



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

**2025 Rate Renewal Exclusively for
 Alba Public Schools**

Quote #: 355510
 MESSA Field Rep: Viola Collin
 Date Created: 08/13/2024

Rates Effective 01/01/2025 through 12/31/2025

Quoted Group(s): 316B - Teachers & Admin Secretary

Medical plans

Description	Benefits	Enrollment	2024 Rate ¹ w/ 2% Discount	2025 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6V) \$500/\$1000 0% \$5/\$5/\$5 \$5/\$5/\$10/\$25 Saver Rx EA1	Single: 4 2-Person: 0 Family: 1	\$860.22 \$1,935.49 \$2,408.61	\$914.43 \$2,057.46 \$2,560.39
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1650/\$3300 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 1 Family: 0	\$738.56 \$1,661.76 \$2,067.97	\$780.43 \$1,755.97 \$2,185.21
Basic Term Life with Medical Volume:	\$5,000	6	\$1.50	\$1.50

¹Medical Rate includes 1.336% for federal and state taxes and fees.

²Medical Rate includes 1.424% 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	2024 Rate	2025 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00480-02 100% 100% (X-Rays) 100% \$3,000 80% UCR 2 Cleanings Jan-Dec	Single: 5 2-Person: 1 Family: 2	\$46.63 \$90.41 \$180.35	\$50.23 \$97.40 \$194.29
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 5 2-Person: 1 Family: 2	\$9.31 \$20.00 \$30.07	\$9.32 \$20.03 \$30.11
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$400,000	8	\$0.19 \$9.50	\$0.24 \$12.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$400,000	8	\$0.03 \$1.50	\$0.03 \$1.50
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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$35,125	8	\$1.38 \$48.70	\$1.21 \$53.13

Total Monthly Rate per Member: Single \$115.64 \$126.18
 Total Monthly Rate per Member: 2-Person \$170.11 \$184.06
 Total Monthly Rate per Member: Family \$270.12 \$291.03

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