



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

2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946E - Instructional Staff

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 32 2-Person: 14 Family: 77	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 14 2-Person: 4 Family: 7	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 19 2-Person: 11 Family: 61	\$677.02 \$1,523.31 \$1,895.65	\$702.06 \$1,579.66 \$1,965.77
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: 13 2-Person: 0 Family: 4	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	256	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Quoted Group(s): 946E - Instructional Staff

Ancillary plans with medical - 256 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-01 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 69 2-Person: 25 Family: 135	\$36.72 \$70.99 \$137.29	\$36.98 \$71.59 \$138.70
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-05 50% 50% (X-Rays) 50% \$1,500 50% \$2,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 8 Family: 18	\$23.62 \$44.92 \$87.31	\$21.52 \$41.45 \$83.45
Vision Plan Year:	VSP 2 Jul-Jun	Single: 70 2-Person: 33 Family: 153	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,400,000	348	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,400,000	348	\$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 \$4,500 \$6,750 120 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$1,853,026	348	\$0.39 \$19.13	\$0.31 \$16.51

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

The above rates are based on plans and enrollment as of 07/31/2021. 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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Rates Effective 01/01/2022 through 12/31/2022

Total Monthly Rate per Member: Single	\$66.82	\$64.43
Total Monthly Rate per Member: 2-Person	\$106.79	\$104.68
Total Monthly Rate per Member: Family	\$178.48	\$177.14

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$53.72	\$48.97
Total Monthly Rate per Member: 2-Person	\$80.72	\$74.54
Total Monthly Rate per Member: Family	\$128.50	\$121.89

COBRA RATES:

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Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946E - Instructional Staff

Ancillary plans without medical - 92 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-06 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 4 Family: 19	\$35.69 \$67.98 \$132.12	\$32.79 \$62.65 \$128.21
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-02 50% 50% (X-Rays) 50% \$1,500 50% \$2,000 2 Cleanings Jul-Jun	Single: 17 2-Person: 7 Family: 43	\$17.73 \$34.55 \$72.05	\$17.44 \$34.41 \$74.74
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 19 2-Person: 11 Family: 62	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,400,000	348	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,400,000	348	\$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 \$4,500 \$6,750 120 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$1,853,026	348	\$0.39 \$19.13	\$0.31 \$16.51

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

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Total Monthly Rate per Member: Single	\$69.65	\$64.06
Total Monthly Rate per Member: 2-Person	\$112.08	\$103.97
Total Monthly Rate per Member: Family	\$185.80	\$179.04

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$51.69	\$48.71
Total Monthly Rate per Member: 2-Person	\$78.65	\$75.73
Total Monthly Rate per Member: Family	\$125.73	\$125.57

COBRA RATES:

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Quoted Group(s): 946J - Secretary

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (9Z) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 SRX Mail EA1	Single: 1 2-Person: 0 Family: 3	\$746.48 \$1,679.61 \$2,090.16	\$781.92 \$1,759.34 \$2,189.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 2 2-Person: 0 Family: 2	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 4 2-Person: 3 Family: 8	\$677.02 \$1,523.31 \$1,895.65	\$702.06 \$1,579.66 \$1,965.77
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: 0 2-Person: 0 Family: 0	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	23	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Quoted Group(s): 946J - Secretary

Ancillary plans with medical - 23 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-30 80% 80% (X-Rays) 80% \$2,000 60% \$2,000 2 Cleanings Jul-Jun	Single: 6 2-Person: 5 Family: 11	\$51.79 \$98.50 \$177.29	\$48.27 \$92.35 \$162.16
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-32 50% 50% (X-Rays) 50% \$2,000 50% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$30.22 \$57.67 \$105.13	\$27.38 \$51.50 \$93.83
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 7 2-Person: 10 Family: 21	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,140,000	38	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,140,000	38	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$2,500 \$5,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$111,031	38	\$0.53 \$15.64	\$0.47 \$13.73

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

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Total Monthly Rate per Member: Single	\$76.00	\$70.54
Total Monthly Rate per Member: 2-Person	\$128.41	\$120.26
Total Monthly Rate per Member: Family	\$212.59	\$195.42

