

# Ida Public Schools – Administration & Support Staff

The following quote provides plan pricing for Ida Public Schools to join The Pool.



	Current MESSA ABC Plan 2		Current Match POOL Flexible Blue 3 HDHP/H.S.A.	Option #1 Flexible Blue 2 HDHP/H.S.A.	Option #2 Flexible Blue 3 HDHP/H.S.A.	Option #3 ACA Plan HDHP/H.S.A.
<b>Plan Highlights</b>	<b>In-Network</b>		<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Individual Deductible	\$2,000		\$2,000	\$1,600	\$2,000	\$3,000
Family Deductible	\$4,000		\$4,000	\$3,200	\$4,000	\$6,000
Coinsurance (Insurance Pays)	80%		80%	100%	100%	80%
Individual Out of Pocket Max	\$5,000		\$3,000	\$2,500	\$3,000	\$6,350
Family Out of Pocket Max	\$6,900		\$6,000	\$5,000	\$6,000	\$12,700
<b>Covered Benefits</b>						
Preventative Care	Covered 100%		Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Physician Office Visit	80% after deductible		80% after deductible	100% after deductible	100% after deductible	100% after deductible
Specialist Office Visit	80% after deductible		80% after deductible	100% after deductible	100% after deductible	100% after deductible
Online Visit	80% after deductible		80% after deductible	100% after deductible	100% after deductible	100% after deductible
Urgent Care Visit	80% after deductible		80% after deductible	100% after deductible	100% after deductible	100% after deductible
Emergency Room	80% after deductible		80% after deductible	100% after deductible	100% after deductible	100% after deductible
<b>Prescription Drugs</b>						
Generic	\$10 after deductible		\$10 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible
Preferred Brand	20% (\$40/\$80) after deductible		20% (\$40/\$80) after deductible	\$40 after deductible	\$40 after deductible	\$40 after deductible
Non-Preferred Brand	20% (\$60/\$100) after deductible		20% (\$60/\$100) after deductible	\$40 after deductible	\$40 after deductible	\$80 after deductible
<b>Premiums</b>	<b>2023 Rate</b>	<b>2024 Rate</b>	<b>POOL 2024 Rate</b>	<b>POOL 2024 Rate</b>	<b>POOL 2024 Rate</b>	<b>POOL 2024 Rate</b>
Employee	\$669.68	\$689.78	\$608.47	\$716.00	\$675.90	\$589.42
EE+ 1	\$1,506.79	\$1,551.99	\$1,369.05	\$1,610.98	\$1,520.77	\$1,326.20
Family	\$1,875.12	\$1,931.37	\$1,700.19	\$2,004.79	\$1,892.52	\$1,650.39

# Ida Public Schools – Administration & Support Staff

The following quote provides plan pricing for Ida Public Schools to join The Pool.

	MESSA ABC Plan 2		POOL Flexible Blue 3	POOL Flexible Blue 2	POOL Flexible Blue 3	POOL ACA Plan
	2023 Rate	2024 Rate	POOL 2024 Rate	POOL 2024 Rate	POOL 2024 Rate	POOL 2024 Rate
<b>Monthly Premiums</b>						
Employee	\$669.68	\$689.78	\$608.47	\$716.00	\$675.90	\$589.42
Two Person	\$1,506.79	\$1,551.99	\$1,369.05	\$1,610.98	\$1,520.77	\$1,326.20
Family	\$1,875.12	\$1,931.37	\$1,700.19	\$2,004.79	\$1,892.52	\$1,650.39
<b>2024 Caps Adjusted EE Contributions - 24 pays</b>						
Single	\$24.49	\$22.10	(\$15.43)	\$37.05	\$17.00	(\$26.24)
2-Person	\$100.26	\$96.72	\$12.29	\$134.28	\$89.17	(\$8.11)
Family	\$89.27	\$83.41	(\$23.29)	\$127.07	\$70.93	(\$50.13)
<b>2024 Caps Adjusted EE Contributions - Annual</b>						
Single	\$636.69	\$574.51	(\$401.22)	\$889.13	\$407.97	(\$629.81)
Two Person	\$2,606.88	\$2,514.82	\$319.49	\$3,222.74	\$2,140.15	(\$194.62)
Family	\$2,321.01	\$2,168.61	(\$605.52)	\$3,049.60	\$1,702.39	(\$1,203.19)
<b>Total</b>						
Estimated Monthly	\$28,562	\$29,419	\$25,923			
Estimated Yearly	\$342,744	\$353,027	\$311,076			
Estimated Yearly Change \$	--	\$10,283	(\$31,668)			
Estimated Yearly Change %	--	3.00%	7.27%			

