



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

**Request for Benefit Implementation/Cancellation
Forest Park Schools
(Part of APA - Upper Peninsula)
RBI Rates Effective 01/01/2024 through 12/31/2024**

RBI#: 505282
MESSA Field Rep: RaeAnn Loy
Date Created: 09/12/2023

Quoted Group(s): 434A - APA - UP Teacher

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 353597			
				Quoted Benefits	Rate w/ 2% Discount		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (7F) \$500/\$1000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$841.74 \$1,893.90 \$2,356.86	S: 3 2P: 4 F: 9	Choices (7F) \$500/\$1000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$841.74 \$1,893.90 \$2,356.86		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (8C) \$1000/\$2000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$793.76 \$1,785.95 \$2,222.51	S: 2 2P: 0 F: 1	Choices (8C) \$1000/\$2000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$793.76 \$1,785.95 \$2,222.51		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (7V) \$1500/\$3000 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$743.98 \$1,673.96 \$2,083.15	S: 2 2P: 2 F: 2	ABC Plan 1 (7V) \$1600/\$3200 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$743.98 \$1,673.96 \$2,083.15		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 2 (9H) \$2000/\$4000 20% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$636.85 \$1,432.90 \$1,783.17	S: 0 2P: 0 F: 0	ABC Plan 2 (9H) \$2000/\$4000 20% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$636.85 \$1,432.90 \$1,783.17		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	Balance+ (ED) \$1600/\$3200 20% \$25/\$50 \$50/\$200 Balance+Rx HEQ	 \$632.38 \$1,422.85 \$1,770.66		
Basic Term Life w/Med Volume:	\$5,000	\$1.50	25	\$5,000	\$1.50		

The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.

The above rates are based on plans and enrollment as of 08/15/2023. 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.

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RBI#: 505282
MESSA Field Rep: RaeAnn Loy
Date Created: 09/12/2023

Quoted Group(s): 434A - APA - UP Teacher

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 353597			
				Quoted Benefits	Rate		
Dental	06423-13						
Diag & Prev:	100%			100%			
Basic Services:	90% (X-Rays)			90% (X-Rays)			
Major Services:	75%	\$37.18	S: 10	75%	\$ 37.18		
Annual Max:	\$2000	\$74.34	2P: 8	\$2000	\$ 74.34		
Orthodontics:	75%	\$146.70	F: 18	75%	\$146.70		
Lifetime Max:	\$3000			\$3000			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
Vision	VSP 3 Plus P 250CL	\$9.31	S: 10	VSP 3 Plus P 250CL	\$ 9.31		
Plan Year:	Jan-Dec	\$20.00	2P: 8	Jan-Dec	\$ 20.00		
		\$30.07	F: 18		\$ 30.07		
Life Insurance							
Volume:	\$40,000			\$40,000			
Total Volume:	\$1,440,000		36	\$1,440,000			
Rate/\$1,000:		\$0.09			\$ 0.09		
Composite Rate:		\$3.60			\$ 3.60		
AD&D Coverage							
Volume:	\$40,000			\$40,000			
Total Volume:	\$1,440,000		36	\$1,440,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$1.20			\$ 1.20		
Total Monthly Rate/Member - S		\$ 51.29		\$ 51.29			
Total Monthly Rate/Member - 2P		\$ 99.14		\$ 99.14			
Total Monthly Rate/Member - F		\$ 181.57		\$ 181.57			

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

RBI#: 505283
MESSA Field Rep: RaeAnn Loy
Date Created: 09/12/2023

Quoted Group(s): 434C - APA - UP Administrators

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 353598			
				Quoted Benefits	Rate w/ 2% Discount		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (7F) \$500/\$1000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$841.74 \$1,893.90 \$2,356.86	S: 0 2P: 0 F: 0	Choices (7F) \$500/\$1000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$841.74 \$1,893.90 \$2,356.86		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (8C) \$1000/\$2000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$793.76 \$1,785.95 \$2,222.51	S: 0 2P: 0 F: 1	Choices (8C) \$1000/\$2000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$793.76 \$1,785.95 \$2,222.51		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (7V) \$1500/\$3000 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$743.98 \$1,673.96 \$2,083.15	S: 0 2P: 1 F: 2	ABC Plan 1 (7V) \$1600/\$3200 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$743.98 \$1,673.96 \$2,083.15		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 2 (9H) \$2000/\$4000 20% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$636.85 \$1,432.90 \$1,783.17	S: 0 2P: 0 F: 0	ABC Plan 2 (9H) \$2000/\$4000 20% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$636.85 \$1,432.90 \$1,783.17		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	Balance+ (ED) \$1600/\$3200 20% \$25/\$50 \$50/\$200 Balance+Rx HEQ	 \$632.38 \$1,422.85 \$1,770.66		
Basic Term Life w/Med Volume:	\$5,000	\$1.50	4	\$5,000	\$1.50		

The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.

