



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

2023 Rate Renewal Exclusively for Coopersville Public Schools

Quote #: 350773
 MESSA Field Rep: Jacqueline Mast
 Date Created: 08/04/2022

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

Quoted Group(s): 048A - Cust Maint CSPA Union

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 (BM) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier None	Single: 0 2-Person: 0 Family: 0	\$622.62 \$1,400.91 \$1,743.36	\$658.12 \$1,480.79 \$1,842.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 2 Family: 4	\$677.74 \$1,524.91 \$1,897.67	\$716.38 \$1,611.86 \$2,005.88
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (8Y) \$1500/\$3000 10% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$630.96 \$1,419.68 \$1,766.70	\$666.94 \$1,500.62 \$1,867.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (DD) \$1500/\$3000 20% \$0 \$0 3Tier HEQ	Single: 3 2-Person: 0 Family: 0	\$587.45 \$1,321.74 \$1,644.83	\$620.94 \$1,397.10 \$1,738.62
Basic Term Life with Medical Volume:	\$5,000	11	\$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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Quoted Group(s): 048A - Cust Maint CSPA Union

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00468-16 100% (X-Rays) 100% 60% \$1,500 60% \$1,500 2 Cleanings Jan-Dec	Single: 5 2-Person: 3 Family: 5	\$48.02 \$87.72 \$165.70	\$46.11 \$80.59 \$158.18
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 5 2-Person: 3 Family: 5	\$8.09 \$17.36 \$26.10	\$7.32 \$15.70 \$23.59
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$260,000	13	\$0.09 \$1.80	\$0.09 \$1.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$260,000	13	\$0.03 \$0.60	\$0.03 \$0.60
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:	60% Max \$2,500 \$4,167 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$35,401	13	\$1.16 \$31.59	\$1.05 \$28.59

Total Monthly Rate per Member: Single \$90.10 \$84.42
 Total Monthly Rate per Member: 2-Person \$139.07 \$127.28
 Total Monthly Rate per Member: Family \$225.79 \$212.76

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Quoted Group(s): 048D - Teacher

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 (BM) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier None	Single: 1 2-Person: 0 Family: 0	\$622.62 \$1,400.91 \$1,743.36	\$658.12 \$1,480.79 \$1,842.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 17 2-Person: 11 Family: 66	\$677.74 \$1,524.91 \$1,897.67	\$716.38 \$1,611.86 \$2,005.88
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (8Y) \$1500/\$3000 10% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 2 Family: 4	\$630.96 \$1,419.68 \$1,766.70	\$666.94 \$1,500.62 \$1,867.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (DD) \$1500/\$3000 20% \$0 \$0 3Tier HEQ	Single: 0 2-Person: 3 Family: 4	\$587.45 \$1,321.74 \$1,644.83	\$620.94 \$1,397.10 \$1,738.62
Basic Term Life with Medical Volume:	\$5,000	112	\$1.50	\$1.50

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Quoted Group(s): 048D - Teacher

Ancillary plans with medical - 112 members

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00468-02 90% 90% (X-Rays) 90% \$2,000 90% \$3,000 2 Cleanings, Adult Ortho, Sealants Jan-Dec	Single: 31 2-Person: 19 Family: 97	\$39.94 \$79.90 \$170.86	\$41.14 \$80.58 \$166.81
Vision (All)* Plan Year:	VSP 3 Plus Jan-Dec	Single: 31 2-Person: 19 Family: 97	\$10.50 \$22.54 \$33.94	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$5,040,000	112	\$0.09 \$4.05	\$0.09 \$4.05
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$5,040,000	112	\$0.03 \$1.35	\$0.03 \$1.35
LTD Benefit (All)* 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 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$670,952	147	\$0.44 \$20.14	\$0.44 \$20.08
Total Monthly Rate per Member: Single			\$75.98	\$76.11
Total Monthly Rate per Member: 2-Person			\$127.98	\$126.44
Total Monthly Rate per Member: Family			\$230.34	\$222.99

COBRA RATES:

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* Indicates total ancillary plan enrollment and volume for quoted group(s).

The above rates are based on plans and enrollment as of 08/02/2022. 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.

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Quoted Group(s): 048D - Teacher

Ancillary plans without medical - 35 members

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00468-02 90% 90% (X-Rays) 90% \$2,000 90% \$3,000 2 Cleanings, Adult Ortho, Sealants Jan-Dec	Single: 31 2-Person: 19 Family: 97	\$39.94 \$79.90 \$170.86	\$41.14 \$80.58 \$166.81
Vision (All)* Plan Year:	VSP 3 Plus Jan-Dec	Single: 31 2-Person: 19 Family: 97	\$10.50 \$22.54 \$33.94	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,750,000	35	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,750,000	35	\$0.03 \$1.50	\$0.03 \$1.50
LTD Benefit (All)* 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 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$670,952	147	\$0.44 \$20.14	\$0.44 \$20.08
Total Monthly Rate per Member: Single			\$76.58	\$76.71
Total Monthly Rate per Member: 2-Person			\$128.58	\$127.04
Total Monthly Rate per Member: Family			\$230.94	\$223.59

COBRA RATES:

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Quoted Group(s): 048H - Community Ed Teachers

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ no Discount	2023 Rate ² w/ no Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000	Single: 0	\$691.57	\$731.00
IN Coinsurance:	0%	2-Person: 0	\$1,556.03	\$1,644.76
OL/OV/SV Copay:	\$0	Family: 0	\$1,936.40	\$2,046.81
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$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.

