



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

**2022 Rate Renewal Exclusively for  
 Menominee Area Schools**

**(Part of APA - Upper Peninsula)**

**Rates Effective 01/01/2022 through 12/31/2022**

Quote #: 348912  
 MESSA Field Rep: RaeAnn Loy  
 Date Created: 08/16/2021

**Quoted Group(s): 168A - APA - UP Teacher**

**Medical plans**

Description	Benefits	Enrollment	2021 Rate <sup>1</sup> w/ 2% Discount	2022 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$739.06 \$1,662.87 \$2,069.36	\$756.39 \$1,701.86 \$2,117.88
<b>Plan</b> 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: 11 2-Person: 4 Family: 7	\$696.93 \$1,568.08 \$1,951.40	\$713.27 \$1,604.86 \$1,997.16
<b>Plan</b> 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: 10 2-Person: 6 Family: 16	\$659.82 \$1,484.61 \$1,847.50	\$668.54 \$1,504.22 \$1,871.92
<b>Plan</b> 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: 2 2-Person: 0 Family: 2	\$564.81 \$1,270.82 \$1,581.47	\$572.27 \$1,287.61 \$1,602.36
<b>Basic Term Life with Medical</b> Volume:	\$5,000	58	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

**COBRA RATES:**

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 Date Created: 08/16/2021

**Quoted Group(s): 168A - APA - UP Teacher**

**Ancillary plans with medical - 58 members**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-02 100% 90% (X-Rays) 90% \$3,000 90% \$2,000 2 Cleanings Jul-Jun	Single: 23 2-Person: 10 Family: 25	\$34.20 \$64.69 \$124.49	\$36.83 \$70.17 \$133.67
<b>Vision (All)*</b> Plan Year:	MESSA Vision Preferred Jul-Jun	Single: 28 2-Person: 15 Family: 38	\$7.17 \$15.41 \$23.18	\$6.82 \$14.64 \$22.03
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$8,100,000	81	\$0.12 \$12.00	\$0.13 \$13.00
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$8,100,000	81	\$0.03 \$3.00	\$0.03 \$3.00
<b>LTD Benefit (All)*</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:	70% Max \$3,000 \$4,286 60 CDSW Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$303,989	81	\$0.86 \$31.61	\$0.77 \$28.90
Total Monthly Rate per Member: Single			\$87.98	\$88.55
Total Monthly Rate per Member: 2-Person			\$126.71	\$129.71
Total Monthly Rate per Member: Family			\$194.28	\$200.60

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**Quoted Group(s): 168A - APA - UP Teacher**

**Ancillary plans without medical - 23 members**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-03 100% 90% (X-Rays) 90% \$3,000 90% \$2,000 2 Cleanings Jul-Jun	Single: 5 2-Person: 5 Family: 13	\$33.36 \$63.83 \$123.87	\$31.58 \$61.66 \$124.14
<b>Vision (All)*</b> Plan Year:	MESSA Vision Preferred Jul-Jun	Single: 28 2-Person: 15 Family: 38	\$7.17 \$15.41 \$23.18	\$6.82 \$14.64 \$22.03
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$8,100,000	81	\$0.12 \$12.00	\$0.13 \$13.00
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$8,100,000	81	\$0.03 \$3.00	\$0.03 \$3.00
<b>LTD Benefit (All)*</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:	70% Max \$3,000 \$4,286 60 CDSW Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$303,989	81	\$0.86 \$31.61	\$0.77 \$28.90
Total Monthly Rate per Member: Single			\$87.14	\$83.30
Total Monthly Rate per Member: 2-Person			\$125.85	\$121.20
Total Monthly Rate per Member: Family			\$193.66	\$191.07

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**Quoted Group(s): 168CDEI - APA-UP Adm,Dir,BusOff,Cler**

**Medical plans**

Description	Benefits	Enrollment	2021 Rate <sup>1</sup> w/ 2% Discount	2022 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2 2-Person: 1 Family: 0	\$739.06 \$1,662.87 \$2,069.36	\$756.39 \$1,701.86 \$2,117.88
<b>Plan</b> 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: 3 2-Person: 2 Family: 0	\$696.93 \$1,568.08 \$1,951.40	\$713.27 \$1,604.86 \$1,997.16
<b>Plan</b> 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: 7 2-Person: 1 Family: 7	\$659.82 \$1,484.61 \$1,847.50	\$668.54 \$1,504.22 \$1,871.92
<b>Plan</b> 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: 1 2-Person: 0 Family: 0	\$564.81 \$1,270.82 \$1,581.47	\$572.27 \$1,287.61 \$1,602.36
<b>Basic Term Life with Medical</b> Volume:	\$5,000	24	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

**COBRA RATES:**

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**Quoted Group(s): 168CDEI - APA-UP Adm,Dir,BusOff,Cler**

