



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

## 2023 Rate Renewal Exclusively for Frankfort-Elberta Area Schools

Quote #: 350999  
 MESSA Field Rep: Viola Collin  
 Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 484AC - Admin & NonUn Emps, Teachers

### Medical plans

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 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 (5B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 \$10/\$20 EA1	Single: 2 2-Person: 3 Family: 9	\$813.93 \$1,831.36 \$2,278.99	\$884.57 \$1,990.30 \$2,476.81
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1500/\$3000 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 2 2-Person: 3 Family: 18	\$654.10 \$1,471.75 \$1,831.49	\$710.87 \$1,599.49 \$1,990.46
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$496.82 \$1,117.86 \$1,391.10	\$539.94 \$1,214.88 \$1,511.84
<b>Basic Term Life with Medical</b> Volume:	\$5,000	37	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.335% 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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**Quoted Group(s): 484AC - Admin & NonUn Emps, Teachers**

**Ancillary plans**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00987-13, 15 100% (X-Rays) 80% 80% \$2,000 80% UCR 2 Cleanings, Adult Ortho, Sealants Jan-Dec	Single: 6 2-Person: 7 Family: 27	\$40.18 \$76.59 \$159.41	\$41.09 \$78.89 \$163.04
<b>Vision</b> Plan Year:	VSP 2 S Jan-Dec	Single: 6 2-Person: 7 Family: 27	\$6.05 \$12.95 \$19.51	\$5.47 \$11.71 \$17.64
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,200,000	40	\$0.17 \$5.10	\$0.16 \$4.80
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,200,000	40	\$0.03 \$0.90	\$0.03 \$0.90
<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 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$210,508	40	\$0.37 \$20.37	\$0.38 \$20.00

Total Monthly Rate per Member: Single \$72.60 \$72.26  
 Total Monthly Rate per Member: 2-Person \$115.91 \$116.30  
 Total Monthly Rate per Member: Family \$205.29 \$206.38

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**Quoted Group(s): 484B - Support Staff**

**Medical plans**

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 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 (5B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 \$10/\$20 EA1	Single: 1 2-Person: 0 Family: 0	\$813.93 \$1,831.36 \$2,278.99	\$884.57 \$1,990.30 \$2,476.81
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1500/\$3000 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 7 2-Person: 1 Family: 4	\$654.10 \$1,471.75 \$1,831.49	\$710.87 \$1,599.49 \$1,990.46
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 2 2-Person: 0 Family: 0	\$496.82 \$1,117.86 \$1,391.10	\$539.94 \$1,214.88 \$1,511.84
<b>Basic Term Life with Medical</b> Volume:	\$5,000	15	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

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**Quoted Group(s): 484B - Support Staff**

**Ancillary plans**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00987-05 100% (X-Rays) 80% 80% \$1,000 80% UCR 2 Cleanings, Adult Ortho, Sealants Jan-Dec	Single: 9 2-Person: 2 Family: 9	\$35.45 \$69.33 \$153.30	\$38.41 \$77.88 \$158.84
<b>Vision</b> Plan Year:	VSP 2 S Jan-Dec	Single: 9 2-Person: 2 Family: 9	\$6.05 \$12.95 \$19.51	\$5.47 \$11.71 \$17.64
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$600,000	20	\$0.17 \$5.10	\$0.16 \$4.80
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$600,000	20	\$0.03 \$0.90	\$0.03 \$0.90
<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 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$44,386	20	\$1.10 \$22.69	\$0.94 \$20.86
Total Monthly Rate per Member: Single			\$70.19	\$70.44
Total Monthly Rate per Member: 2-Person			\$110.97	\$116.15
Total Monthly Rate per Member: Family			\$201.50	\$203.04

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