# Ida Public Schools – Teachers

The following quote provides plan pricing for Ida Public Schools to join The Pool.

	MESSA Choices		POOL CB PPO 4	MESSA ABC Plan 1		POOL Flexible Blue 2 (HDHP)	MESSA ABC Plan 3		POOL ACA Plan (HDHP)
	In-Network		In-Network	In-Network		In-Network	In-Network		In-Network
<b>Plan Highlights</b>	<b>In-Network</b>		<b>In-Network</b>	<b>In-Network</b>		<b>In-Network</b>	<b>In-Network</b>		<b>In-Network</b>
Individual Deductible	\$1,000		\$1,000	\$1,600		\$1,600	\$3,500		\$3,000
Family Deductible	\$2,000		\$2,000	\$3,200		\$3,200	\$7,000		\$6,000
Coinsurance (Insurance Pays)	100%		100%	100%		100%	80%		80%
Individual Out of Pocket Max	\$3,000		\$3,000	\$2,500		\$2,500	\$5,500		\$6,350
Family Out of Pocket Max	\$6,000		\$6,000	\$5,000		\$5,000	\$11,000		\$12,700
<b>Covered Benefits</b>									
Preventative Care	Covered 100%		Covered 100%	Covered 100%		Covered 100%	Covered 100%		Covered 100%
Primary Care Office Visit	\$20 copay		\$20 copay	100% after ded		100% after ded	80% after ded		80% after Ded
Specialist Office Visit	\$20 copay		\$20 copay	100% after ded		100% after ded	80% after ded		80% after Ded
Online Visit	\$20 copay		\$20 copay	100% after ded		100% after ded	80% after ded		80% after Ded
Urgent Care Visit	\$25 copay		\$25 copay	100% after ded		100% after ded	80% after ded		80% after Ded
Emergency Room	\$50 copay		\$50 copay	100% after ded		100% after ded	80% after ded		80% after Ded
<b>Prescription Drugs</b>									
Generic	\$10		\$10	\$10		\$10 after deductible	\$10 after deductible		\$10 after deductible
Preferred Brand	20% (\$40/\$80) after deductible		\$40	20% (\$40/\$80) after deductible		\$40 after deductible	\$40 after deductible		\$40 after deductible
Non-Preferred Brand	20% (\$60/\$100) after deductible		\$40	20% (\$60/\$100) after deductible		\$40 after deductible	\$40 after deductible		\$80 after deductible
<b>Monthly Premium</b>	<b>2023 Rate</b>	<b>2024 Rate</b>	<b>2024 Rate</b>	<b>2023 Rate</b>	<b>2024 Rate</b>	<b>2024 Rate</b>	<b>2023 Rate</b>	<b>2024 Rate</b>	<b>2024 Rate</b>
Employee	\$837.50	\$862.62	\$763.85	\$783.18	\$806.68	\$716.00	\$653.43	\$673.03	\$589.42
Two Person	\$1,884.36	\$1,940.88	\$1,718.64	\$1,762.16	\$1,815.02	\$1,610.98	\$1,470.22	\$1,514.32	\$1,326.20
Family	\$2,344.99	\$2,415.32	\$2,138.75	\$2,192.91	\$2,258.70	\$2,004.79	\$1,829.61	\$1,884.49	\$1,650.39

# Ida Public Schools - Teachers

The following quote provides information on total costs and PA 152 contributions.

