



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

## 2023 Rate Renewal Exclusively for Richmond Community Schools

Quote #: 351140  
MESSA Field Rep: Heather Scott  
Date Created: 08/04/2022

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

Quoted Group(s): 835G - Teachers

### 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 6 2-Person: 6 Family: 14	\$747.40 \$1,681.64 \$2,092.71	\$818.40 \$1,841.41 \$2,291.53
<b>Plan</b> 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: 10 2-Person: 3 Family: 21	\$660.60 \$1,486.35 \$1,849.68	\$723.36 \$1,627.56 \$2,025.41
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (8Z) \$1500/\$3000 20% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 0 Family: 4	\$599.16 \$1,348.11 \$1,677.66	\$656.08 \$1,476.19 \$1,837.03
<b>Basic Term Life with Medical</b> Volume:	\$5,000	66	\$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 with medical - 66 members

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06708-01 80% 80% (X-Rays) 80% \$1,200 80% \$1,200 2 Cleanings Jan-Dec	Single: 16 2-Person: 11 Family: 39	\$36.83 \$69.24 \$128.54	\$37.60 \$70.70 \$131.25
<b>Vision</b> Plan Year:	VSP 2 S Jan-Dec	Single: 16 2-Person: 11 Family: 39	\$6.05 \$12.95 \$19.51	\$5.47 \$11.71 \$17.64
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$3,960,000	66	\$0.10 \$6.00	\$0.09 \$5.40
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$3,960,000	66	\$0.03 \$1.80	\$0.03 \$1.80
<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:	66 2/3% Max \$5,000 \$7,500 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$407,543	80	\$0.47 \$22.95	\$0.46 \$23.43

Total Monthly Rate per Member: Single	\$73.63	\$73.70
Total Monthly Rate per Member: 2-Person	\$112.94	\$113.04
Total Monthly Rate per Member: Family	\$178.80	\$179.52

#### COBRA RATES:

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

\* 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.

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



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### Ancillary plans without medical - 14 members

Description	Benefits	Enrollment	2022 Rate	2023 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06708-02 80% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jan-Dec	Single: 0 2-Person: 5 Family: 9	\$40.24 \$75.45 \$145.43	\$41.08 \$77.04 \$148.49
<b>Vision</b> Plan Year:	VSP 3 G Jan-Dec	Single: 0 2-Person: 5 Family: 9	\$8.09 \$17.36 \$26.10	\$7.32 \$15.70 \$23.59
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$75,000 \$1,050,000	14	\$0.10 \$7.50	\$0.09 \$6.75
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$75,000 \$1,050,000	14	\$0.03 \$2.25	\$0.03 \$2.25
<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:	66 2/3% Max \$5,000 \$7,500 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$407,543	80	\$0.47 \$22.95	\$0.46 \$23.43

Total Monthly Rate per Member: Single	\$81.03	\$80.83
Total Monthly Rate per Member: 2-Person	\$125.51	\$125.17
Total Monthly Rate per Member: Family	\$204.23	\$204.51

#### COBRA RATES:

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