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$54.43	\$49.65
Total Monthly Rate per Member: 2-Person	\$87.58	\$79.41
Total Monthly Rate per Member: Family	\$140.43	\$127.09

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Quoted Group(s): 946J - Secretary

Ancillary plans without medical - 15 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-31 80% 80% (X-Rays) 80% \$2,000 60% \$2,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 0 Family: 3	\$49.31 \$93.39 \$162.41	\$47.39 \$90.67 \$157.21
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-33 50% 50% (X-Rays) 50% \$2,000 50% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 5 Family: 6	\$22.61 \$44.71 \$89.51	\$27.57 \$52.36 \$98.48
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 7 2-Person: 10 Family: 21	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,140,000	38	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,140,000	38	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$2,500 \$5,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$111,031	38	\$0.53 \$15.64	\$0.47 \$13.73

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

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Total Monthly Rate per Member: Single	\$73.52	\$69.66
Total Monthly Rate per Member: 2-Person	\$123.30	\$118.58
Total Monthly Rate per Member: Family	\$197.71	\$190.47

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$46.82	\$49.84
Total Monthly Rate per Member: 2-Person	\$74.62	\$80.27
Total Monthly Rate per Member: Family	\$124.81	\$131.74

COBRA RATES:

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Quoted Group(s): 946L - Administrator/TMA

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 5	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 1 2-Person: 0 Family: 4	\$677.02 \$1,523.31 \$1,895.65	\$702.06 \$1,579.66 \$1,965.77
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: 0 2-Person: 0 Family: 0	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	10	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Quoted Group(s): 946L - Administrator/TMA

Ancillary plans with medical - 10 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-45 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 1 Family: 8	\$39.22 \$74.60 \$153.19	\$42.29 \$79.27 \$158.07
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 1 2-Person: 2 Family: 15	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$90,000	18	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$90,000	18	\$0.03 \$0.15	\$0.03 \$0.15
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 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$153,826	18	\$0.43 \$35.90	\$0.36 \$30.77

Total Monthly Rate per Member: Single	\$84.55	\$82.42
Total Monthly Rate per Member: 2-Person	\$130.07	\$129.45
Total Monthly Rate per Member: Family	\$218.24	\$217.76

COBRA RATES:

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Quoted Group(s): 946L - Administrator/TMA

Ancillary plans without medical - 8 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-46 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 7	\$38.98 \$73.73 \$148.03	\$42.82 \$81.04 \$161.53
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 1 2-Person: 2 Family: 15	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$90,000	18	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$90,000	18	\$0.03 \$0.15	\$0.03 \$0.15
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 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$153,826	18	\$0.43 \$35.90	\$0.36 \$30.77

Total Monthly Rate per Member: Single	\$84.31	\$82.95
Total Monthly Rate per Member: 2-Person	\$129.20	\$131.22
Total Monthly Rate per Member: Family	\$213.08	\$221.22

COBRA RATES:

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Quoted Group(s): 946M - Admin Supv, Exec, Admin Asst

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (CX) \$1400/\$2800 0% \$0 \$0 3Tier EA1, HEQ	Single: 1 2-Person: 3 Family: 1	\$685.12 \$1,541.54 \$1,918.34	\$710.47 \$1,598.55 \$1,989.30
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: 0 2-Person: 0 Family: 0	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	5	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% 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
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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946M - Admin Supv, Exec, Admin Asst

Ancillary plans with medical - 5 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-39 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 4 Family: 1	\$49.39 \$92.47 \$166.40	\$42.89 \$80.44 \$153.19
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 5 Family: 1	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$30,000	6	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$30,000	6	\$0.03 \$0.15	\$0.03 \$0.15
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 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$38,526	6	\$0.74 \$44.66	\$0.64 \$41.09

Total Monthly Rate per Member: Single	\$103.48	\$93.34
Total Monthly Rate per Member: 2-Person	\$156.70	\$140.94
Total Monthly Rate per Member: Family	\$240.21	\$223.20

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).

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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946M - Admin Supv, Exec, Admin Asst

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-40 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$51.41 \$96.81 \$183.42	\$47.95 \$89.78 \$160.23
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 5 Family: 1	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$30,000	6	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$30,000	6	\$0.03 \$0.15	\$0.03 \$0.15
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 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$38,526	6	\$0.74 \$44.66	\$0.64 \$41.09

Total Monthly Rate per Member: Single	\$105.50	\$98.40
Total Monthly Rate per Member: 2-Person	\$161.04	\$150.28
Total Monthly Rate per Member: Family	\$257.23	\$230.24

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).