	MESSA Choices		POOL CB PPO 4	MESSA ABC Plan 1		POOL Flexible Blue 2	MESSA ABC Plan 3		POOL ACA Plan
Monthly Premiums	2023 Rate	2024 Rate	2024 Rate	2023 Rate	2024 Rate	2024 Rate	2023 Rate	2024 Rate	2024 Rate
Employee	\$837.50	\$862.62	\$763.85	\$783.18	\$806.68	\$716.00	\$653.43	\$673.03	\$589.42
Two Person	\$1,884.36	\$1,940.88	\$1,718.64	\$1,762.16	\$1,815.02	\$1,610.98	\$1,470.22	\$1,514.32	\$1,326.20
Family	\$2,344.99	\$2,415.32	\$2,138.75	\$2,192.91	\$2,258.70	\$2,004.79	\$1,829.61	\$1,884.49	\$1,650.39
<b>2024 Caps Adjusted EE Contributions - 24 pays</b>									
Single	\$110.44	\$110.36	\$60.97	\$83.28	\$82.39	\$37.05	\$18.40	\$15.56	(\$26.24)
Two Person	\$297.41	\$299.23	\$188.11	\$236.31	\$236.30	\$134.28	\$90.34	\$85.95	(\$8.11)
Family	\$331.64	\$332.33	\$194.05	\$255.60	\$254.02	\$127.07	\$73.95	\$66.92	(\$50.13)
<b>2024 Caps Adjusted EE Contributions - Annual</b>									
Single	\$2,650.53	\$2,648.59	\$1,463.30	\$1,998.69	\$1,977.31	\$889.13	\$441.69	\$373.51	(\$629.81)
Two Person	\$7,137.72	\$7,181.50	\$4,514.58	\$5,671.32	\$5,671.18	\$3,222.74	\$2,168.04	\$2,062.78	(\$194.62)
Family	\$7,959.45	\$7,976.01	\$4,657.21	\$6,134.49	\$6,096.57	\$3,049.60	\$1,774.89	\$1,606.05	(\$1,203.19)
<b>Total</b>									
Estimated Monthly	\$34,212	\$35,238	\$31,203	\$43,584	\$44,892	\$39,845	\$6,436	\$6,629	\$5,806
Estimated Yearly	\$410,541	\$422,854	\$374,435	\$523,009	\$538,700	\$478,141.49	\$77,236	\$79,552	\$69,670
Estimated Yearly Change \$	--	\$12,313	(\$36,106)	--	\$15,691	(\$44,867)	--	\$2,317	(\$7,566)
Estimated Yearly Change %	--	3.00%	-8.79%	--	3.00%	-8.58%	--	3.00%	-9.80%



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

**Rates Effective 01/01/2024 through 12/31/2024**

**Quoted Group(s): 115A - Administration**

**Medical plans**

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b>	MESSA ABC Plan 2 (DP)			
IN Deductible:	\$2000/\$4000	Single: 1	\$669.68	\$689.78
IN Coinsurance:	20%	2-Person: 0	\$1,506.79	\$1,551.99
OL/OV/SV Copay:	\$0	Family: 6	\$1,875.12	\$1,931.37
UC/ER Copay:	\$0			
Rx Coverage:	3Tier			
Riders:	HEQ			
<b>Basic Term Life with Medical</b>				
Volume:	\$5,000	7	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

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

**COBRA RATES:**

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



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

**Quoted Group(s): 115A - Administration**

**Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00892-36 80% 80% (X-Rays) 80% \$1,000 0% \$ 0 2 Cleanings Jan-Dec	Single: 1 2-Person: 0 Family: 8	\$32.37 \$59.34 \$104.11	\$32.37 \$59.34 \$104.11
<b>Vision</b> Plan Year:	VSP 3 Jan-Dec	Single: 1 2-Person: 0 Family: 8	\$6.53 \$14.01 \$21.07	\$6.53 \$14.01 \$21.07
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$813,000	9	\$0.12 \$9.47	\$0.10 \$9.03
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$813,000	9	\$0.03 \$2.37	\$0.03 \$2.71
<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:	60% Max \$5,000 \$8,333 90 CDSW Same as any other illness Same as any other illness Family 2 years Waived No Yes \$65,491	9	\$0.35 \$22.97	\$0.32 \$23.29
Total Monthly Rate per Member: Single			\$73.71	\$73.93
Total Monthly Rate per Member: 2-Person			\$108.16	\$108.38
Total Monthly Rate per Member: Family			\$159.99	\$160.21

