



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

2024 Rate Renewal Exclusively for White Cloud Public Schools

Quote #: 353036
MESSA Field Rep: Jacqueline Mast
Date Created: 08/10/2023

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

Quoted Group(s): 264A - 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 ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 9 2-Person: 4 Family: 9	\$830.92 \$1,869.59 \$2,326.60	\$884.17 \$1,989.38 \$2,475.68
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9G) \$2000/\$4000 10% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 1 Family: 9	\$726.24 \$1,634.04 \$2,033.47	\$772.78 \$1,738.74 \$2,163.76
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: 5 2-Person: 2 Family: 2	\$631.09 \$1,419.96 \$1,767.07	\$671.53 \$1,510.95 \$1,880.30
Basic Term Life with Medical Volume:	\$5,000	43	\$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:

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Quoted Group(s): 264A - 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:	00909-18 100% 80% (X-Rays) 80% \$1,500 80% \$2,100 2 Cleanings Jan-Dec	Single: 18 2-Person: 9 Family: 27	\$33.24 \$64.13 \$126.96	\$33.24 \$64.13 \$126.96
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 17 2-Person: 10 Family: 27	\$6.17 \$13.23 \$19.92	\$6.17 \$13.23 \$19.92
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,080,000	54	\$0.13 \$2.60	\$0.13 \$2.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,080,000	54	\$0.03 \$0.60	\$0.03 \$0.60
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:	60% Max \$5,000 \$8,333 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$258,100	54	\$0.39 \$18.27	\$0.37 \$17.68
Total Monthly Rate per Member: Single			\$60.88	\$60.29
Total Monthly Rate per Member: 2-Person			\$98.83	\$98.24
Total Monthly Rate per Member: Family			\$168.35	\$167.76

COBRA RATES:

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Quoted Group(s): 264C - Admin NonCert Tea Sec

Plan 1, Division 1

Ancillary plans

4 Plan 2, Division 2

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-17 80% 80% (X-Rays) 80% \$1,500 80% \$2,100 2 Cleanings Jan-Dec	Single: 2 2-Person: 2 Family: 13	\$32.85 \$61.00 \$120.24	\$32.85 \$61.00 \$120.24
Vision Plan Year:	VSP 3 Jan-Dec	Single: 2 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:	\$35,000 \$595,000	17	\$0.13 \$4.55	\$0.13 \$4.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$595,000	17	\$0.03 \$1.05	\$0.03 \$1.05
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:	60% Max \$5,000 \$8,333 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$70,230	17	\$0.62 \$23.22	\$0.55 \$22.72

Total Monthly Rate per Member: Single	\$68.20	\$67.70
Total Monthly Rate per Member: 2-Person	\$103.83	\$103.33
Total Monthly Rate per Member: Family	\$170.13	\$169.63

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Quoted Group(s): 264K - Food Serv/Parapro work <20 hrs

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$20,000	1	\$0.13 \$2.60	\$0.13 \$2.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$20,000	1	\$0.03 \$0.60	\$0.03 \$0.60
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 \$1,000 \$1,500 60 WDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$1,500	1	\$1.08 \$16.20	\$1.14 \$17.10

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Quoted Group(s): 264L - Food Serv/Parapro wrk 20-25 hr

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-12 70% 70% (X-Rays) 70% \$1,000 0% \$ 0 2 Cleanings Jan-Dec	Single: 2 2-Person: 0 Family: 0	\$20.35	\$20.35
Vision Plan Year:	VSP 2 Jan-Dec	Single: 1 2-Person: 0 Family: 1	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.13 \$2.60	\$0.13 \$2.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.03 \$0.60	\$0.03 \$0.60
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 \$1,000 \$1,500 60 WDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$2,300	2	\$1.76 \$13.04	\$1.39 \$15.99

Total Monthly Rate per Member: Single	\$41.46	\$44.41
Total Monthly Rate per Member: 2-Person	\$26.67	\$29.62
Total Monthly Rate per Member: Family	\$31.95	\$34.90

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

Quoted Group(s): 264N - Food Serv/Parapro Wrk 34+ Hrs

Plan 1, Division 4

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-02 80% 80% (X-Rays) 80% \$1,000 60% \$1,000 2 Cleanings Jan-Dec	Single: 2 2-Person: 1 Family: 6	\$25.37 \$50.34 \$100.57	\$25.37 \$50.34 \$100.57
Vision Plan Year:	VSP 2 Jan-Dec	Single: 2 2-Person: 1 Family: 6	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$180,000	9	\$0.13 \$2.60	\$0.13 \$2.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$180,000	9	\$0.03 \$0.60	\$0.03 \$0.60
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 \$1,000 \$1,500 60 WDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$13,500	9	\$1.22 \$14.95	\$0.97 \$14.55

Total Monthly Rate per Member: Single	\$48.39	\$47.99
Total Monthly Rate per Member: 2-Person	\$78.92	\$78.52
Total Monthly Rate per Member: Family	\$134.43	\$134.03

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Quoted Group(s): 264P - Food Serv/Parapro wrk 25-34 hr

Plan 2, Division 3

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-14 80% 80% (X-Rays) 80% \$1,000 60% \$1,000 2 Cleanings Jan-Dec	Single: 2 2-Person: 6 Family: 7	\$29.52 \$57.16 \$104.50	\$29.52 \$57.16 \$104.50
Vision Plan Year:	VSP 2 Jan-Dec	Single: 2 2-Person: 6 Family: 7	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$300,000	15	\$0.13 \$2.60	\$0.13 \$2.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$300,000	15	\$0.03 \$0.60	\$0.03 \$0.60
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 \$1,000 \$1,500 60 WDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$20,962	15	\$1.63 \$22.85	\$1.69 \$23.62

Total Monthly Rate per Member: Single	\$60.44	\$61.21
Total Monthly Rate per Member: 2-Person	\$93.64	\$94.41
Total Monthly Rate per Member: Family	\$146.26	\$147.03

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