



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

**2024 Rate Renewal Exclusively for  
 Buckley Community Schools**

Quote #: 353090  
 MESSA Field Rep: Viola Collin  
 Date Created: 08/07/2023

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

**Quoted Group(s): 383AB - Teachers & Support Staff**

**Medical plans**

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6V) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx EA1	Single: 8 2-Person: 0 Family: 8	\$755.97 \$1,700.93 \$2,116.70	\$778.64 \$1,751.96 \$2,180.20
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 4 2-Person: 0 Family: 9	\$649.07 \$1,460.42 \$1,817.40	\$668.54 \$1,504.22 \$1,871.90
<b>Basic Term Life with Medical</b> Volume:	\$5,000	29	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.336% 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	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06114-12, 13 100% 90% (X-Rays) 90% \$3,000 90% \$4,000 2 Cleanings Jan-Dec	Single: 16 2-Person: 0 Family: 18	\$45.20 \$88.06 \$176.30	\$45.20 \$88.06 \$176.30
<b>Vision</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 16 2-Person: 0 Family: 18	\$9.31 \$20.00 \$30.07	\$9.31 \$20.00 \$30.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,700,000	34	\$0.13 \$6.50	\$0.13 \$6.50
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,700,000	34	\$0.03 \$1.50	\$0.03 \$1.50
<b>LTD Benefit</b> 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 \$7,500 \$11,250 30 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$131,599	34	\$0.84 \$29.35	\$0.87 \$33.67
Total Monthly Rate per Member: Single			\$91.86	\$96.18
Total Monthly Rate per Member: 2-Person			\$145.41	\$149.73
Total Monthly Rate per Member: Family			\$243.72	\$248.04

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Quoted Group(s): 383CE - Principals, Admin Sec, Supt

### Medical plans

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b>	MESSA Choices (6V)			
IN Deductible:	\$500/\$1000	Single: 0	\$755.97	\$778.64
IN Coinsurance:	0%	2-Person: 0	\$1,700.93	\$1,751.96
OL/OV/SV Copay:	\$5/\$5/\$5	Family: 1	\$2,116.70	\$2,180.20
UC/ER Copay:	\$10/\$25			
Rx Coverage:	Saver Rx			
Riders:	EA1			
<b>Basic Term Life with Medical</b>				
Volume:	\$5,000	1	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

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Quoted Group(s): 383CE - Principals, Admin Sec, Supt

### Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06114-06, 08 70% 70% (X-Rays) 70% \$2,000 70% \$4,000 2 Cleanings Jan-Dec	Single: 0 2-Person: 0 Family: 2	\$27.80 \$52.33 \$124.33	\$27.80 \$52.33 \$124.33
<b>Vision</b> Plan Year:	VSP 2 S Jan-Dec	Single: 0 2-Person: 0 Family: 2	\$5.47 \$11.71 \$17.64	\$5.47 \$11.71 \$17.64
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$100,000	2	\$0.13 \$6.50	\$0.13 \$6.50
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$100,000	2	\$0.03 \$1.50	\$0.03 \$1.50
<b>LTD Benefit</b> 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 No Yes \$15,385	2	\$0.46 \$35.39	\$0.46 \$35.39
Total Monthly Rate per Member: Single			\$76.66	\$76.66
Total Monthly Rate per Member: 2-Person			\$107.43	\$107.43
Total Monthly Rate per Member: Family			\$185.36	\$185.36

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