**COBRA RATES:**

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



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

**Rates Effective 01/01/2024 through 12/31/2024**

**Quoted Group(s): 115B - Food Service**

**Medical plans**

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b>	MESSA ABC Plan 2 (DP)			
IN Deductible:	\$2000/\$4000	Single: 2	\$669.68	\$689.78
IN Coinsurance:	20%	2-Person: 0	\$1,506.79	\$1,551.99
OL/OV/SV Copay:	\$0	Family: 0	\$1,875.12	\$1,931.37
UC/ER Copay:	\$0			
Rx Coverage:	3Tier			
Riders:	HEQ			
<b>Basic Term Life with Medical</b>				
Volume:	\$5,000	2	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

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

**COBRA RATES:**

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



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

**Quoted Group(s): 115B - Food Service**

**Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00892-30 80% 80% (X-Rays) 80% \$1,000 0% \$ 0 2 Cleanings Jan-Dec	Single: 4 2-Person: 0 Family: 0	\$38.78 \$73.78 \$111.81	\$38.78 \$73.78 \$111.81
<b>Vision</b> Plan Year:	VSP 2 Jan-Dec	Single: 4 2-Person: 0 Family: 0	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$120,000	4	\$0.12 \$3.60	\$0.10 \$3.00
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$120,000	4	\$0.03 \$0.90	\$0.03 \$0.90
<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:	60% Max \$5,000 \$8,333 90 CDSW Same as any other illness Same as any other illness Family 2 years Waived No Yes \$12,027	4	\$1.70 \$41.15	\$1.51 \$45.40

Total Monthly Rate per Member: Single \$89.30 \$92.95  
 Total Monthly Rate per Member: 2-Person \$129.86 \$133.51  
 Total Monthly Rate per Member: Family \$173.17 \$176.82

**COBRA RATES:**

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





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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

**Rates Effective 01/01/2024 through 12/31/2024**

**Quoted Group(s): 115C - Custodians**

**Medical plans**

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b>	MESSA ABC Plan 2 (DP)			
IN Deductible:	\$2000/\$4000	Single: 5	\$669.68	\$689.78
IN Coinsurance:	20%	2-Person: 2	\$1,506.79	\$1,551.99
OL/OV/SV Copay:	\$0	Family: 0	\$1,875.12	\$1,931.37
UC/ER Copay:	\$0			
Rx Coverage:	3Tier			
Riders:	HEQ			
<b>Basic Term Life with Medical</b>				
Volume:	\$5,000	7	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

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

**COBRA RATES:**

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



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

**Quoted Group(s): 115C - Custodians**

**Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00892-34 80% 80% (X-Rays) 80% \$1,000 0% \$ 0 2 Cleanings Jan-Dec	Single: 5 2-Person: 5 Family: 0	\$29.86 \$59.77 \$94.82	\$29.86 \$59.77 \$94.82
<b>Vision</b> Plan Year:	VSP 2 Jan-Dec	Single: 5 2-Person: 5 Family: 0	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$300,000	10	\$0.12 \$3.60	\$0.10 \$3.00
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$300,000	10	\$0.03 \$0.90	\$0.03 \$0.90
<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:	60% Max \$5,000 \$8,333 90 CDSW Same as any other illness Same as any other illness Family 2 years Waived No Yes \$34,995	10	\$1.01 \$31.73	\$0.86 \$30.10

Total Monthly Rate per Member: Single \$70.96 \$68.73  
 Total Monthly Rate per Member: 2-Person \$106.43 \$104.20  
 Total Monthly Rate per Member: Family \$146.76 \$144.53