The above rates are based on plans and enrollment as of 08/15/2023. 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.

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**Request for Benefit Implementation/Cancellation
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RBI Rates Effective 01/01/2024 through 12/31/2024**

RBI#: 505283
MESSA Field Rep: RaeAnn Loy
Date Created: 09/12/2023

Quoted Group(s): 434C - APA - UP Administrators

Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 353598			
				Quoted Benefits	Rate		
Dental	06423-14			100% (X-Rays)			
Diag & Prev:	100% (X-Rays)			100% (X-Rays)			
Basic Services:	90%			90%			
Major Services:	75%	\$40.48	S: 0	75%	\$ 40.48		
Annual Max:	\$2000	\$76.99	2P: 1	\$2000	\$ 76.99		
Orthodontics:	75%	\$154.96	F: 4	75%	\$154.96		
Lifetime Max:	\$3000			\$3000			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
Vision	VSP 3 Plus P	\$10.46	S: 0	VSP 3 Plus P	\$ 10.46		
Plan Year:	Jan-Dec	\$22.46	2P: 1	Jan-Dec	\$ 22.46		
		\$33.80	F: 4		\$ 33.80		
Life Insurance							
Volume:	\$100,000			\$100,000			
Total Volume:	\$500,000		5	\$500,000			
Rate/\$1,000:		\$0.09			\$ 0.09		
Composite Rate:		\$9.00			\$ 9.00		
AD&D Coverage							
Volume:	\$100,000			\$100,000			
Total Volume:	\$500,000		5	\$500,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$3.00			\$ 3.00		
LTD Benefit							
Benefit:	66 2/3% Max \$5,000			66 2/3% Max \$5,000			
Max. Monthly Salary:	\$7,500			\$7,500			
Waiting Period:	60 CDMF			60 CDMF			
Alcohol/Drug:	Same as any other illness			Same as any other illness			
Mental/Nervous:	Same as any other illness			Same as any other illness			
Soc. Sec. Offset:	Family			Family			
Own-Occupation:	2 years			2 years			
Pre-Exist Condition:	Waived			Waived			
COLA:	No			No			
SS Freeze:	Yes			Yes			
Volume:	\$25,294		5	\$25,294			
Rate/\$100:		\$0.78			\$ 0.78		
Composite Rate:		\$39.46			\$ 39.46		
Total Monthly Rate/Member - S		\$ 102.40		\$ 102.40			
Total Monthly Rate/Member - 2P		\$ 150.91		\$ 150.91			
Total Monthly Rate/Member - F		\$ 240.22		\$ 240.22			

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**Request for Benefit Implementation/Cancellation
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RBI Rates Effective 01/01/2024 through 12/31/2024**

RBI#: 505284
MESSA Field Rep: RaeAnn Loy
Date Created: 09/12/2023

Quoted Group(s): 434K - APA - UP AFSCME Support Staff

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 353600			
				Quoted Benefits	Rate w/ 2% Discount		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (7F) \$500/\$1000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$841.74 \$1,893.90 \$2,356.86	S: 2 2P: 0 F: 0	Choices (7F) \$500/\$1000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$841.74 \$1,893.90 \$2,356.86		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Choices (8C) \$1000/\$2000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$793.76 \$1,785.95 \$2,222.51	S: 1 2P: 0 F: 0	Choices (8C) \$1000/\$2000 0% \$20/\$20 \$25/\$50 Saver Rx None	 \$793.76 \$1,785.95 \$2,222.51		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (7V) \$1500/\$3000 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$743.98 \$1,673.96 \$2,083.15	S: 1 2P: 1 F: 1	ABC Plan 1 (7V) \$1600/\$3200 0% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$743.98 \$1,673.96 \$2,083.15		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	ABC Plan 2 (9H) \$2000/\$4000 20% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$636.85 \$1,432.90 \$1,783.17	S: 2 2P: 0 F: 0	ABC Plan 2 (9H) \$2000/\$4000 20% \$0/\$0 \$0/\$0 ABC Rx HEQ	 \$636.85 \$1,432.90 \$1,783.17		
Plan IN Deductible: IN Coinsurance: OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 0	Balance+ (ED) \$1600/\$3200 20% \$25/\$50 \$50/\$200 Balance+Rx HEQ	 \$632.38 \$1,422.85 \$1,770.66		
Basic Term Life w/Med Volume:	\$5,000	\$1.50	8	\$5,000	\$1.50		