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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946N - Paraprofessional

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 5 2-Person: 7 Family: 11	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 0 Family: 0	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 4 2-Person: 4 Family: 3	\$677.02 \$1,523.31 \$1,895.65	\$702.06 \$1,579.66 \$1,965.77
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: 1 2-Person: 0 Family: 1	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	37	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946N - Paraprofessional

Ancillary plans with medical - 37 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-22 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 10 2-Person: 12 Family: 14	\$48.16 \$91.86 \$174.98	\$49.61 \$95.72 \$175.84
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-24 50% 50% (X-Rays) 50% \$3,000 50% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$19.87 \$38.10 \$81.43	\$29.69 \$54.30 \$102.98
Vision (All)* Plan Year:	VSP 3 G Jul-Jun	Single: 11 2-Person: 16 Family: 23	\$7.47 \$16.05 \$24.12	\$7.42 \$15.92 \$23.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,500,000	50	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,500,000	50	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$82,656	50	\$0.58 \$11.39	\$0.56 \$9.26

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

The above rates are based on plans and enrollment as of 07/31/2021. 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: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Total Monthly Rate per Member: Single	\$70.62	\$69.89
Total Monthly Rate per Member: 2-Person	\$122.90	\$124.50
Total Monthly Rate per Member: Family	\$214.09	\$212.63

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$42.33	\$49.97
Total Monthly Rate per Member: 2-Person	\$69.14	\$83.08
Total Monthly Rate per Member: Family	\$120.54	\$139.77

COBRA RATES:

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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946N - Paraprofessional

Ancillary plans without medical - 13 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-23 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 3 Family: 0	\$44.83 \$87.00 \$151.34	\$45.17 \$91.25 \$170.06
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-25 50% 50% (X-Rays) 50% \$3,000 50% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 9	\$23.27 \$44.78 \$94.07	\$23.33 \$44.72 \$92.70
Vision (All)* Plan Year:	VSP 3 G Jul-Jun	Single: 11 2-Person: 16 Family: 23	\$7.47 \$16.05 \$24.12	\$7.42 \$15.92 \$23.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,500,000	50	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,500,000	50	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$82,656	50	\$0.58 \$11.39	\$0.56 \$9.26

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

The above rates are based on plans and enrollment as of 07/31/2021. 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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Rates Effective 01/01/2022 through 12/31/2022

Total Monthly Rate per Member: Single	\$67.29	\$65.45
Total Monthly Rate per Member: 2-Person	\$118.04	\$120.03
Total Monthly Rate per Member: Family	\$190.45	\$206.85

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$45.73	\$43.61
Total Monthly Rate per Member: 2-Person	\$75.82	\$73.50
Total Monthly Rate per Member: Family	\$133.18	\$129.49

COBRA RATES:

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

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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946Q - Board Members

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AR) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$774.09 \$1,741.73 \$2,167.46	\$810.84 \$1,824.41 \$2,270.35
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$727.43 \$1,636.74 \$2,036.81	\$761.97 \$1,714.43 \$2,133.50
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$652.13 \$1,467.31 \$1,825.96	\$683.09 \$1,536.95 \$1,912.64
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 1	\$690.83 \$1,554.39 \$1,934.33	\$716.39 \$1,611.89 \$2,005.88
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% 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:

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



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2022 Rate Renewal Exclusively for West Bloomfield Schools

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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946R - Central Office Administrators

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 0 Family: 0	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 1	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 1	\$677.02 \$1,523.31 \$1,895.65	\$702.06 \$1,579.66 \$1,965.77
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: 0 2-Person: 0 Family: 0	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% 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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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946R - Central Office Administrators

Ancillary plans with medical - 3 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-43 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 2	\$40.55 \$78.39 \$166.64	\$33.40 \$63.53 \$130.25
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 1 Family: 4	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.03 \$0.15	\$0.03 \$0.15
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 \$8,000 \$12,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$50,364	5	\$0.49 \$50.12	\$0.46 \$46.33

Total Monthly Rate per Member: Single	\$100.10	\$89.09
Total Monthly Rate per Member: 2-Person	\$148.08	\$129.27
Total Monthly Rate per Member: Family	\$245.91	\$205.50

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).

