



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

2023 Rate Renewal Exclusively for Traverse City Area Schools

Quote #: 350885
MESSA Field Rep: Viola Collin
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

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

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 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: 50	\$607.79 \$1,367.52 \$1,701.80	\$645.68 \$1,452.77 \$1,807.89
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: 5 Family: 22	\$575.77 \$1,295.48 \$1,612.15	\$611.66 \$1,376.24 \$1,712.66
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	\$489.97 \$1,102.44 \$1,371.93	\$520.52 \$1,171.18 \$1,457.46
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 43 2-Person: 38 Family: 250	\$508.90 \$1,145.03 \$1,424.93	\$540.63 \$1,216.41 \$1,513.77
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1500/\$3000 20% \$0 \$0 ABC Mail HEQ	Single: 1 2-Person: 4 Family: 5	\$455.51 \$1,024.91 \$1,275.45	\$483.91 \$1,088.81 \$1,354.95
Basic Term Life with Medical Volume:	\$5,000	445	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

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

The above rates are based on plans and enrollment as of 08/02/2022. 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.

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

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 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: 67 2-Person: 62 Family: 363	\$42.19 \$79.19 \$146.50	\$43.34 \$81.35 \$150.50
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 67 2-Person: 63 Family: 362	\$7.88 \$16.92 \$25.43	\$7.47 \$16.05 \$24.13
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,600,000	492	\$0.11 \$5.50	\$0.12 \$6.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$24,600,000	492	\$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 \$2,763,514	492	\$0.38 \$20.49	\$0.38 \$21.34

Total Monthly Rate per Member: Single	\$77.56	\$79.65
Total Monthly Rate per Member: 2-Person	\$123.60	\$126.24
Total Monthly Rate per Member: Family	\$199.42	\$203.47

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Quoted Group(s): 242C - CAPSA

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ no Discount	2023 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: 15 2-Person: 5 Family: 14	\$620.19 \$1,395.43 \$1,736.53	\$658.86 \$1,482.42 \$1,844.79
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: 9 2-Person: 8 Family: 19	\$587.52 \$1,321.91 \$1,645.05	\$624.14 \$1,404.33 \$1,747.61
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: 2	\$499.97 \$1,124.94 \$1,399.92	\$531.15 \$1,195.08 \$1,487.21
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 8 Family: 37	\$519.29 \$1,168.40 \$1,454.01	\$551.66 \$1,241.24 \$1,544.66
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1500/\$3000 20% \$0 \$0 ABC Mail HEQ	Single: 3 2-Person: 2 Family: 11	\$464.81 \$1,045.83 \$1,301.47	\$493.79 \$1,111.03 \$1,382.60
Basic Term Life with Medical Volume:	\$5,000	137	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% 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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Quoted Group(s): 242D - Transportation

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ no Discount	2023 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: 6 2-Person: 3 Family: 1	\$620.19 \$1,395.43 \$1,736.53	\$658.86 \$1,482.42 \$1,844.79
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: 11 Family: 5	\$587.52 \$1,321.91 \$1,645.05	\$624.14 \$1,404.33 \$1,747.61
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	\$499.97 \$1,124.94 \$1,399.92	\$531.15 \$1,195.08 \$1,487.21
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$519.29 \$1,168.40 \$1,454.01	\$551.66 \$1,241.24 \$1,544.66
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1500/\$3000 20% \$0 \$0 ABC Mail HEQ	Single: 0 2-Person: 1 Family: 0	\$464.81 \$1,045.83 \$1,301.47	\$493.79 \$1,111.03 \$1,382.60
Basic Term Life with Medical Volume:	\$5,000	36	\$1.50	\$1.50

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

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ no Discount	2023 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: 5 Family: 5	\$620.19 \$1,395.43 \$1,736.53	\$658.86 \$1,482.42 \$1,844.79
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: 21 2-Person: 20 Family: 20	\$587.52 \$1,321.91 \$1,645.05	\$624.14 \$1,404.33 \$1,747.61
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: 9 2-Person: 2 Family: 2	\$499.97 \$1,124.94 \$1,399.92	\$531.15 \$1,195.08 \$1,487.21
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 7 2-Person: 3 Family: 3	\$519.29 \$1,168.40 \$1,454.01	\$551.66 \$1,241.24 \$1,544.66
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1500/\$3000 20% \$0 \$0 ABC Mail HEQ	Single: 1 2-Person: 0 Family: 1	\$464.81 \$1,045.83 \$1,301.47	\$493.79 \$1,111.03 \$1,382.60
Basic Term Life with Medical Volume:	\$5,000	115	\$1.50	\$1.50

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

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 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: 1 Family: 1	\$607.79 \$1,367.52 \$1,701.80	\$645.68 \$1,452.77 \$1,807.89
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	\$575.77 \$1,295.48 \$1,612.15	\$611.66 \$1,376.24 \$1,712.66
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	\$489.97 \$1,102.44 \$1,371.93	\$520.52 \$1,171.18 \$1,457.46
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 5 2-Person: 14 Family: 24	\$508.90 \$1,145.03 \$1,424.93	\$540.63 \$1,216.41 \$1,513.77
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AM) \$1500/\$3000 20% \$0 \$0 ABC Mail HEQ	Single: 2 2-Person: 1 Family: 15	\$455.51 \$1,024.91 \$1,275.45	\$483.91 \$1,088.81 \$1,354.95
Basic Term Life with Medical Volume:	\$5,000	85	\$1.50	\$1.50

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

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 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: 21 Family: 59	\$46.95 \$88.25 \$157.42	\$45.18 \$85.64 \$152.73
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 16 2-Person: 21 Family: 59	\$7.88 \$16.92 \$25.43	\$7.47 \$16.05 \$24.13
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$300,000) \$13,419,000	96	\$0.12 \$16.41	\$0.12 \$16.77
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$300,000) \$13,419,000	96	\$0.03 \$4.10	\$0.03 \$4.19
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 \$561,678	96	\$0.45 \$25.76	\$0.45 \$26.33

Total Monthly Rate per Member: Single	\$101.10	\$99.94
Total Monthly Rate per Member: 2-Person	\$151.44	\$148.98
Total Monthly Rate per Member: Family	\$229.12	\$224.15

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