



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

**2024 Rate Renewal Exclusively for  
 Kalkaska Public Schools**

Quote #: 353202  
 MESSA Field Rep: Viola Collin  
 Date Created: 08/07/2023

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

**Quoted Group(s): 635C - Support Staff**

**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 (6M) \$100/\$200 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 1	\$729.25 \$1,640.81 \$2,041.89	\$781.72 \$1,758.86 \$2,188.80
<b>Plan</b> 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: 10 2-Person: 5 Family: 11	\$575.40 \$1,294.65 \$1,611.13	\$616.80 \$1,387.80 \$1,727.04
<b>Basic Term Life with Medical</b> Volume:	\$5,000	28	\$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.

**COBRA RATES:**

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



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**Quoted Group(s): 635C - 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:	06097-15 100% (X-Rays) 70% 50% \$1,000 50% \$1,500 2 Cleanings, Sealants Jan-Dec	Single: 12 2-Person: 11 Family: 23	\$33.80 \$64.13 \$125.92	\$33.80 \$64.13 \$125.92
<b>Vision</b> Plan Year:	VSP 2 Jan-Dec	Single: 12 2-Person: 11 Family: 23	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,150,000	46	\$0.12 \$3.00	\$0.13 \$3.25
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,150,000	46	\$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 \$2,500 \$3,750 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$70,476	46	\$1.32 \$20.83	\$1.23 \$18.84
Total Monthly Rate per Member: Single			\$63.25	\$61.51
Total Monthly Rate per Member: 2-Person			\$99.14	\$97.40
Total Monthly Rate per Member: Family			\$166.21	\$164.47

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**Quoted Group(s): 635D - 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 (6M) \$100/\$200 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$729.25 \$1,640.81 \$2,041.89	\$781.72 \$1,758.86 \$2,188.80
<b>Plan</b> 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: 12 Family: 45	\$575.40 \$1,294.65 \$1,611.13	\$616.80 \$1,387.80 \$1,727.04
<b>Basic Term Life with Medical</b> Volume:	\$5,000	71	\$1.50	\$1.50

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Quoted Group(s): 635D - Teachers

### 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:	06097-16 100% 80% (X-Rays) 80% \$1,000 75% \$1,200 2 Cleanings, Sealants Jan-Dec	Single: 16 2-Person: 14 Family: 53	\$35.18 \$66.24 \$130.14	\$35.18 \$66.24 \$130.14
<b>Vision</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 16 2-Person: 14 Family: 53	\$9.31 \$20.00 \$30.07	\$9.31 \$20.00 \$30.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,320,000	83	\$0.12 \$4.80	\$0.13 \$5.20
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,320,000	83	\$0.03 \$1.20	\$0.03 \$1.20
<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 \$4,000 \$6,000 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$428,541	83	\$0.39 \$20.13	\$0.38 \$19.62
Total Monthly Rate per Member: Single			\$70.62	\$70.51
Total Monthly Rate per Member: 2-Person			\$112.37	\$112.26
Total Monthly Rate per Member: Family			\$186.34	\$186.23

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**Quoted Group(s): 635MN - Admin/NonUnTeach/Sec, Supt**

**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 (6M) \$100/\$200 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$729.25 \$1,640.81 \$2,041.89	\$781.72 \$1,758.86 \$2,188.80
<b>Plan</b> 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: 7 Family: 18	\$575.40 \$1,294.65 \$1,611.13	\$616.80 \$1,387.80 \$1,727.04
<b>Basic Term Life with Medical</b> Volume:	\$5,000	27	\$1.50	\$1.50

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

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Quoted Group(s): 635MN - Admin/NonUnTeach/Sec, Supt

### 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:	06097-10, 12 100% 80% (X-Rays) 75% \$1,500 75% \$1,500 2 Cleanings, Sealants Jan-Dec	Single: 3 2-Person: 9 Family: 21	\$38.08 \$73.81 \$143.30	\$38.08 \$73.81 \$143.30
<b>Vision</b> Plan Year:	VSP 3 G Jan-Dec	Single: 3 2-Person: 9 Family: 21	\$7.32 \$15.70 \$23.59	\$7.32 \$15.70 \$23.59
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,700,000	33	\$0.12 \$6.20	\$0.13 \$6.70
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,700,000	33	\$0.03 \$1.55	\$0.03 \$1.55
<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 Same as any other illness Same as any other illness Family 2 years Waived No Yes \$131,681	33	\$0.63 \$26.59	\$0.64 \$25.54
Total Monthly Rate per Member: Single			\$79.74	\$79.19
Total Monthly Rate per Member: 2-Person			\$123.85	\$123.30
Total Monthly Rate per Member: Family			\$201.23	\$200.68

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