



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

2024 Rate Renewal Exclusively for Posen Consolidated Schools

Quote #: 353269
 MESSA Field Rep: Jake Louks
 Date Created: 08/01/2023

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

Quoted Group(s): 798A - Teachers

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 1% Discount	2024 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 3 2-Person: 0 Family: 5	\$827.72 \$1,862.36 \$2,317.61	\$852.55 \$1,918.23 \$2,387.13
Basic Term Life with Medical Volume:	\$5,000	8	\$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.

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.

COBRA RATES:

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 2 Jan-Dec	Single: 3 2-Person: 1 Family: 8	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$600,000	12	\$0.15 \$7.50	\$0.17 \$8.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$600,000	12	\$0.03 \$1.50	\$0.03 \$1.50

Total Monthly Rate per Member: Single	\$13.87	\$14.87
Total Monthly Rate per Member: 2-Person	\$19.43	\$20.43
Total Monthly Rate per Member: Family	\$24.71	\$25.71

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Quoted Group(s): 798C - Administration

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 1% Discount	2024 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 0 2-Person: 1 Family: 1	\$827.72 \$1,862.36 \$2,317.61	\$852.55 \$1,918.23 \$2,387.13
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

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COBRA RATES:

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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 0 2-Person: 1 Family: 1	\$9.49 \$20.38 \$30.70	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$20,000	2	\$0.15 \$1.50	\$0.17 \$1.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$20,000	2	\$0.03 \$0.30	\$0.03 \$0.30

Total Monthly Rate per Member: Single \$11.29 \$11.49
 Total Monthly Rate per Member: 2-Person \$22.18 \$22.38
 Total Monthly Rate per Member: Family \$32.50 \$32.70

COBRA RATES:

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

Quoted Group(s): 798E - Support Staff

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 1% Discount	2024 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 2	\$758.20 \$1,705.96 \$2,122.97	\$780.95 \$1,757.13 \$2,186.64
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

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COBRA RATES:

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 1 2-Person: 0 Family: 2	\$9.49 \$20.38 \$30.70	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$30,000	3	\$0.15 \$1.50	\$0.17 \$1.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$30,000	3	\$0.03 \$0.30	\$0.03 \$0.30

Total Monthly Rate per Member: Single \$11.29 \$11.49
 Total Monthly Rate per Member: 2-Person \$22.18 \$22.38
 Total Monthly Rate per Member: Family \$32.50 \$32.70

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