	\$0.11 \$5.50
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,700,000	494	\$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 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$2,664,277	494	\$0.43 \$22.60	\$0.38 \$20.49
Total Monthly Rate per Member: Single			\$70.62	\$69.17
Total Monthly Rate per Member: 2-Person			\$109.47	\$107.37
Total Monthly Rate per Member: Family			\$168.89	\$167.59

COBRA RATES:

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

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

The above rates are based on plans and enrollment as of 08/19/2021. 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, Viola Collin, at 800.292.4910.



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

Ancillary plans without medical - 57 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06421-02 100% (X-Rays) 80% 70% \$1,500 0% \$ 0 2 Cleanings, Sealants Jul-Jun	Single: 8 2-Person: 7 Family: 42	\$33.39 \$63.15 \$116.60	\$32.36 \$61.23 \$112.08
Vision (All)* Plan Year:	VSP 3 Plus P 250CL Jul-Jun	Single: 71 2-Person: 69 Family: 354	\$8.17 \$17.55 \$26.39	\$7.88 \$16.92 \$25.43
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,700,000	494	\$0.09 \$4.50	\$0.11 \$5.50
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,700,000	494	\$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 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$2,664,277	494	\$0.43 \$22.60	\$0.38 \$20.49
Total Monthly Rate per Member: Single			\$70.16	\$67.73
Total Monthly Rate per Member: 2-Person			\$109.30	\$105.64
Total Monthly Rate per Member: Family			\$171.59	\$165.00

COBRA RATES:

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Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 242C - CAPSA

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no 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: 5 Family: 14	\$613.94 \$1,381.36 \$1,719.03	\$620.19 \$1,395.43 \$1,736.53
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: 6 2-Person: 6 Family: 17	\$581.60 \$1,308.59 \$1,628.47	\$587.52 \$1,321.91 \$1,645.05
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	\$494.94 \$1,113.61 \$1,385.82	\$499.97 \$1,124.94 \$1,399.92
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 7 Family: 33	\$519.24 \$1,168.31 \$1,453.88	\$519.29 \$1,168.40 \$1,454.01
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1400/\$2800 20% \$0 \$0 ABC Mail HEQ	Single: 3 2-Person: 3 Family: 12	\$464.77 \$1,045.74 \$1,301.36	\$464.81 \$1,045.83 \$1,301.47
Basic Term Life with Medical Volume:	\$5,000	121	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

Your account may be eligible for additional savings through our new 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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Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 242D - Transportation

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no 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: 3 Family: 1	\$613.94 \$1,381.36 \$1,719.03	\$620.19 \$1,395.43 \$1,736.53
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: 14 2-Person: 12 Family: 7	\$581.60 \$1,308.59 \$1,628.47	\$587.52 \$1,321.91 \$1,645.05
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: 1 2-Person: 0 Family: 0	\$494.94 \$1,113.61 \$1,385.82	\$499.97 \$1,124.94 \$1,399.92
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$519.24 \$1,168.31 \$1,453.88	\$519.29 \$1,168.40 \$1,454.01
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1400/\$2800 20% \$0 \$0 ABC Mail HEQ	Single: 0 2-Person: 1 Family: 0	\$464.77 \$1,045.74 \$1,301.36	\$464.81 \$1,045.83 \$1,301.47
Basic Term Life with Medical Volume:	\$5,000	43	\$1.50	\$1.50

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Quoted Group(s): 242H - Adm,Food Srv,Maint,Non Un Emp

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no 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: 16 2-Person: 6 Family: 7	\$613.94 \$1,381.36 \$1,719.03	\$620.19 \$1,395.43 \$1,736.53
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: 26 2-Person: 19 Family: 19	\$581.60 \$1,308.59 \$1,628.47	\$587.52 \$1,321.91 \$1,645.05
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: 10 2-Person: 4 Family: 2	\$494.94 \$1,113.61 \$1,385.82	\$499.97 \$1,124.94 \$1,399.92
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 6 2-Person: 6 Family: 15	\$519.24 \$1,168.31 \$1,453.88	\$519.29 \$1,168.40 \$1,454.01
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1400/\$2800 20% \$0 \$0 ABC Mail HEQ	Single: 0 2-Person: 1 Family: 9	\$464.77 \$1,045.74 \$1,301.36	\$464.81 \$1,045.83 \$1,301.47
Basic Term Life with Medical Volume:	\$5,000	146	\$1.50	\$1.50

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Quoted Group(s): 242IJ - Non Union Administrators

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 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: 1 2-Person: 0 Family: 0	\$601.66 \$1,353.73 \$1,684.65	\$607.79 \$1,367.52 \$1,701.80
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: 2 2-Person: 2 Family: 10	\$569.96 \$1,282.42 \$1,595.90	\$575.77 \$1,295.48 \$1,612.15
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: 1	\$485.04 \$1,091.34 \$1,358.10	\$489.97 \$1,102.44 \$1,371.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 8 Family: 11	\$508.86 \$1,144.94 \$1,424.81	\$508.90 \$1,145.03 \$1,424.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1400/\$2800 20% \$0 \$0 ABC Mail HEQ	Single: 2 2-Person: 1 Family: 9	\$455.47 \$1,024.83 \$1,275.33	\$455.51 \$1,024.91 \$1,275.45
Basic Term Life with Medical Volume:	\$5,000	49	\$1.50	\$1.50

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Quoted Group(s): 242IJ - Non Union Administrators

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06241-03, 03 100% 100% (X-Rays) 100% \$1,500 50% \$1,000 2 Cleanings Jul-Jun	Single: 7 2-Person: 17 Family: 32	\$47.82 \$89.10 \$158.26	\$47.82 \$89.10 \$158.26
Vision Plan Year:	VSP 3 G Jul-Jun	Single: 7 2-Person: 17 Family: 32	\$6.42 \$13.78 \$20.70	\$6.19 \$13.28 \$19.96
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$300,000) \$6,989,000	56	\$0.12 \$14.97	\$0.11 \$13.73
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$300,000) \$6,989,000	56	\$0.03 \$3.74	\$0.03 \$3.74
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 \$299,450	56	\$0.55 \$28.87	\$0.49 \$26.20
Total Monthly Rate per Member: Single			\$101.82	\$97.68
Total Monthly Rate per Member: 2-Person			\$150.46	\$146.05
Total Monthly Rate per Member: Family			\$226.54	\$221.89

COBRA RATES:

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