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2022 Rate Renewal Exclusively for West Bloomfield Schools

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MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946R - Central Office Administrators

Ancillary plans without medical - 2 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-44 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 2	\$30.40 \$59.19 \$111.31	\$31.76 \$59.69 \$128.54
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 1 Family: 4	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.03 \$0.15	\$0.03 \$0.15
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 \$8,000 \$12,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$50,364	5	\$0.49 \$50.12	\$0.46 \$46.33

Total Monthly Rate per Member: Single	\$89.95	\$87.45
Total Monthly Rate per Member: 2-Person	\$128.88	\$125.43
Total Monthly Rate per Member: Family	\$190.58	\$203.79

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).

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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946S - Maintenance Technician

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 0 Family: 2	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 1 Family: 0	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AF) \$1400/\$2800 0% \$0 \$0 ABC Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 0	\$707.51 \$1,591.93 \$1,981.04	\$733.68 \$1,650.80 \$2,054.32
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: 0 2-Person: 0 Family: 0	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	4	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% 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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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946S - Maintenance Technician

Ancillary plans with medical - 4 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-34 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 1 2-Person: 1 Family: 1	\$36.56 \$70.57 \$130.31	\$39.05 \$70.88 \$129.17
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-36 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$21.44 \$39.39 \$76.66	\$22.40 \$38.21 \$69.09
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 1 2-Person: 2 Family: 2	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$150,000	5	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$150,000	5	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$22,239	5	\$1.18 \$38.29	\$0.71 \$31.58

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

The above rates are based on plans and enrollment as of 07/31/2021. 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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Rates Effective 01/01/2022 through 12/31/2022

Total Monthly Rate per Member: Single	\$83.42	\$79.17
Total Monthly Rate per Member: 2-Person	\$123.13	\$116.64
Total Monthly Rate per Member: Family	\$188.26	\$180.28

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$68.30	\$62.52
Total Monthly Rate per Member: 2-Person	\$91.95	\$83.97
Total Monthly Rate per Member: Family	\$134.61	\$120.20

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).

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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946S - Maintenance Technician

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-35 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$32.71 \$61.25 \$112.22	\$33.93 \$63.54 \$116.41
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-37 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$18.17 \$34.24 \$65.17	\$25.05 \$46.71 \$80.64
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 1 2-Person: 2 Family: 2	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$150,000	5	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$150,000	5	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$22,239	5	\$1.18 \$38.29	\$0.71 \$31.58

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

The above rates are based on plans and enrollment as of 07/31/2021. 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: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Total Monthly Rate per Member: Single	\$79.57	\$74.05
Total Monthly Rate per Member: 2-Person	\$113.81	\$109.30
Total Monthly Rate per Member: Family	\$170.17	\$167.52

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$65.03	\$65.17
Total Monthly Rate per Member: 2-Person	\$86.80	\$92.47
Total Monthly Rate per Member: Family	\$123.12	\$131.75

COBRA RATES:

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

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Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946T - CommEd Childcare

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 1% Discount	2022 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 5 2-Person: 0 Family: 0	\$720.16 \$1,620.38 \$2,016.45	\$754.35 \$1,697.29 \$2,112.17
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 8 2-Person: 0 Family: 0	\$645.61 \$1,452.64 \$1,807.71	\$676.26 \$1,521.59 \$1,893.51
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 1 2-Person: 0 Family: 0	\$683.93 \$1,538.85 \$1,914.99	\$709.22 \$1,595.77 \$1,985.83
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: 2 2-Person: 0 Family: 0	\$544.12 \$1,224.29 \$1,523.54	\$569.95 \$1,282.40 \$1,595.86
Basic Term Life with Medical Volume:	\$5,000	16	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% 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:

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



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Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946T - CommEd Childcare

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-38 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 5 2-Person: 1 Family: 2	\$48.33 \$89.83 \$150.92	\$37.69 \$72.78 \$137.13
Vision Plan Year:	VSP 2 Jul-Jun	Single: 4 2-Person: 1 Family: 2	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93

