



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

2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946E - Instructional Staff

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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: 70 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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: 16 2-Person: 9 Family: 14 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 17 2-Person: 12 Family: 61 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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: 1 Family: 4 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 263 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% 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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Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946E - Instructional Staff

Ancillary plans with medical - 263 members

| Description | Benefits | Enrollment | 2022 Rate | 2023 Rate |
|--|---|---|--------------------------------|--------------------------------|
| Dental (All)* 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 Jan-Dec | Single: 74 2-Person: 35 Family: 152 | \$32.79 \$62.65 \$128.21 | \$37.65 \$71.95 \$140.34 |
| Dental - COB (All)* 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 Jan-Dec | Single: 12 2-Person: 11 Family: 59 | \$17.44 \$34.41 \$74.74 | \$19.03 \$39.21 \$81.04 |
| Vision Plan Year: | VSP 2 Jan-Dec | Single: 72 2-Person: 37 Family: 154 | \$4.94 \$10.58 \$15.93 | \$4.77 \$10.22 \$15.40 |
| Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite: | \$50,000 \$17,150,000 | 343 | \$0.09 \$4.50 | \$0.09 \$4.50 |
| AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite: | \$50,000 \$17,150,000 | 343 | \$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 \$1,923,124 | 343 | \$0.31 \$16.51 | \$0.31 \$17.38 |

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

The above rates are based on plans and enrollment as of 08/02/2022. 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 01/01/2023 through 12/31/2023

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$60.24 | \$65.80 |
| Total Monthly Rate per Member: 2-Person | \$95.74 | \$105.55 |
| Total Monthly Rate per Member: Family | \$166.65 | \$179.12 |

Totals for Dental - COB

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$44.89 | \$47.18 |
| Total Monthly Rate per Member: 2-Person | \$67.50 | \$72.81 |
| Total Monthly Rate per Member: Family | \$113.18 | \$119.82 |

COBRA RATES:

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Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946E - Instructional Staff

Ancillary plans without medical - 80 members

| Description | Benefits | Enrollment | 2022 Rate | 2023 Rate |
|--|---|---|--------------------------------|--------------------------------|
| Dental (All)* 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 Jan-Dec | Single: 74 2-Person: 35 Family: 152 | \$32.79 \$62.65 \$128.21 | \$37.65 \$71.95 \$140.34 |
| Dental - COB (All)* 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 Jan-Dec | Single: 12 2-Person: 11 Family: 59 | \$17.44 \$34.41 \$74.74 | \$19.03 \$39.21 \$81.04 |
| Vision Plan Year: | VSP 3 Plus 200CL Jan-Dec | Single: 13 2-Person: 9 Family: 58 | \$8.76 \$18.81 \$28.32 | \$8.47 \$18.19 \$27.37 |
| Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite: | \$50,000 \$17,150,000 | 343 | \$0.09 \$4.50 | \$0.09 \$4.50 |
| AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite: | \$50,000 \$17,150,000 | 343 | \$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 \$1,923,124 | 343 | \$0.31 \$16.51 | \$0.31 \$17.38 |

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

The above rates are based on plans and enrollment as of 08/02/2022. 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 01/01/2023 through 12/31/2023

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$64.06 | \$69.50 |
| Total Monthly Rate per Member: 2-Person | \$103.97 | \$113.52 |
| Total Monthly Rate per Member: Family | \$179.04 | \$191.09 |

Totals for Dental - COB

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$48.71 | \$50.88 |
| Total Monthly Rate per Member: 2-Person | \$75.73 | \$80.78 |
| Total Monthly Rate per Member: Family | \$125.57 | \$131.79 |

COBRA RATES:

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Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946J - Secretary

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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: 2 Family: 2 | \$781.92 \$1,759.34 \$2,189.39 | \$856.20 \$1,926.47 \$2,397.36 |
| 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: 1 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 3 2-Person: 2 Family: 5 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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: 1 Family: 0 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 18 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

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Quoted Group(s): 946J - Secretary