**Ancillary plans with medical - 24 members**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-10, 14, 16, 18 100% 90% (X-Rays) 90% \$1,000 90% \$1,500 2 Cleanings Jul-Jun	Single: 11 2-Person: 5 Family: 8	\$30.75 \$60.53 \$113.03	\$34.18 \$66.62 \$121.09
<b>Vision (All)*</b> Plan Year:	VSP 2 Jul-Jun	Single: 15 2-Person: 7 Family: 10	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,894,000	32	\$0.12 \$7.13	\$0.13 \$7.69
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,894,000	32	\$0.03 \$1.78	\$0.03 \$1.78
<b>LTD Benefit (All)*</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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$101,946	32	\$1.21 \$38.69	\$1.07 \$34.09
Total Monthly Rate per Member: Single			\$84.01	\$83.13
Total Monthly Rate per Member: 2-Person			\$120.28	\$121.72
Total Monthly Rate per Member: Family			\$178.91	\$182.02

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**Quoted Group(s): 168CDEI - APA-UP Adm,Dir,BusOff,Cler**

**Ancillary plans without medical - 8 members**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-11, 15, 17, 19 100% 90% (X-Rays) 90% \$1,000 90% \$1,500 2 Cleanings Jul-Jun	Single: 4 2-Person: 2 Family: 2	\$32.87 \$59.78 \$117.49	\$32.01 \$59.38 \$111.66
<b>Vision (All)*</b> Plan Year:	VSP 2 Jul-Jun	Single: 15 2-Person: 7 Family: 10	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,894,000	32	\$0.12 \$7.13	\$0.13 \$7.69
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,894,000	32	\$0.03 \$1.78	\$0.03 \$1.78
<b>LTD Benefit (All)*</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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$101,946	32	\$1.21 \$38.69	\$1.07 \$34.09
Total Monthly Rate per Member: Single			\$86.13	\$80.96
Total Monthly Rate per Member: 2-Person			\$119.53	\$114.48
Total Monthly Rate per Member: Family			\$183.37	\$172.59

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**Quoted Group(s): 168K - Technical/Clerical**

**Ancillary plans**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$0	0	\$0.12 \$1.20	\$0.13 \$1.30
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$0	0	\$0.03 \$0.30	\$0.03 \$0.30

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**Quoted Group(s): 168L - Food Service**

**Ancillary plans**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>LTD Benefit</b>				
Benefit:	66 2/3% Max \$3,000			
Max Monthly Salary:	\$4,500			
Waiting Period:	60 CDSW			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$3,171	2		
Rate/\$100:			\$4.07	\$3.77
Composite:			\$66.00	\$59.77

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**Quoted Group(s): 168M - APA - UP Serv Trans Maint**

**Medical plans**

Description	Benefits	Enrollment	2021 Rate <sup>1</sup> w/ 2% Discount	2022 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 1 Family: 0	\$739.06 \$1,662.87 \$2,069.36	\$756.39 \$1,701.86 \$2,117.88
<b>Plan</b> 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: 0	\$696.93 \$1,568.08 \$1,951.40	\$713.27 \$1,604.86 \$1,997.16
<b>Plan</b> 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: 0	\$659.82 \$1,484.61 \$1,847.50	\$668.54 \$1,504.22 \$1,871.92
<b>Plan</b> 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: 2 2-Person: 0 Family: 0	\$564.81 \$1,270.82 \$1,581.47	\$572.27 \$1,287.61 \$1,602.36
<b>Basic Term Life with Medical</b> Volume:	\$5,000	4	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

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**Quoted Group(s): 168M - APA - UP Serv Trans Maint**

**Ancillary plans with medical - 4 members**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-12 100% 90% (X-Rays) 90% \$1,000 90% \$1,500 2 Cleanings Jul-Jun	Single: 3 2-Person: 1 Family: 0	\$30.75 \$60.53 \$113.03	\$34.18 \$66.62 \$121.09
<b>Vision (All)*</b> Plan Year:	VSP 2 Jul-Jun	Single: 3 2-Person: 1 Family: 1	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$330,000	5	\$0.12 \$7.25	\$0.13 \$8.58
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$330,000	5	\$0.03 \$1.81	\$0.03 \$1.98
<b>LTD Benefit (All)*</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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$18,331	5	\$1.71 \$57.59	\$1.48 \$54.26
Total Monthly Rate per Member: Single			\$103.06	\$104.39
Total Monthly Rate per Member: 2-Person			\$139.33	\$142.98
Total Monthly Rate per Member: Family			\$197.96	\$203.28

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**Quoted Group(s): 168M - APA - UP Serv Trans Maint**

**Ancillary plans without medical - 1 member**

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06072-13 100% 90% (X-Rays) 90% \$1,000 90% \$1,500 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$32.87 \$59.78 \$117.49	\$32.01 \$59.38 \$111.66
<b>Vision (All)*</b> Plan Year:	VSP 2 Jul-Jun	Single: 3 2-Person: 1 Family: 1	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$330,000	5	\$0.12 \$7.25	\$0.13 \$8.58
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$330,000	5	\$0.03 \$1.81	\$0.03 \$1.98
<b>LTD Benefit (All)*</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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$18,331	5	\$1.71 \$57.59	\$1.48 \$54.26

Total Monthly Rate per Member: Single \$105.18 \$102.22  
 Total Monthly Rate per Member: 2-Person \$138.58 \$135.74  
 Total Monthly Rate per Member: Family \$202.42 \$193.85

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