



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

**2021 Rate Renewal Exclusively for  
 Menominee Area Schools**

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

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

Quote #: 346684  
 MESSA Field Rep: RaeAnn Loy  
 Date Created: 07/31/2020

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

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ 2% Discount	2021 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	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
<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: 9 2-Person: 4 Family: 7	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
<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: 11 2-Person: 5 Family: 17	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
<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	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
<b>Basic Term Life with Medical</b> Volume:	\$5,000	57	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% 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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Quote #: 346684  
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 Date Created: 07/31/2020

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

**Ancillary plans with medical**

Description	Benefits	Enrollment	2020 Rate	2021 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: 24	\$34.20 \$64.69 \$124.49	\$34.20 \$64.69 \$124.49
<b>Vision</b> Plan Year:	VSP 3 Jul-Jun	Single: 27 2-Person: 15 Family: 39	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$8,100,000	81	\$0.12 \$12.00	\$0.12 \$12.00
<b>AD&amp;D Coverage</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</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 Not Waived Yes Yes \$297,768	81	\$0.84 \$29.76	\$0.82 \$30.14
Total Monthly Rate per Member: Single			\$86.55	\$86.93
Total Monthly Rate per Member: 2-Person			\$125.75	\$126.13
Total Monthly Rate per Member: Family			\$193.77	\$194.15

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

**Ancillary plans without medical**

Description	Benefits	Enrollment	2020 Rate	2021 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: 4 2-Person: 5 Family: 15	\$33.36 \$63.83 \$123.87	\$33.36 \$63.83 \$123.87
<b>Vision</b> Plan Year:	VSP 3 Jul-Jun	Single: 27 2-Person: 15 Family: 39	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$8,100,000	81	\$0.12 \$12.00	\$0.12 \$12.00
<b>AD&amp;D Coverage</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</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 Not Waived Yes Yes \$297,768	81	\$0.84 \$29.76	\$0.82 \$30.14
Total Monthly Rate per Member: Single			\$85.71	\$86.09
Total Monthly Rate per Member: 2-Person			\$124.89	\$125.27
Total Monthly Rate per Member: Family			\$193.15	\$193.53

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Quote #: 346684  
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 Date Created: 07/31/2020

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

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ 2% Discount	2021 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	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
<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	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
<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: 6 2-Person: 1 Family: 7	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
<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	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
<b>Basic Term Life with Medical</b> Volume:	\$5,000	22	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

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

**Ancillary plans with medical**

Description	Benefits	Enrollment	2020 Rate	2021 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: 9 2-Person: 5 Family: 8	\$30.75 \$60.53 \$113.03	\$30.75 \$60.53 \$113.03
<b>Vision</b> Plan Year:	VSP 2 Jul-Jun	Single: 14 2-Person: 7 Family: 10	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,842,000	31	\$0.12 \$7.64	\$0.12 \$7.13
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,842,000	31	\$0.03 \$1.91	\$0.03 \$1.78
<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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$99,119	31	\$1.24 \$42.52	\$1.21 \$38.69

Total Monthly Rate per Member: Single \$88.48 \$84.01  
 Total Monthly Rate per Member: 2-Person \$124.75 \$120.28  
 Total Monthly Rate per Member: Family \$183.38 \$178.91

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

**Ancillary plans without medical**

Description	Benefits	Enrollment	2020 Rate	2021 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: 5 2-Person: 2 Family: 2	\$32.87 \$59.78 \$117.49	\$32.87 \$59.78 \$117.49
<b>Vision</b> Plan Year:	VSP 2 Jul-Jun	Single: 14 2-Person: 7 Family: 10	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,842,000	31	\$0.12 \$7.64	\$0.12 \$7.13
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$1,842,000	31	\$0.03 \$1.91	\$0.03 \$1.78
<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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$99,119	31	\$1.24 \$42.52	\$1.21 \$38.69

Total Monthly Rate per Member: Single \$90.60 \$86.13  
 Total Monthly Rate per Member: 2-Person \$124.00 \$119.53  
 Total Monthly Rate per Member: Family \$187.84 \$183.37

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

**Ancillary plans**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$0	0	\$0.12	\$0.12 \$1.20
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$0	0	\$0.03	\$0.03 \$0.30

The above rates are based on plans and enrollment as of 07/27/2020. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

**If you have any questions, please contact your MESSA Field Representative, RaeAnn Loy, at 800.292.4910.**



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

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

**Ancillary plans**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
<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:	66 2/3% Max \$3,000 \$4,500 60 CDSW Same as any other illness Same as any other illness Family 2 years Waived No Yes \$3,243	2	\$4.08	\$4.07 \$66.00

The above rates are based on plans and enrollment as of 07/27/2020. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

**If you have any questions, please contact your MESSA Field Representative, RaeAnn Loy, at 800.292.4910.**





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 Date Created: 07/31/2020

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

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ 2% Discount	2021 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	\$700.01 \$1,575.03 \$1,960.04	\$739.06 \$1,662.87 \$2,069.36
<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	\$660.12 \$1,485.26 \$1,848.32	\$696.93 \$1,568.08 \$1,951.40
<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	\$624.97 \$1,406.18 \$1,749.91	\$659.82 \$1,484.61 \$1,847.50
<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	\$534.98 \$1,203.69 \$1,497.93	\$564.81 \$1,270.82 \$1,581.47
<b>Basic Term Life with Medical</b> Volume:	\$5,000	4	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

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

**Ancillary plans with medical**

Description	Benefits	Enrollment	2020 Rate	2021 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	\$30.75 \$60.53 \$113.03
<b>Vision</b> Plan Year:	VSP 2 Jul-Jun	Single: 3 2-Person: 1 Family: 1	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$302,000	5	\$0.12 \$8.66	\$0.12 \$7.25
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$302,000	5	\$0.03 \$2.17	\$0.03 \$1.81
<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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$16,838	5	\$1.24 \$42.52	\$1.71 \$57.59

Total Monthly Rate per Member: Single \$89.76 \$103.06  
 Total Monthly Rate per Member: 2-Person \$126.03 \$139.33  
 Total Monthly Rate per Member: Family \$184.66 \$197.96

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

**Ancillary plans without medical**

Description	Benefits	Enrollment	2020 Rate	2021 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	\$32.87 \$59.78 \$117.49
<b>Vision</b> Plan Year:	VSP 2 Jul-Jun	Single: 3 2-Person: 1 Family: 1	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$302,000	5	\$0.12 \$8.66	\$0.12 \$7.25
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	1.5X Salary (Max of \$225,000) \$302,000	5	\$0.03 \$2.17	\$0.03 \$1.81
<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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$16,838	5	\$1.24 \$42.52	\$1.71 \$57.59
Total Monthly Rate per Member: Single			\$91.88	\$105.18
Total Monthly Rate per Member: 2-Person			\$125.28	\$138.58
Total Monthly Rate per Member: Family			\$189.12	\$202.42

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