



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

**2021 Rate Renewal Exclusively for
 Negaunee Public Schools
 (Part of APA - Upper Peninsula)**

Quote #: 346956
 MESSA Field Rep: RaeAnn Loy
 Date Created: 07/31/2020

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

Quoted Group(s): 748A - APA - UP Educ Supp Pers

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 1 2-Person: 0 Family: 0	\$714.40 \$1,607.41 \$2,000.32	\$754.24 \$1,697.05 \$2,111.87
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$673.69 \$1,515.81 \$1,886.32	\$711.25 \$1,600.32 \$1,991.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 5 2-Person: 2 Family: 0	\$637.82 \$1,435.11 \$1,785.90	\$673.39 \$1,515.14 \$1,885.48
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9J) \$2000/\$4000 20% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 0 Family: 0	\$546.00 \$1,228.49 \$1,528.78	\$576.43 \$1,297.00 \$1,614.03
Basic Term Life with Medical Volume:	\$5,000	8	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

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COBRA RATES:

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

Quoted Group(s): 748C - APA - UP Teacher

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 3 2-Person: 0 Family: 1	\$700.11 \$1,575.27 \$1,960.32	\$739.16 \$1,663.11 \$2,069.64
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 2	\$660.22 \$1,485.50 \$1,848.60	\$697.03 \$1,568.32 \$1,951.68
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 8 2-Person: 6 Family: 41	\$625.07 \$1,406.42 \$1,750.19	\$659.92 \$1,484.85 \$1,847.78
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9J) \$2000/\$4000 20% \$0 \$0 ABC Rx EA1, HEQ	Single: 3 2-Person: 1 Family: 3	\$535.08 \$1,203.93 \$1,498.21	\$564.91 \$1,271.06 \$1,581.75
Basic Term Life with Medical Volume:	\$5,000	68	\$1.50	\$1.50

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Quoted Group(s): 748C - APA - UP Teacher

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06201-01 80% 80% (X-Rays) 80% \$1,000 80% \$1,200 2 Cleanings Jul-Jun	Single: 15 2-Person: 6 Family: 47	\$27.75 \$53.14 \$104.18	\$27.75 \$53.14 \$104.18
Vision Plan Year:	VSP 3 Jul-Jun	Single: 16 2-Person: 14 Family: 61	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$2,040,000	68	\$0.07 \$2.10	\$0.07 \$2.10
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$2,040,000	68	\$0.03 \$0.90	\$0.03 \$0.90
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 \$2,500 \$3,750 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$328,348	91	\$0.35 \$12.67	\$0.35 \$12.63
Total Monthly Rate per Member: Single			\$51.01	\$50.97
Total Monthly Rate per Member: 2-Person			\$85.11	\$85.07
Total Monthly Rate per Member: Family			\$144.37	\$144.33

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Quoted Group(s): 748C - APA - UP Teacher

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06201-02 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jul-Jun	Single: 2 2-Person: 7 Family: 14	\$28.42 \$54.09 \$102.92	\$28.42 \$54.09 \$102.92
Vision Plan Year:	VSP 3 Jul-Jun	Single: 16 2-Person: 14 Family: 61	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$920,000	23	\$0.07 \$2.80	\$0.07 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$920,000	23	\$0.03 \$1.20	\$0.03 \$1.20
Dependent Life Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$230,000	23	\$0.23 \$2.30	\$0.23 \$2.30
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 \$2,500 \$3,750 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$328,348	91	\$0.35 \$12.67	\$0.35 \$12.63

Total Monthly Rate per Member: Single \$54.98 \$54.94
 Total Monthly Rate per Member: 2-Person \$89.36 \$89.32
 Total Monthly Rate per Member: Family \$146.41 \$146.37

COBRA RATES:

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

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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Quoted Group(s): 748F - APA - UP Administration

Medical plans

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Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 1 Family: 0	\$714.40 \$1,607.41 \$2,000.32	\$754.24 \$1,697.05 \$2,111.87
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$673.69 \$1,515.81 \$1,886.32	\$711.25 \$1,600.32 \$1,991.50
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Quoted Group(s): 748H - APA - UP Transp/Mechanics

Medical plans

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Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$714.40 \$1,607.41 \$2,000.32	\$754.24 \$1,697.05 \$2,111.87
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Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9J) \$2000/\$4000 20% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 1 Family: 0	\$546.00 \$1,228.49 \$1,528.78	\$576.43 \$1,297.00 \$1,614.03
Basic Term Life with Medical Volume:	\$5,000	6	\$1.50	\$1.50

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