



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

**2021 Rate Renewal Exclusively for  
 Traverse City Area Schools**

Quote #: 346731  
 MESSA Field Rep: Viola Collin  
 Date Created: 07/31/2020

Rates Effective 01/01/2021 through 12/31/2021

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

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ 2% Discount	2021 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 (7E) \$300/\$600 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 12 2-Person: 11 Family: 52	\$593.27 \$1,334.85 \$1,661.15	<i>665.83</i> <i>1454.13</i> <i>1843.15</i> \$601.66 \$1,353.73 \$1,684.65
<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: 3 2-Person: 4 Family: 15	\$562.01 \$1,264.52 \$1,573.63	<i>634.13</i> <i>1853.42</i> <i>1754.40</i> \$569.96 \$1,282.42 \$1,595.90
<b>Plan</b> 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	\$478.27 \$1,076.10 \$1,339.15	<i>549.21</i> <i>1192.34</i> <i>1516.40</i> \$485.04 \$1,091.34 \$1,358.10
<b>Plan</b> 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: 42 2-Person: 49 Family: 262	\$501.76 \$1,128.96 \$1,404.93	<i>573.03</i> <i>1245.94</i> <i>1583.31</i> \$508.86 \$1,144.94 \$1,424.81
<b>Plan</b> 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: 2 Family: 3	\$449.12 \$1,010.52 \$1,257.54	<i>519.64</i> <i>1125.83</i> <i>1433.83</i> \$455.47 \$1,024.83 \$1,275.33
<b>Basic Term Life with Medical</b> Volume:	\$5,000	455	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

**COBRA RATES:**

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Rates Effective 01/01/2021 through 12/31/2021

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

**Ancillary plans with medical**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
<b>Dental</b> 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: 58 2-Person: 70 Family: 327	\$33.85 \$63.32 \$113.90	\$33.85 \$63.32 \$113.90
<b>Vision</b> Plan Year:	VSP 3 G Jul-Jun	Single: 72 2-Person: 76 Family: 371	\$6.58 \$14.12 \$21.23	\$6.42 \$13.78 \$20.70
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$4,550,000	455	\$0.09 \$0.90	\$0.10 \$1.00
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$4,550,000	455	\$0.03 \$0.30	\$0.03 \$0.30
<b>LTD Benefit</b> 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 \$2,727,812	519	\$0.41 \$20.46	\$0.43 \$22.60

Total Monthly Rate per Member: Single \$62.09 \$64.17  
 Total Monthly Rate per Member: 2-Person \$99.10 \$101.00  
 Total Monthly Rate per Member: Family \$156.79 \$158.50

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**PAK B**

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

**Ancillary plans without medical**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
<b>Dental</b> 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: 14 2-Person: 6 Family: 44	\$33.39 \$63.15 \$116.60	\$33.39 \$63.15 \$116.60
<b>Vision</b> Plan Year:	VSP 3 G Jul-Jun	Single: 72 2-Person: 76 Family: 371	\$6.58 \$14.12 \$21.23	\$6.42 \$13.78 \$20.70
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,600,000	64	\$0.09 \$2.25	\$0.10 \$2.50
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,600,000	64	\$0.03 \$0.75	\$0.03 \$0.75
<b>LTD Benefit</b> 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 \$2,727,812	519	\$0.41 \$20.46	\$0.43 \$22.60
Total Monthly Rate per Member: Single			\$63.43	\$65.66
Total Monthly Rate per Member: 2-Person			\$100.73	\$102.78
Total Monthly Rate per Member: Family			\$161.29	\$163.15

**COBRA RATES:**

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Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 242C - CAPSA

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no Discount
<b>Plan</b> 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: 15 2-Person: 9 Family: 12	\$605.37 \$1,362.09 \$1,695.05	\$613.94 \$1,381.36 \$1,719.03
<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: 11 2-Person: 5 Family: 13	\$573.48 \$1,290.33 \$1,605.75	\$581.60 \$1,308.59 \$1,628.47
<b>Plan</b> 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: 2	\$488.03 \$1,098.06 \$1,366.48	\$494.94 \$1,113.61 \$1,385.82
<b>Plan</b> 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: 5 2-Person: 12 Family: 40	\$512.00 \$1,152.00 \$1,433.60	\$519.24 \$1,168.31 \$1,453.88
<b>Plan</b> 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: 4 2-Person: 2 Family: 6	\$458.29 \$1,031.15 \$1,283.21	\$464.77 \$1,045.74 \$1,301.36
<b>Basic Term Life with Medical</b> Volume:	\$5,000	137	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% 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.**

**COBRA RATES:**

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Quoted Group(s): 242D - Transportation

### Medical plans

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no Discount
<b>Plan</b> 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: 5 2-Person: 4 Family: 2	\$605.37 \$1,362.09 \$1,695.05	\$613.94 \$1,381.36 \$1,719.03
<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: 13 2-Person: 13 Family: 5	\$573.48 \$1,290.33 \$1,605.75	\$581.60 \$1,308.59 \$1,628.47
<b>Plan</b> 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	\$488.03 \$1,098.06 \$1,366.48	\$494.94 \$1,113.61 \$1,385.82
<b>Plan</b> 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: 1 2-Person: 0 Family: 1	\$512.00 \$1,152.00 \$1,433.60	\$519.24 \$1,168.31 \$1,453.88
<b>Plan</b> 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: 0	\$458.29 \$1,031.15 \$1,283.21	\$464.77 \$1,045.74 \$1,301.36
<b>Basic Term Life with Medical</b> Volume:	\$5,000	48	\$1.50	\$1.50

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

### Medical plans

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no Discount
<b>Plan</b> 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: 8	\$605.37 \$1,362.09 \$1,695.05	\$613.94 \$1,381.36 \$1,719.03
<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: 27 2-Person: 23 Family: 32	\$573.48 \$1,290.33 \$1,605.75	\$581.60 \$1,308.59 \$1,628.47
<b>Plan</b> 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: 3 Family: 3	\$488.03 \$1,098.06 \$1,366.48	\$494.94 \$1,113.61 \$1,385.82
<b>Plan</b> 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: 12 2-Person: 12 Family: 22	\$512.00 \$1,152.00 \$1,433.60	\$519.24 \$1,168.31 \$1,453.88
<b>Plan</b> 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: 1 2-Person: 5 Family: 19	\$458.29 \$1,031.15 \$1,283.21	\$464.77 \$1,045.74 \$1,301.36
<b>Basic Term Life with Medical</b> Volume:	\$5,000	199	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

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