



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

**2023 Rate Renewal Exclusively for  
 Climax-Scotts Community Sch**

Quote #: 350772  
 MESSA Field Rep: James Baker  
 Date Created: 08/04/2022

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

**Quoted Group(s): 046A - Adm, Tchrs, Sup Staff & Bus Dr**

**Medical plans**

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 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 (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 8 2-Person: 6 Family: 5	\$847.43 \$1,906.72 \$2,372.80	\$922.30 \$2,075.19 \$2,582.44
<b>Plan</b> 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: 4 2-Person: 4 Family: 6	\$749.02 \$1,685.32 \$2,097.27	\$815.20 \$1,834.22 \$2,282.58
<b>Basic Term Life with Medical</b> Volume:	\$5,000	33	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

<sup>2</sup>Medical 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
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06123-08 90% 80% (X-Rays) 80% \$1,500 80% \$2,500 2 Cleanings Jan-Dec	Single: 25 2-Person: 10 Family: 14	\$34.23 \$65.91 \$133.84	\$33.55 \$66.36 \$134.36
<b>Vision</b> Plan Year:	VSP 3 Plus P Jan-Dec	Single: 25 2-Person: 10 Family: 14	\$11.57 \$24.85 \$37.38	\$10.46 \$22.46 \$33.80
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$490,000	49	\$0.17 \$1.70	\$0.15 \$1.50
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$490,000	49	\$0.03 \$0.30	\$0.03 \$0.30
<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 \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$207,683	49	\$0.43 \$16.30	\$0.44 \$18.65

Total Monthly Rate per Member: Single \$64.10 \$64.46  
 Total Monthly Rate per Member: 2-Person \$109.06 \$109.27  
 Total Monthly Rate per Member: Family \$189.52 \$188.61

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