



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

## 2025 Rate Renewal Exclusively for Menominee County ISD

(Part of APA - Upper Peninsula)

Rates Effective 01/01/2025 through 12/31/2025

Quote #: 355683  
MESSA Field Rep: RaeAnn Loy  
Date Created: 08/13/2024

Quoted Group(s): 731A - APA - UP Teachers

### Medical plans

Description	Benefits	Enrollment	2024 Rate <sup>1</sup> w/ 2% Discount	2025 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 3 2-Person: 1 Family: 3	\$841.74 \$1,893.90 \$2,356.86	\$954.10 \$2,146.73 \$2,671.48
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$793.76 \$1,785.95 \$2,222.51	\$899.71 \$2,024.34 \$2,519.18
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 2 Family: 4	\$743.98 \$1,673.96 \$2,083.15	\$838.27 \$1,886.12 \$2,347.17
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 1 Family: 1	\$636.85 \$1,432.90 \$1,783.17	\$702.51 \$1,580.64 \$1,967.02
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1650/\$3300 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$632.38 \$1,422.85 \$1,770.66	\$690.47 \$1,553.55 \$1,933.30
<b>Basic Term Life with Medical</b> Volume:	\$5,000	17	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.336% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.424% for federal and state taxes and fees.

**The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.**

#### COBRA RATES:

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



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Date Created: 08/13/2024

Quoted Group(s): 731A - APA - UP Teachers

### Ancillary plans

Description	Benefits	Enrollment	2024 Rate	2025 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06121-02 100% 90% (X-Rays) 90% \$3,000 90% \$3,000 2 Cleanings, Adult Ortho Jan-Dec	Single: 5 2-Person: 4 Family: 8	\$47.77 \$91.19 \$175.64	\$51.34 \$98.01 \$188.78
<b>Vision</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 5 2-Person: 4 Family: 8	\$9.31 \$20.00 \$30.07	\$9.32 \$20.03 \$30.11
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$850,000	17	\$0.12 \$6.00	\$0.11 \$5.50
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$850,000	17	\$0.03 \$1.50	\$0.03 \$1.50
<b>Dependent Life</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$4,000	2	\$0.23 \$0.46	\$0.23 \$0.46
<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 \$6,000 \$8,571 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$96,137	17	\$0.82 \$44.37	\$0.76 \$42.98

Total Monthly Rate per Member: Single	\$109.41	\$111.10
Total Monthly Rate per Member: 2-Person	\$163.52	\$168.48
Total Monthly Rate per Member: Family	\$258.04	\$269.33

#### 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 08/10/2024. 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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Date Created: 08/13/2024

Quoted Group(s): 731EF - APA-UP Admin/Off Staff, Supt

### Medical plans

Description	Benefits	Enrollment	2024 Rate <sup>1</sup> w/ 2% Discount	2025 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 1 Family: 3	\$841.74 \$1,893.90 \$2,356.86	\$954.10 \$2,146.73 \$2,671.48
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 1	\$793.76 \$1,785.95 \$2,222.51	\$899.71 \$2,024.34 \$2,519.18
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 3 2-Person: 1 Family: 4	\$743.98 \$1,673.96 \$2,083.15	\$838.27 \$1,886.12 \$2,347.17
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$636.85 \$1,432.90 \$1,783.17	\$702.51 \$1,580.64 \$1,967.02
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1650/\$3300 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$632.38 \$1,422.85 \$1,770.66	\$690.47 \$1,553.55 \$1,933.30
<b>Basic Term Life with Medical</b> Volume:	\$5,000	13	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.336% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.424% for federal and state taxes and fees.

**The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.**

#### COBRA RATES:

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Date Created: 08/13/2024

Quoted Group(s): 731EF - APA-UP Admin/Off Staff, Supt

### Ancillary plans

Description	Benefits	Enrollment	2024 Rate	2025 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06121-05, 07 100% 90% (X-Rays) 90% \$3,000 90% \$3,000 2 Cleanings, Adult Ortho Jan-Dec	Single: 3 2-Person: 3 Family: 10	\$51.14 \$100.14 \$162.47	\$54.97 \$107.63 \$174.62
<b>Vision</b> Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 3 2-Person: 3 Family: 10	\$9.31 \$20.00 \$30.07	\$9.32 \$20.03 \$30.11
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$850,000	16	\$0.12 \$6.43	\$0.11 \$5.84
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$850,000	16	\$0.03 \$1.61	\$0.03 \$1.59
<b>Dependent Life</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$30,000	15	\$0.23 \$0.46	\$0.23 \$0.46
<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 \$6,000 \$8,571 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$95,288	16	\$0.70 \$39.73	\$0.76 \$45.26

Total Monthly Rate per Member: Single	\$108.68	\$117.44
Total Monthly Rate per Member: 2-Person	\$168.37	\$180.81
Total Monthly Rate per Member: Family	\$240.77	\$257.88

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Rates Effective 01/01/2025 through 12/31/2025

Quoted Group(s): 731G - APA-UP ACA Elig Employees

Medical plans

Description	Benefits	Enrollment	2024 Rate <sup>1</sup> w/ no Discount	2025 Rate <sup>2</sup> w/ no Discount
<b>Plan</b> IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1650/\$3300 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$645.19 \$1,451.65 \$1,806.52	\$704.56 \$1,585.26 \$1,972.76
<b>Basic Term Life with Medical</b> Volume:	\$5,000	0	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.336% for federal and state taxes and fees.  
<sup>2</sup>Medical Rate includes 1.424% for federal and state taxes and fees.

The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.

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