



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

2024 Rate Renewal Exclusively for
Lenawee County Consortium

Quote #: 353340
Date Created: 08/10/2023

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

Quoted Group(s): LCC ACA ELIGIBLE - LCC ACA Eligible Employees

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ no Discount	2024 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 6 2-Person: 0 Family: 1	\$476.18 \$1,071.41 \$1,333.30	\$490.45 \$1,103.54 \$1,373.28
Basic Term Life with Medical Volume:	\$5,000	7	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

²Medical 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.



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Quoted Group(s): LCC EA ADM CMOP - LCC EA, ADM, CMOP

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 119 2-Person: 92 Family: 302	\$695.10 \$1,563.99 \$1,946.28	\$715.95 \$1,610.89 \$2,004.64
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (9X) \$500/\$1000 20% \$20/\$20/\$20 \$25/\$50 SRX Mail EA1	Single: 55 2-Person: 32 Family: 74	\$613.38 \$1,380.11 \$1,717.45	\$631.77 \$1,421.50 \$1,768.95
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 108 2-Person: 58 Family: 260	\$614.39 \$1,382.39 \$1,720.29	\$632.81 \$1,423.84 \$1,771.87
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9I) \$2000/\$4000 10% \$0 \$0 ABC Rx EA1, HEQ	Single: 38 2-Person: 22 Family: 79	\$537.00 \$1,208.25 \$1,503.58	\$553.10 \$1,244.48 \$1,548.67
Basic Term Life with Medical Volume:	\$5,000	1239	\$1.50	\$1.50

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Quoted Group(s): LCC EA ADM CMOP - LCC EA, ADM, CMOP

Ancillary plans with medical - 1,239 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jan-Dec	Single: 391 2-Person: 279 Family: 1012	\$34.16 \$64.99 \$124.46	\$34.16 \$64.99 \$124.46
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 399 2-Person: 277 Family: 1006	\$6.54 \$13.98 \$21.06	\$6.54 \$13.98 \$21.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$55,755,000	1239	\$0.11 \$4.95	\$0.11 \$4.95
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$55,755,000	1239	\$0.03 \$1.35	\$0.03 \$1.35
LTD Benefit (All)* 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 \$6,000 \$9,000 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$7,790,893	1682	\$0.55 \$24.96	\$0.52 \$24.09

Total Monthly Rate per Member: Single	\$71.96	\$71.09
Total Monthly Rate per Member: 2-Person	\$110.23	\$109.36
Total Monthly Rate per Member: Family	\$176.78	\$175.91

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 07/31/2023. 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 at 800.292.4910.



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Quoted Group(s): LCC EA ADM CMOP - LCC EA, ADM, CMOP

Ancillary plans without medical - 443 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jan-Dec	Single: 391 2-Person: 279 Family: 1012	\$34.16 \$64.99 \$124.46	\$34.16 \$64.99 \$124.46
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 399 2-Person: 277 Family: 1006	\$6.54 \$13.98 \$21.06	\$6.54 \$13.98 \$21.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$22,150,000	443	\$0.11 \$5.50	\$0.11 \$5.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$22,150,000	443	\$0.03 \$1.50	\$0.03 \$1.50
LTD Benefit (All)* 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 \$6,000 \$9,000 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$7,790,893	1682	\$0.55 \$24.96	\$0.52 \$24.09
Total Monthly Rate per Member: Single			\$72.66	\$71.79
Total Monthly Rate per Member: 2-Person			\$110.93	\$110.06
Total Monthly Rate per Member: Family			\$177.48	\$176.61

COBRA RATES:

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* Indicates total ancillary plan enrollment and volume for quoted group(s).

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Quoted Group(s): LCC FT PARA.FS - LCC FT Para and Food Service

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 2 Jan-Dec	Single: 10 2-Person: 3 Family: 11	\$5.81 \$12.46 \$18.76	\$5.81 \$12.46 \$18.76
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$120,000	24	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$120,000	24	\$0.03 \$0.15	\$0.03 \$0.15
Total Monthly Rate per Member: Single			\$6.51	\$6.51
Total Monthly Rate per Member: 2-Person			\$13.16	\$13.16
Total Monthly Rate per Member: Family			\$19.46	\$19.46

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Quoted Group(s): LCC FT TRANS - LCC FT Transportation

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 1% Discount	2024 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (7X) \$2000/\$4000 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 0 Family: 0	\$580.76 \$1,306.71 \$1,626.12	\$598.18 \$1,345.90 \$1,674.90
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

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²Medical Rate includes 1.336% for federal and state taxes and fees.

Your account may be eligible for additional savings through our multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

COBRA RATES:

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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 2 Jan-Dec	Single: 1 2-Person: 1 Family: 0	\$5.81 \$12.46 \$18.76	\$5.81 \$12.46 \$18.76
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$10,000	2	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$10,000	2	\$0.03 \$0.15	\$0.03 \$0.15

Total Monthly Rate per Member: Single	\$6.51	\$6.51
Total Monthly Rate per Member: 2-Person	\$13.16	\$13.16
Total Monthly Rate per Member: Family	\$19.46	\$19.46

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Quoted Group(s): LCC HEAD START - LCC Head Start

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 1.25% Discount	2024 Rate ² w/ 1.25% 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: 24 2-Person: 0 Family: 0	\$700.42 \$1,575.96 \$1,961.17	\$721.43 \$1,623.21 \$2,019.98
Basic Term Life with Medical Volume:	\$5,000	24	\$1.50	\$1.50

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²Medical Rate includes 1.336% for federal and state taxes and fees.

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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jan-Dec	Single: 31 2-Person: 4 Family: 7	\$32.91 \$61.77 \$116.95	\$32.91 \$61.77 \$116.95
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 31 2-Person: 4 Family: 7	\$6.54 \$13.98 \$21.06	\$6.54 \$13.98 \$21.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$210,000	42	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$210,000	42	\$0.03 \$0.15	\$0.03 \$0.15
Total Monthly Rate per Member: Single			\$40.15	\$40.15
Total Monthly Rate per Member: 2-Person			\$76.45	\$76.45
Total Monthly Rate per Member: Family			\$138.71	\$138.71

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Quoted Group(s): LCC PT EMPLOYEES - LCC PT Employees

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$205,000	41	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$205,000	41	\$0.03 \$0.15	\$0.03 \$0.15



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Quoted Group(s): LCC RETIRED EA - LCC Retired Teachers, Adm

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000:	\$5,000 \$0	0	\$0.11	\$0.11