Total Monthly Rate per Member: Single	\$53.30	\$42.63
Total Monthly Rate per Member: 2-Person	\$100.50	\$83.36
Total Monthly Rate per Member: Family	\$166.98	\$153.06

COBRA RATES:

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Quote #: 349250
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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946V - Private Teacher

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 1 Family: 0	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 0	\$677.02 \$1,523.31 \$1,895.65	\$702.06 \$1,579.66 \$1,965.77
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: 0 2-Person: 0 Family: 0	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% 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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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946V - Private Teacher

Ancillary plans with medical - 2 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-41 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$42.24 \$78.97 \$142.84	\$47.30 \$98.22 \$174.06
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.09 \$0.09	\$0.09 \$0.09
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.03 \$0.03	\$0.03 \$0.03

Total Monthly Rate per Member: Single	\$47.33	\$52.36
Total Monthly Rate per Member: 2-Person	\$89.76	\$108.92
Total Monthly Rate per Member: Family	\$159.02	\$190.11

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 07/31/2021. 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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2022 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 349250
MESSA Field Rep: Mark Middlewood
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946V - Private Teacher

Ancillary plans without medical - 0 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-42 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$33.52 \$63.71 \$129.00	\$35.69 \$67.21 \$128.93
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$4.97 \$10.67 \$16.06	\$4.94 \$10.58 \$15.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.09 \$0.09	\$0.09 \$0.09
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.03 \$0.03	\$0.03 \$0.03

Total Monthly Rate per Member: Single	\$38.61	\$40.75
Total Monthly Rate per Member: 2-Person	\$74.50	\$77.91
Total Monthly Rate per Member: Family	\$145.18	\$144.98

COBRA RATES:

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

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Quote #: 349250
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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946Y - Community Education Supervisor

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 1 Family: 0	\$712.88 \$1,604.01 \$1,996.08	\$746.73 \$1,680.14 \$2,090.84
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$639.09 \$1,437.97 \$1,789.45	\$669.43 \$1,506.22 \$1,874.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 2 Family: 0	\$677.02 \$1,523.31 \$1,895.65	\$702.06 \$1,579.66 \$1,965.77
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: 0 2-Person: 0 Family: 0	\$538.63 \$1,211.93 \$1,508.16	\$564.20 \$1,269.45 \$1,579.74
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946Y - Community Education Supervisor

Ancillary plans with medical - 3 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-47 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 3 Family: 0	\$40.79 \$79.68 \$149.81	\$39.81 \$78.39 \$158.63
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 3 Family: 1	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$200,000	4	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$200,000	4	\$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 \$4,000 \$6,000 365 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$17,083	4	\$0.64 \$26.63	\$0.59 \$25.20

Total Monthly Rate per Member: Single	\$82.25	\$79.77
Total Monthly Rate per Member: 2-Person	\$131.28	\$128.40
Total Monthly Rate per Member: Family	\$210.99	\$218.15

COBRA RATES:

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

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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946Y - Community Education Supervisor

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-48 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$40.14 \$77.42 \$175.76	\$38.87 \$74.11 \$159.33
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 3 Family: 1	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$200,000	4	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$200,000	4	\$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 \$4,000 \$6,000 365 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$17,083	4	\$0.64 \$26.63	\$0.59 \$25.20

Total Monthly Rate per Member: Single	\$81.60	\$78.83
Total Monthly Rate per Member: 2-Person	\$129.02	\$124.12
Total Monthly Rate per Member: Family	\$236.94	\$218.85

COBRA RATES:

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

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Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 946Z - Superintendent

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-49 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$52.37 \$97.84 \$174.43	\$53.19 \$99.40 \$177.20
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$8.83 \$18.97 \$28.55	\$8.76 \$18.81 \$28.32
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 \$9,500 \$14,250 90 CDSW 2 Year Limitation 2 Year Limitation Family 3 years Waived No Yes \$14,250	1	\$0.40 \$57.00	\$0.31 \$44.18

Total Monthly Rate per Member: Single	\$118.20	\$106.13
Total Monthly Rate per Member: 2-Person	\$173.81	\$162.39
Total Monthly Rate per Member: Family	\$259.98	\$249.70

COBRA RATES:

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