



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

**2021 Rate Renewal Exclusively for  
 Romulus Community Schools**

Quote #: 346994  
 MESSA Field Rep: Andrew Lavendusky  
 Date Created: 07/28/2020

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

Quoted Group(s): 855C - Unaffiliated/Non-Union

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no 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: 2 2-Person: 3 Family: 0	\$680.21 \$1,530.46 \$1,904.58	\$718.30 \$1,616.18 \$2,011.25
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8D) \$2000/\$4000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 1	\$604.70 \$1,360.58 \$1,693.16	\$638.56 \$1,436.77 \$1,787.98
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$607.28 \$1,366.39 \$1,700.40	\$641.29 \$1,442.92 \$1,795.62
<b>Basic Term Life with Medical</b> Volume:	\$5,000	6	\$1.50	\$1.50

<sup>1</sup>Medical Rate Includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical 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.**

**COBRA RATES:**

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Quoted Group(s): 855D - RASA Group

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no 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: 1 2-Person: 1 Family: 3	\$680.21 \$1,530.46 \$1,904.58	\$718.30 \$1,616.18 \$2,011.25
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8D) \$2000/\$4000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$604.70 \$1,360.58 \$1,693.16	\$638.56 \$1,436.77 \$1,787.98
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 0 Family: 0	\$607.28 \$1,366.39 \$1,700.40	\$641.29 \$1,442.92 \$1,795.62
<b>Basic Term Life with Medical</b> Volume:	\$5,000	7	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

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Quoted Group(s): 855E - Central Office Administrators

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no 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: 1 2-Person: 2 Family: 0	\$680.21 \$1,530.46 \$1,904.58	\$718.30 \$1,616.18 \$2,011.25
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8D) \$2000/\$4000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$604.70 \$1,360.58 \$1,693.16	\$638.56 \$1,436.77 \$1,787.98
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$607.28 \$1,366.39 \$1,700.40	\$641.29 \$1,442.92 \$1,795.62
<b>Basic Term Life with Medical</b> Volume:	\$5,000	3	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

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Quoted Group(s): 855F - AFSCME - Local 64

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no 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: 3 2-Person: 0 Family: 0	\$680.21 \$1,530.46 \$1,904.58	\$718.30 \$1,616.18 \$2,011.25
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8D) \$2000/\$4000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 1	\$604.70 \$1,360.58 \$1,693.16	\$638.56 \$1,436.77 \$1,787.98
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$607.28 \$1,366.39 \$1,700.40	\$641.29 \$1,442.92 \$1,795.62
<b>Basic Term Life with Medical</b> Volume:	\$5,000	4	\$1.50	\$1.50

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Quoted Group(s): 855H - Paraprofessionals

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no 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: 5 2-Person: 1 Family: 0	\$680.21 \$1,530.46 \$1,904.58	\$718.30 \$1,616.18 \$2,011.25
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8D) \$2000/\$4000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 1 Family: 1	\$604.70 \$1,360.58 \$1,693.16	\$638.56 \$1,436.77 \$1,787.98
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 1 Family: 1	\$607.28 \$1,366.39 \$1,700.40	\$641.29 \$1,442.92 \$1,795.62
<b>Basic Term Life with Medical</b> Volume:	\$5,000	10	\$1.50	\$1.50

<sup>1</sup>Medical Rate Includes 4.349% for federal and state taxes and fees.

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Quoted Group(s): 855A - Teachers / Health Care

**Medical plans**

Description	Benefits	Enrollment	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> w/ no 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: 20 2-Person: 5 Family: 31	\$680.21 \$1,530.46 \$1,904.58	\$718.30 \$1,616.18 \$2,011.25
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8D) \$2000/\$4000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 7 2-Person: 2 Family: 4	\$604.70 \$1,360.58 \$1,693.16	\$638.56 \$1,436.77 \$1,787.98
<b>Plan</b> IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 14 2-Person: 6 Family: 28	\$607.28 \$1,366.39 \$1,700.40	\$641.29 \$1,442.92 \$1,795.62
<b>Basic Term Life with Medical</b> Volume:	\$5,000	117	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

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**Ancillary plans**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
<b>Vision</b> Plan Year:	VSP 2 Sep-Aug	Single: 43 2-Person: 21 Family: 84	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28

Total Monthly Rate per Member: Single	\$5.66	\$5.66
Total Monthly Rate per Member: 2-Person	\$12.15	\$12.15
Total Monthly Rate per Member: Family	\$18.28	\$18.28

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