



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

**2024 Rate Renewal Exclusively for
 Mecosta-Osceola ISD**

Quote #: 353221
 MESSA Field Rep: Matt Zimmerman
 Date Created: 08/07/2023

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

Quoted Group(s): 685K - Union 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 3 2-Person: 2 Family: 9	\$887.03 \$1,995.81 \$2,483.68	\$913.64 \$2,055.67 \$2,558.17
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7P) \$1600/\$3200 0% \$0 \$0 ABC Rx None	Single: 4 2-Person: 2 Family: 23	\$784.01 \$1,764.04 \$2,195.25	\$807.53 \$1,816.95 \$2,261.09
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: 3 2-Person: 4 Family: 3	\$595.46 \$1,339.79 \$1,667.31	\$613.32 \$1,379.98 \$1,717.32
Basic Term Life with Medical Volume:	\$5,000	53	\$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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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00448-17 80% 80% (X-Rays) 80% \$3,000 80% \$1,300 2 Cleanings Jan-Dec	Single: 10 2-Person: 9 Family: 44	\$33.49 \$63.77 \$119.49	\$33.49 \$63.77 \$119.49
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 10 2-Person: 9 Family: 44	\$7.32 \$15.70 \$23.59	\$7.32 \$15.70 \$23.59
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,890,000	63	\$0.10 \$3.00	\$0.10 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,890,000	63	\$0.03 \$0.90	\$0.03 \$0.90
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 Same as any other illness Same as any other illness Family 2 years Waived No Yes \$354,609	63	\$0.46 \$25.47	\$0.44 \$24.77

Total Monthly Rate per Member: Single \$70.18 \$69.48
 Total Monthly Rate per Member: 2-Person \$108.84 \$108.14
 Total Monthly Rate per Member: Family \$172.45 \$171.75

COBRA RATES:

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