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 5 2-Person: 7 Family: 10 | \$47.39 \$90.67 \$157.21 | \$46.16 \$88.43 \$156.41 |
| 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 Jan-Dec | Single: 0 2-Person: 5 Family: 11 | \$27.38 \$51.50 \$93.83 | \$26.85 \$53.65 \$100.44 |
| Vision Plan Year: | VSP 2 Jan-Dec | Single: 5 2-Person: 12 Family: 21 | \$4.94 \$10.58 \$15.93 | \$4.77 \$10.22 \$15.40 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$30,000 \$1,140,000 | 38 | \$0.09 \$2.70 | \$0.09 \$2.70 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$30,000 \$1,140,000 | 38 | \$0.03 \$0.90 | \$0.03 \$0.90 |
| 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: | 50% Max \$2,500 \$5,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$119,518 | 38 | \$0.47 \$13.73 | \$0.45 \$14.15 |

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| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$69.66 | \$68.68 |
| Total Monthly Rate per Member: 2-Person | \$118.58 | \$116.40 |
| Total Monthly Rate per Member: Family | \$190.47 | \$189.56 |

Totals for Dental - COB

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$49.65 | \$49.37 |
| Total Monthly Rate per Member: 2-Person | \$79.41 | \$81.62 |
| Total Monthly Rate per Member: Family | \$127.09 | \$133.59 |

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

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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: 5 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 0 2-Person: 0 Family: 6 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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: 1 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 13 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

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

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 0 2-Person: 1 Family: 18 | \$42.29 \$79.27 \$158.07 | \$42.62 \$80.34 \$162.02 |
| Vision Plan Year: | VSP 3 Plus 200CL Jan-Dec | Single: 0 2-Person: 1 Family: 18 | \$8.76 \$18.81 \$28.32 | \$8.47 \$18.19 \$27.37 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$95,000 | 19 | \$0.09 \$0.45 | \$0.09 \$0.45 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$95,000 | 19 | \$0.03 \$0.15 | \$0.03 \$0.15 |
| 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 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$158,837 | 19 | \$0.36 \$30.77 | \$0.38 \$31.77 |

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$82.42 | \$83.46 |
| Total Monthly Rate per Member: 2-Person | \$129.45 | \$130.90 |
| Total Monthly Rate per Member: Family | \$217.76 | \$221.76 |

COBRA RATES:

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

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (CX) \$1500/\$3000 0% \$0 \$0 3Tier EA1, HEQ | Single: 1 2-Person: 2 Family: 2 | \$710.47 \$1,598.55 \$1,989.30 | \$777.95 \$1,750.40 \$2,178.26 |
| 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: 0 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 6 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

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

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 1 2-Person: 3 Family: 3 | \$42.89 \$80.44 \$153.19 | \$46.52 \$82.58 \$165.59 |
| Vision Plan Year: | VSP 3 Plus 200CL Jan-Dec | Single: 1 2-Person: 3 Family: 3 | \$8.76 \$18.81 \$28.32 | \$8.47 \$18.19 \$27.37 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$35,000 | 7 | \$0.09 \$0.45 | \$0.09 \$0.45 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$35,000 | 7 | \$0.03 \$0.15 | \$0.03 \$0.15 |
| 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 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$46,461 | 7 | \$0.64 \$41.09 | \$0.60 \$39.82 |
| Total Monthly Rate per Member: Single | | | \$93.34 | \$95.41 |
| Total Monthly Rate per Member: 2-Person | | | \$140.94 | \$141.19 |
| Total Monthly Rate per Member: Family | | | \$223.20 | \$233.38 |

COBRA RATES:

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Quoted Group(s): 946N - Paraprofessional

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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: 9 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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: 1 Family: 0 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 3 2-Person: 4 Family: 2 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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: 4 2-Person: 0 Family: 1 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 38 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

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



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East Lansing, MI 48826-2560
800.292.4910