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.

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Quoted Group(s): 048J - Administrator

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000	Single: 0	\$677.74	\$716.38
IN Coinsurance:	0%	2-Person: 0	\$1,524.91	\$1,611.86
OL/OV/SV Copay:	\$0	Family: 0	\$1,897.67	\$2,005.88
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$1.50	\$1.50

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Quoted Group(s): 048J - Administrator

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00468-14 100% (X-Rays) 90% 80% \$1,500 80% \$3,000 2 Cleanings, Sealants Jan-Dec	Single: 4 2-Person: 3 Family: 13	\$46.90 \$89.61 \$181.48	\$41.21 \$80.23 \$165.76
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 4 2-Person: 3 Family: 13	\$10.50 \$22.54 \$33.94	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$2,000,000	20	\$0.09 \$9.00	\$0.09 \$9.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$2,000,000	20	\$0.03 \$3.00	\$0.03 \$3.00
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:	70% Max \$12,000 \$17,143 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$136,469	20	\$0.62 \$45.49	\$0.63 \$42.99

Total Monthly Rate per Member: Single \$114.89 \$105.69
 Total Monthly Rate per Member: 2-Person \$169.64 \$155.60
 Total Monthly Rate per Member: Family \$272.91 \$251.45

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Quoted Group(s): 048K - Migrant Program Coord

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ no Discount	2023 Rate ² w/ no Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000			
IN Coinsurance:	0%	Single: 0	\$691.57	\$731.00
OL/OV/SV Copay:	\$0	2-Person: 0	\$1,556.03	\$1,644.76
UC/ER Copay:	\$0	Family: 0	\$1,936.40	\$2,046.81
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$1.50	\$1.50

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²Medical Rate includes 1.335% for federal and state taxes and fees.

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Quoted Group(s): 048L - Early Childhood

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000	Single: 0	\$677.74	\$716.38
IN Coinsurance:	0%	2-Person: 0	\$1,524.91	\$1,611.86
OL/OV/SV Copay:	\$0	Family: 1	\$1,897.67	\$2,005.88
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	1	\$1.50	\$1.50

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COBRA RATES:

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Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	00468-11			
Diag & Prev:	100%	Single: 3	\$39.33	\$41.05
Basic Services:	90% (X-Rays)	2-Person: 4	\$77.91	\$78.55
Major Services:	80%	Family: 6	\$168.56	\$165.37
Annual Max:	\$1,500			
Orthodontics:	80%			
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus	Single: 3	\$10.50	\$9.49
Plan Year:	Jan-Dec	2-Person: 4	\$22.54	\$20.38
		Family: 6	\$33.94	\$30.70
Life Insurance				
Volume:	\$20,000	13	\$0.09	\$0.09
Total Volume:	\$260,000		\$1.80	\$1.80
Rate/\$1,000:				
Composite:				
AD&D Coverage				
Volume:	\$20,000	13	\$0.03	\$0.03
Total Volume:	\$260,000		\$0.60	\$0.60
Rate/\$1,000:				
Composite:				

Total Monthly Rate per Member: Single	\$52.23	\$52.94
Total Monthly Rate per Member: 2-Person	\$102.85	\$101.33
Total Monthly Rate per Member: Family	\$204.90	\$198.47

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Quoted Group(s): 048M - Secretary Bookkeeper

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000	Single: 0	\$677.74	\$716.38
IN Coinsurance:	0%	2-Person: 0	\$1,524.91	\$1,611.86
OL/OV/SV Copay:	\$0	Family: 0	\$1,897.67	\$2,005.88
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$1.50	\$1.50

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Quoted Group(s): 048M - Secretary Bookkeeper

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00468-13 100% (X-Rays) 90% 80% \$1,500 80% \$3,000 2 Cleanings, Sealants Jan-Dec	Single: 3 2-Person: 0 Family: 12	\$43.55 \$86.76 \$178.80	\$39.55 \$76.83 \$164.38
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 3 2-Person: 0 Family: 12	\$10.50 \$22.54 \$33.94	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$300,000	15	\$0.09 \$1.80	\$0.09 \$1.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$300,000	15	\$0.03 \$0.60	\$0.03 \$0.60
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:	60% Max \$2,500 \$4,167 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$41,511	15	\$0.69 \$20.24	\$0.78 \$21.59
Total Monthly Rate per Member: Single			\$76.69	\$73.03
Total Monthly Rate per Member: 2-Person			\$131.94	\$121.20
Total Monthly Rate per Member: Family			\$235.38	\$219.07

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Quoted Group(s): 048N - Transportation

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 1% Discount	2023 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 0 Family: 0	\$684.66 \$1,540.47 \$1,917.04	\$723.69 \$1,628.31 \$2,026.35
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

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Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 2 2-Person: 6 Family: 10	\$8.09 \$17.36 \$26.10	\$7.32 \$15.70 \$23.59
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$360,000	18	\$0.09 \$1.80	\$0.09 \$1.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$360,000	18	\$0.03 \$0.60	\$0.03 \$0.60

Total Monthly Rate per Member: Single	\$10.49	\$9.72
Total Monthly Rate per Member: 2-Person	\$19.76	\$18.10
Total Monthly Rate per Member: Family	\$28.50	\$25.99

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