



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

**2021 Rate Renewal Exclusively for
 Madison School District (150)**

(Part of Lenawee County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347029
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/18/2020

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

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ no Discount
Plan	Essentials by MESSA (EB)			
IN Deductible:	\$375/\$750	Single: 0	\$461.90	\$463.09
IN Coinsurance:	20%	2-Person: 0	\$1,039.30	\$1,041.97
OL/OV/SV Copay:	\$10/\$25/\$50	Family: 0	\$1,293.34	\$1,296.65
UC/ER Copay:	\$50/\$200			
Rx Coverage:	EbM			
Riders:	EA1			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

COBRA RATES:

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

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 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: 6 2-Person: 6 Family: 19	\$674.26 \$1,517.10 \$1,887.93	\$675.99 \$1,521.00 \$1,892.78
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: 0 2-Person: 2 Family: 2	\$594.99 \$1,338.74 \$1,665.98	\$596.52 \$1,342.18 \$1,670.25
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 3 2-Person: 6 Family: 22	\$601.99 \$1,354.48 \$1,685.57	\$603.53 \$1,357.97 \$1,689.89
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: 0 2-Person: 0 Family: 3	\$526.15 \$1,183.87 \$1,473.23	\$527.50 \$1,186.90 \$1,477.01
Basic Term Life with Medical Volume:	\$5,000	69	\$1.50	\$1.50

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Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06492-11 100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jul-Jun	Single: 10 2-Person: 13 Family: 46	\$34.73 \$65.81 \$124.82	\$34.73 \$65.81 \$124.82
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 13 2-Person: 14 Family: 68	\$7.89 \$16.92 \$25.49	\$7.91 \$16.96 \$25.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$3,105,000	69	\$0.10 \$4.50	\$0.10 \$4.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$3,105,000	69	\$0.03 \$1.35	\$0.03 \$1.35
LTD Benefit 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 \$470,707	95	\$0.62 \$26.27	\$0.61 \$26.74
Total Monthly Rate per Member: Single			\$74.74	\$75.23
Total Monthly Rate per Member: 2-Person			\$114.85	\$115.36
Total Monthly Rate per Member: Family			\$182.43	\$182.96

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

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06492-12 100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jul-Jun	Single: 3 2-Person: 1 Family: 22	\$32.78 \$62.83 \$123.21	\$32.78 \$62.83 \$123.21
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 13 2-Person: 14 Family: 68	\$7.89 \$16.92 \$25.49	\$7.91 \$16.96 \$25.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,300,000	26	\$0.10 \$5.00	\$0.10 \$5.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,300,000	26	\$0.03 \$1.50	\$0.03 \$1.50
LTD Benefit 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 \$470,707	95	\$0.62 \$26.27	\$0.61 \$26.74
Total Monthly Rate per Member: Single			\$73.44	\$73.93
Total Monthly Rate per Member: 2-Person			\$112.52	\$113.03
Total Monthly Rate per Member: Family			\$181.47	\$182.00

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

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Vision Plan Year:	VSP 2 Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$4.63 \$9.95 \$14.95	\$7.05 \$15.11 \$22.75
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$0	0	\$0.10	\$0.10 \$0.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$0	0	\$0.03	\$0.03 \$0.15

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

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 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: 0 2-Person: 0 Family: 0	\$574.78 \$1,293.27 \$1,609.40	\$570.50 \$1,283.61 \$1,597.39
Basic Term Life with Medical Volume:	\$5,000	0	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

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

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Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Vision Plan Year:	VSP 2 Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$4.63 \$9.95 \$14.95	\$7.05 \$15.11 \$22.75
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$0	0	\$0.10	\$0.10 \$0.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$0	0	\$0.03	\$0.03 \$0.15

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

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ 1% Discount
Plan	MESSA Choices (6Z)			
IN Deductible:	\$500/\$1000	Single: 0	\$688.02	\$682.89
IN Coinsurance:	0%	2-Person: 0	\$1,548.06	\$1,536.51
OL/OV/SV Copay:	\$20/\$20/\$20	Family: 0	\$1,926.46	\$1,912.10
UC/ER Copay:	\$25/\$50			
Rx Coverage:	Saver Rx			
Riders:	EA1			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$1.50	\$1.50

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Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Vision	VSP 2 S	Single: 0	\$7.89	\$7.91
Plan Year:	Jul-Jun	2-Person: 0	\$16.92	\$16.96
		Family: 0	\$25.49	\$25.55
Life Insurance				
Volume:	\$5,000	0	\$0.10	\$0.10
Total Volume:	\$0			\$0.50
Rate/\$1,000:				
Composite:				
AD&D Coverage				
Volume:	\$5,000	0	\$0.03	\$0.03
Total Volume:	\$0			\$0.15
Rate/\$1,000:				
Composite:				

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

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$0	0	\$0.10	\$0.10 \$0.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$0	0	\$0.03	\$0.03 \$0.15



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

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000:	\$5,000 \$0	0	\$0.10	\$0.10