



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

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

Quote #: 353155
 MESSA Field Rep: Abby Zarimba
 Date Created: 08/07/2023

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

Quoted Group(s): 526E - Full & Part Time Teachers

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	Single: 1 2-Person: 0 Family: 3	\$918.12 \$2,065.78 \$2,570.75	\$952.90 \$2,144.01 \$2,668.09
Plan 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: 0 2-Person: 0 Family: 0	\$913.31 \$2,054.95 \$2,557.28	\$947.89 \$2,132.76 \$2,654.11
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 2 2-Person: 1 Family: 6	\$693.66 \$1,560.74 \$1,942.27	\$719.93 \$1,619.85 \$2,015.81
Basic Term Life with Medical Volume:	\$5,000	13	\$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.

COBRA RATES:

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



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Quoted Group(s): 526E - Full & Part Time Teachers

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-02 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jan-Dec	Single: 10 2-Person: 2 Family: 13	\$42.69 \$78.82 \$154.53	\$42.69 \$78.82 \$154.53
Vision Plan Year:	VSP 3 Jan-Dec	Single: 10 2-Person: 2 Family: 13	\$6.53 \$14.01 \$21.07	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$625,000	25	\$0.17 \$4.25	\$0.14 \$3.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$625,000	25	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$104,106	25	\$0.56 \$23.43	\$0.60 \$24.99

Total Monthly Rate per Member: Single \$77.65 \$78.46
 Total Monthly Rate per Member: 2-Person \$121.26 \$122.07
 Total Monthly Rate per Member: Family \$204.03 \$204.84

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Quoted Group(s): 526C - Maintenance & Office Personnel

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	Single: 0 2-Person: 0 Family: 0	\$918.12 \$2,065.78 \$2,570.75	\$952.90 \$2,144.01 \$2,668.09
Plan 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: 0 2-Person: 0 Family: 0	\$913.31 \$2,054.95 \$2,557.28	\$947.89 \$2,132.76 \$2,654.11
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 0 2-Person: 1 Family: 0	\$693.66 \$1,560.74 \$1,942.27	\$719.93 \$1,619.85 \$2,015.81
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

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Quoted Group(s): 526C - Maintenance & Office Personnel

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-05 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$47.40 \$93.58 \$182.94	\$47.40 \$93.58 \$182.94
Vision Plan Year:	VSP 3 Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$6.53 \$14.01 \$21.07	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.17 \$4.25	\$0.14 \$3.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$7,875	4	\$2.21 \$43.51	\$2.21 \$43.51
Total Monthly Rate per Member: Single			\$102.44	\$101.69
Total Monthly Rate per Member: 2-Person			\$156.10	\$155.35
Total Monthly Rate per Member: Family			\$252.52	\$251.77

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Quoted Group(s): 526A - Administration

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	Single: 0 2-Person: 0 Family: 0	\$918.12 \$2,065.78 \$2,570.75	\$952.90 \$2,144.01 \$2,668.09
Plan 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: 0 2-Person: 1 Family: 1	\$913.31 \$2,054.95 \$2,557.28	\$947.89 \$2,132.76 \$2,654.11
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 0 2-Person: 0 Family: 1	\$693.66 \$1,560.74 \$1,942.27	\$719.93 \$1,619.85 \$2,015.81
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

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Quoted Group(s): 526A - Administration

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-03 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jan-Dec	Single: 0 2-Person: 1 Family: 3	\$48.89 \$89.99 \$174.80	\$48.89 \$89.99 \$174.80
Vision Plan Year:	VSP 3 Jan-Dec	Single: 0 2-Person: 1 Family: 3	\$6.53 \$14.01 \$21.07	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.17 \$4.25	\$0.14 \$3.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$17,528	4	\$1.10 \$38.38	\$0.77 \$33.74
Total Monthly Rate per Member: Single			\$98.80	\$93.41
Total Monthly Rate per Member: 2-Person			\$147.38	\$141.99
Total Monthly Rate per Member: Family			\$239.25	\$233.86

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 07/31/2023. 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, Abby Zarimba, at 800.292.4910.