



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

**2023 Rate Renewal Exclusively for
 Alba Public Schools**

Quote #: 350927
 MESSA Field Rep: Viola Collin
 Date Created: 08/04/2022

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

Quoted Group(s): 316B - Teachers, Cust, Admin Sec

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan 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: 1 2-Person: 1 Family: 0	\$762.81 \$1,716.34 \$2,135.87	\$835.26 \$1,879.36 \$2,338.74
Plan 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: 0 2-Person: 1 Family: 1	\$654.94 \$1,473.64 \$1,833.85	\$717.15 \$1,613.61 \$2,008.04
Basic Term Life with Medical Volume:	\$5,000	4	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical 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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Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00480-02 80% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 2 2-Person: 3 Family: 1	\$33.99 \$65.95 \$126.51	\$34.99 \$67.41 \$129.17
Vision Plan Year:	VSP 3 Plus P Jan-Dec	Single: 2 2-Person: 3 Family: 1	\$11.57 \$24.85 \$37.38	\$10.46 \$22.46 \$33.80
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$300,000	6	\$0.20 \$10.00	\$0.24 \$12.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$300,000	6	\$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:	66 2/3% Max \$5,000 \$7,500 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$23,753	6	\$0.93 \$35.02	\$0.91 \$36.03
Total Monthly Rate per Member: Single			\$92.08	\$94.98
Total Monthly Rate per Member: 2-Person			\$137.32	\$139.40
Total Monthly Rate per Member: Family			\$210.41	\$212.50

COBRA RATES:

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