



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): 130B - APA-UP FT FdSrvMntOffPersPara

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 (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 3 2-Person: 4 Family: 3	\$739.16 \$1,663.11 \$2,069.64	\$756.49 \$1,702.10 \$2,118.16
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$697.03 \$1,568.32 \$1,951.68	\$713.37 \$1,605.10 \$1,997.44
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: 1 2-Person: 2 Family: 0	\$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	13	\$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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Ancillary plans with medical - 13 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00380-05 100% 80% (X-Rays) 80% \$3,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 4 2-Person: 8 Family: 1	\$42.40 \$80.66 \$152.14	\$48.09 \$90.85 \$163.76
Vision (All)* Plan Year:	VSP 3 Plus Jul-Jun	Single: 4 2-Person: 8 Family: 2	\$11.05 \$23.72 \$35.73	\$10.50 \$22.54 \$33.94
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$13,000	13	\$0.18 \$0.18	\$0.14 \$0.14
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$13,000	13	\$0.03 \$0.03	\$0.03 \$0.03

Total Monthly Rate per Member: Single	\$53.66	\$58.76
Total Monthly Rate per Member: 2-Person	\$104.59	\$113.56
Total Monthly Rate per Member: Family	\$188.08	\$197.87

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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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:	00380-06 100% 80% (X-Rays) 80% \$3,000 80% \$1,500 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$45.71 \$85.36 \$152.27	\$53.00 \$98.57 \$172.59
Vision (All)* Plan Year:	VSP 3 Plus Jul-Jun	Single: 4 2-Person: 8 Family: 2	\$11.05 \$23.72 \$35.73	\$10.50 \$22.54 \$33.94
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$6,000 \$6,000	1	\$0.18 \$1.08	\$0.14 \$0.84
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$6,000 \$6,000	1	\$0.03 \$0.18	\$0.03 \$0.18

Total Monthly Rate per Member: Single	\$58.02	\$64.52
Total Monthly Rate per Member: 2-Person	\$110.34	\$122.13
Total Monthly Rate per Member: Family	\$189.26	\$207.55

COBRA RATES:

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