



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

**2021 Rate Renewal Exclusively for
 North Dickinson Co Schools**

(Part of APA - Upper Peninsula)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 346849
 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/28/2020

Quoted Group(s): 480D - APA - UP Support Staff

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$714.30 \$1,607.17 \$2,000.04	\$754.14 \$1,696.81 \$2,111.59
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 4 Family: 0	\$673.59 \$1,515.57 \$1,886.04	\$711.15 \$1,600.08 \$1,991.22
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 1 Family: 0	\$637.72 \$1,434.87 \$1,785.62	\$673.29 \$1,514.90 \$1,885.20
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$545.90 \$1,228.25 \$1,528.50	\$576.33 \$1,296.76 \$1,613.75
Basic Term Life with Medical Volume:	\$5,000	5	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

Your account may be eligible for additional savings through our new multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

COBRA RATES:

The COBRA rates for this group are the same as the rates above.



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Quoted Group(s): 480E - APA-UP Teachers & Admin

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 5	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 5	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
Basic Term Life with Medical Volume:	\$5,000	12	\$1.50	\$1.50

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Quoted Group(s): 480E - APA-UP Teachers & Admin

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00485-01 80% 80% (X-Rays) 80% \$1,000 80% \$2,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 0 Family: 10	\$27.68 \$51.94 \$107.98	\$27.68 \$51.94 \$107.98
Vision Plan Year:	VSP 3 Plus Jul-Jun	Single: 2 2-Person: 1 Family: 14	\$11.05 \$23.72 \$35.73	\$11.05 \$23.72 \$35.73
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$480,000	12	\$0.18 \$7.20	\$0.15 \$6.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$480,000	12	\$0.03 \$1.20	\$0.03 \$1.20

Total Monthly Rate per Member: Single \$47.13 \$45.93
 Total Monthly Rate per Member: 2-Person \$84.06 \$82.86
 Total Monthly Rate per Member: Family \$152.11 \$150.91

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Quoted Group(s): 480E - APA-UP Teachers & Admin

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00485-02 80% 80% (X-Rays) 80% \$1,000 80% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 4	\$30.35 \$57.34 \$117.83	\$30.35 \$57.34 \$117.83
Vision Plan Year:	VSP 3 Plus Jul-Jun	Single: 2 2-Person: 1 Family: 14	\$11.05 \$23.72 \$35.73	\$11.05 \$23.72 \$35.73
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$275,000	5	\$0.18 \$9.90	\$0.15 \$8.25
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$275,000	5	\$0.03 \$1.65	\$0.03 \$1.65
Dependent Life Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$10,000	5	\$0.23 \$0.46	\$0.23 \$0.46

Total Monthly Rate per Member: Single	\$53.41	\$51.76
Total Monthly Rate per Member: 2-Person	\$93.07	\$91.42
Total Monthly Rate per Member: Family	\$165.57	\$163.92

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