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Quoted Group(s): 434K - APA - UP AFSCME Support Staff

Ancillary plans with medical - 8 members

Description	Current Benefits	Rate	Census Used	Quote ID 353600			
				Quoted Benefits	Rate		
Dental (All)*	06423-11			100%			
Diag & Prev:	100%			100%			
Basic Services:	85% (X-Rays)			85% (X-Rays)			
Major Services:	50%	\$39.73	S: 7	50%	\$ 39.73		
Annual Max:	\$1500	\$77.69	2P: 2	\$1500	\$ 77.69		
Orthodontics:	50%	\$142.52	F: 3	50%	\$142.52		
Lifetime Max:	\$1500			\$1500			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
Vision (All)*	VSP 3 Plus 200CL	\$8.64	S: 7	VSP 3 Plus 200CL	\$ 8.64		
Plan Year:	Jan-Dec	\$18.55	2P: 2	Jan-Dec	\$ 18.55		
		\$27.93	F: 3		\$ 27.93		
Life Insurance							
Volume:	\$5,000			\$5,000			
Total Volume:	\$40,000		8	\$40,000			
Rate/\$1,000:		\$0.09			\$ 0.09		
Composite Rate:		\$0.45			\$ 0.45		
AD&D Coverage							
Volume:	\$5,000			\$5,000			
Total Volume:	\$40,000		8	\$40,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$0.15			\$ 0.15		
Total Monthly Rate/Member - S		\$ 48.97		\$ 48.97			
Total Monthly Rate/Member - 2P		\$ 96.84		\$ 96.84			
Total Monthly Rate/Member - F		\$ 171.05		\$ 171.05			

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

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Quoted Group(s): 434K - APA - UP AFSCME Support Staff

Ancillary plans without medical - 4 members

Description	Current Benefits	Rate	Census Used	Quote ID 353600			
				Quoted Benefits	Rate		
Dental (All)*	06423-11			100%			
Diag & Prev:	100%			100%			
Basic Services:	85% (X-Rays)			85% (X-Rays)			
Major Services:	50%	\$39.73	S: 7	50%	\$ 39.73		
Annual Max:	\$1500	\$77.69	2P: 2	\$1500	\$ 77.69		
Orthodontics:	50%	\$142.52	F: 3	50%	\$142.52		
Lifetime Max:	\$1500			\$1500			
Riders:	2 Cleanings			2 Cleanings			
Plan Year:	Jan-Dec			Jan-Dec			
Vision (All)*	VSP 3 Plus 200CL	\$8.64	S: 7	VSP 3 Plus 200CL	\$ 8.64		
Plan Year:	Jan-Dec	\$18.55	2P: 2	Jan-Dec	\$ 18.55		
		\$27.93	F: 3		\$ 27.93		
Life Insurance							
Volume:	\$6,000			\$6,000			
Total Volume:	\$24,000		4	\$24,000			
Rate/\$1,000:		\$0.09			\$ 0.09		
Composite Rate:		\$0.54			\$ 0.54		
AD&D Coverage							
Volume:	\$6,000			\$6,000			
Total Volume:	\$24,000		4	\$24,000			
Rate/\$1,000:		\$0.03			\$ 0.03		
Composite Rate:		\$0.18			\$ 0.18		
Total Monthly Rate/Member - S		\$ 49.09		\$ 49.09			
Total Monthly Rate/Member - 2P		\$ 96.96		\$ 96.96			
Total Monthly Rate/Member - F		\$ 171.17		\$ 171.17			

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