



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

**2022 Rate Renewal Exclusively for
 Breitung Twp Schools**

(Part of APA - Upper Peninsula)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 348889
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/16/2021

Quoted Group(s): 130E - APA - UP Administration

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 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: 2 2-Person: 2 Family: 5	\$739.06 \$1,662.87 \$2,069.36	\$756.39 \$1,701.86 \$2,117.88
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: 0 2-Person: 0 Family: 0	\$696.93 \$1,568.08 \$1,951.40	\$713.27 \$1,604.86 \$1,997.16
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 5	\$659.82 \$1,484.61 \$1,847.50	\$668.54 \$1,504.22 \$1,871.92
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$564.81 \$1,270.82 \$1,581.47	\$572.27 \$1,287.61 \$1,602.36
Basic Term Life with Medical Volume:	\$5,000	14	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% 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): 130E - APA - UP Administration

Ancillary plans with medical - 14 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00380-11 100% 100% (X-Rays) 90% \$3,000 90% \$2,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 2 Family: 10	\$52.76 \$97.83 \$178.15	\$57.46 \$106.89 \$196.42
Vision (All)* Plan Year:	VSP 3 Plus P Jul-Jun	Single: 2 2-Person: 2 Family: 11	\$12.18 \$26.15 \$39.34	\$11.57 \$24.85 \$37.38
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$225,000) \$2,349,000	15	\$0.18 \$27.87	\$0.14 \$21.92
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$225,000) \$2,349,000	15	\$0.03 \$4.65	\$0.03 \$4.70
LTD Benefit (All)* 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 \$5,500 \$8,250 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$96,159	15	\$0.66 \$41.76	\$0.54 \$34.62
Total Monthly Rate per Member: Single			\$139.22	\$130.27
Total Monthly Rate per Member: 2-Person			\$198.26	\$192.98
Total Monthly Rate per Member: Family			\$291.77	\$295.04

COBRA RATES:

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

* Indicates total ancillary plan enrollment and volume for quoted group(s).

The above rates are based on plans and enrollment as of 07/30/2021. 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, RaeAnn Loy, at 800.292.4910.



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Quoted Group(s): 130E - APA - UP Administration

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00380-12 100% 100% (X-Rays) 90% \$3,000 90% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$43.95 \$81.98 \$179.11	\$51.24 \$96.86 \$196.02
Vision (All)* Plan Year:	VSP 3 Plus P Jul-Jun	Single: 2 2-Person: 2 Family: 11	\$12.18 \$26.15 \$39.34	\$11.57 \$24.85 \$37.38
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$225,000) \$2,349,000	15	\$0.18 \$27.87	\$0.14 \$21.92
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	2X Salary (Max of \$225,000) \$2,349,000	15	\$0.03 \$4.65	\$0.03 \$4.70
LTD Benefit (All)* 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 \$5,500 \$8,250 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$96,159	15	\$0.66 \$41.76	\$0.54 \$34.62
Total Monthly Rate per Member: Single			\$130.41	\$124.05
Total Monthly Rate per Member: 2-Person			\$182.41	\$182.95
Total Monthly Rate per Member: Family			\$292.73	\$294.64

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