**COBRA RATES:**

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



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

**Rates Effective 01/01/2024 through 12/31/2024**

**Quoted Group(s): 115D - Office Personnel**

**Medical plans**

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 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 ABC Plan 2 (DP) \$2000/\$4000 20% \$0 \$0 3Tier HEQ	Single: 1 2-Person: 3 Family: 2	\$669.68 \$1,506.79 \$1,875.12	\$689.78 \$1,551.99 \$1,931.37
<b>Basic Term Life with Medical</b> Volume:	\$5,000	6	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

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

**COBRA RATES:**

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



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

**Quoted Group(s): 115D - Office Personnel**

**Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00892-31 80% 80% (X-Rays) 80% \$1,000 0% \$ 0 2 Cleanings Jan-Dec	Single: 4 2-Person: 3 Family: 6	\$31.03 \$60.09 \$101.78	\$31.03 \$60.09 \$101.78
<b>Vision</b> Plan Year:	VSP 2 Jan-Dec	Single: 4 2-Person: 3 Family: 6	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$390,000	13	\$0.12 \$3.60	\$0.10 \$3.00
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$390,000	13	\$0.03 \$0.90	\$0.03 \$0.90
<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:	60% Max \$5,000 \$8,333 90 CDSW Same as any other illness Same as any other illness Family 2 years Waived No Yes \$45,484	13	\$0.70 \$24.09	\$0.61 \$21.34

Total Monthly Rate per Member: Single \$64.49 \$61.14  
 Total Monthly Rate per Member: 2-Person \$99.11 \$95.76  
 Total Monthly Rate per Member: Family \$146.08 \$142.73

**COBRA RATES:**

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



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

## 2024 Rate Renewal Exclusively for Ida Public Schools

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 115E - Teachers/Counselors

### Medical plans

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 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 (BI) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier None	Single: 5 2-Person: 1 Family: 12	\$837.50 \$1,884.36 \$2,344.99	\$862.62 \$1,940.88 \$2,415.32
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (CV) \$1600/\$3200 0% \$0 \$0 3Tier HEQ	Single: 3 2-Person: 1 Family: 18	\$783.18 \$1,762.16 \$2,192.91	\$806.68 \$1,815.02 \$2,258.70
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 3 (9O) \$3500/\$7000 20% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 1 Family: 2	\$653.43 \$1,470.22 \$1,829.61	\$673.03 \$1,514.32 \$1,884.49
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 2 2-Person: 1 Family: 4	\$621.92 \$1,399.32 \$1,741.38	\$640.57 \$1,441.29 \$1,793.61
<b>Basic Term Life with Medical</b> Volume:	\$5,000	52	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

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

#### COBRA RATES:

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



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

**2024 Rate Renewal Exclusively for  
 Ida Public Schools**

Quote #: 352944  
 MESSA Field Rep: Monica McKay  
 Date Created: 08/07/2023

**Rates Effective 01/01/2024 through 12/31/2024**

**Quoted Group(s): 115E - Teachers/Counselors**

**Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00892-03 80% 80% (X-Rays) 80% \$1,000 0% \$ 0 2 Cleanings Jan-Dec	Single: 16 2-Person: 13 Family: 53	\$30.15 \$56.86 \$99.23	\$30.15 \$56.86 \$99.23
<b>Vision</b> Plan Year:	VSP 2 Jan-Dec	Single: 16 2-Person: 13 Family: 53	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$2,460,000	82	\$0.12 \$3.60	\$0.10 \$3.00
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$2,460,000	82	\$0.03 \$0.90	\$0.03 \$0.90
<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 Same as any other illness Same as any other illness Family 2 years Waived No Yes \$411,917	82	\$0.48 \$23.82	\$0.43 \$21.60
Total Monthly Rate per Member: Single			\$63.34	\$60.52
Total Monthly Rate per Member: 2-Person			\$95.61	\$92.79
Total Monthly Rate per Member: Family			\$143.26	\$140.44

**COBRA RATES:**

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