



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

**2024 Rate Renewal Exclusively for
 Tekonsha Community Schools
 (Part of APA - Barry, Branch, Calhoun Counties)**

Quote #: 352995
 MESSA Field Rep: Tara Wilbur
 Date Created: 08/01/2023

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

Quoted Group(s): 204AE - APA-BBC Teach,Admin,Sec,Transp

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 Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 1	\$819.14 \$1,843.06 \$2,293.58	\$843.71 \$1,898.34 \$2,362.37
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BG) \$500/\$1000 20% \$20/\$20/\$20 \$25/\$50 3Tier None	Single: 0 2-Person: 0 Family: 2	\$743.56 \$1,673.01 \$2,081.97	\$765.86 \$1,723.19 \$2,144.42
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (CV) \$1600/\$3200 0% \$0 \$0 3Tier HEQ	Single: 2 2-Person: 1 Family: 5	\$734.33 \$1,652.25 \$2,056.13	\$756.36 \$1,701.81 \$2,117.81
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (DH) \$2000/\$4000 0% \$0 \$0 3Tier HEQ	Single: 0 2-Person: 0 Family: 0	\$686.50 \$1,544.62 \$1,922.21	\$707.09 \$1,590.96 \$1,979.86
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: 2 2-Person: 0 Family: 1	\$583.13 \$1,312.03 \$1,632.76	\$600.62 \$1,351.39 \$1,681.74
Basic Term Life with Medical Volume:	\$5,000	14	\$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:

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
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06297-06, 07 80% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings Jan-Dec	Single: 8 2-Person: 1 Family: 11	\$30.03 \$59.94 \$108.50	\$30.03 \$59.94 \$108.50
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 8 2-Person: 1 Family: 11	\$5.47 \$11.71 \$17.64	\$5.47 \$11.71 \$17.64
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$400,000	20	\$0.23 \$4.60	\$0.21 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$400,000	20	\$0.03 \$0.60	\$0.03 \$0.60

Total Monthly Rate per Member: Single	\$40.70	\$40.30
Total Monthly Rate per Member: 2-Person	\$76.85	\$76.45
Total Monthly Rate per Member: Family	\$131.34	\$130.94

COBRA RATES:

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