2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946N - Paraprofessional

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 12 2-Person: 16 Family: 15 | \$45.17 \$91.25 \$170.06 | \$49.49 \$94.94 \$177.77 |
| 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 Jan-Dec | Single: 4 2-Person: 2 Family: 8 | \$23.33 \$44.72 \$92.70 | \$25.43 \$49.15 \$99.24 |
| Vision Plan Year: | VSP 3 G Jan-Dec | Single: 16 2-Person: 18 Family: 23 | \$7.42 \$15.92 \$23.93 | \$7.17 \$15.39 \$23.12 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$30,000 \$1,710,000 | 57 | \$0.09 \$2.70 | \$0.09 \$2.70 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$30,000 \$1,710,000 | 57 | \$0.03 \$0.90 | \$0.03 \$0.90 |
| 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: | 50% Max \$5,000 \$10,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$109,817 | 57 | \$0.56 \$9.26 | \$0.51 \$9.83 |

The above rates are based on plans and enrollment as of 08/02/2022. 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, Mark Middlewood, at 800.292.4910.



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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$65.45 | \$70.09 |
| Total Monthly Rate per Member: 2-Person | \$120.03 | \$123.76 |
| Total Monthly Rate per Member: Family | \$206.85 | \$214.32 |

Totals for Dental - COB

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$43.61 | \$46.03 |
| Total Monthly Rate per Member: 2-Person | \$73.50 | \$77.97 |
| Total Monthly Rate per Member: Family | \$129.49 | \$135.79 |

COBRA RATES:

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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946Q - Board Members

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ no Discount | 2023 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 | \$810.84 \$1,824.41 \$2,270.35 | \$887.86 \$1,997.71 \$2,486.02 |
| 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 | \$761.97 \$1,714.43 \$2,133.50 | \$834.34 \$1,877.29 \$2,336.16 |
| 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 | \$683.09 \$1,536.95 \$1,912.64 | \$747.97 \$1,682.95 \$2,094.33 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 0 2-Person: 0 Family: 1 | \$716.39 \$1,611.89 \$2,005.88 | \$784.44 \$1,765.00 \$2,196.42 |
| Basic Term Life with Medical Volume: | \$5,000 | 1 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% 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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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

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

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 0 2-Person: 0 Family: 2 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 3 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% 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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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

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

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 0 2-Person: 1 Family: 3 | \$31.76 \$59.69 \$128.54 | \$38.87 \$75.67 \$146.43 |
| Vision Plan Year: | VSP 3 Plus 200CL Jan-Dec | Single: 0 2-Person: 1 Family: 3 | \$8.76 \$18.81 \$28.32 | \$8.47 \$18.19 \$27.37 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$20,000 | 4 | \$0.09 \$0.45 | \$0.09 \$0.45 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$20,000 | 4 | \$0.03 \$0.15 | \$0.03 \$0.15 |
| 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 \$8,000 \$12,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$46,716 | 4 | \$0.46 \$46.33 | \$0.49 \$57.23 |

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$87.45 | \$105.17 |
| Total Monthly Rate per Member: 2-Person | \$125.43 | \$151.69 |
| Total Monthly Rate per Member: Family | \$203.79 | \$231.63 |

COBRA RATES:

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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946S - Maintenance Technician

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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: 1 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (AF) \$1500/\$3000 0% \$0 \$0 ABC Mail EA1, HEQ | Single: 1 2-Person: 0 Family: 0 | \$733.68 \$1,650.80 \$2,054.32 | \$803.38 \$1,807.61 \$2,249.46 |
| 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 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 5 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946S - Maintenance Technician

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 2 2-Person: 1 Family: 0 | \$33.93 \$63.54 \$116.41 | \$39.92 \$70.19 \$124.49 |
| 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 Jan-Dec | Single: 0 2-Person: 2 Family: 1 | \$22.40 \$38.21 \$69.09 | \$24.95 \$43.55 \$78.39 |
| Vision Plan Year: | VSP 2 Jan-Dec | Single: 2 2-Person: 3 Family: 1 | \$4.94 \$10.58 \$15.93 | \$4.77 \$10.22 \$15.40 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$30,000 \$180,000 | 6 | \$0.09 \$2.70 | \$0.09 \$2.70 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$30,000 \$180,000 | 6 | \$0.03 \$0.90 | \$0.03 \$0.90 |
| 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: | 50% Max \$5,000 \$10,000 120 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$26,371 | 6 | \$0.71 \$31.58 | \$0.70 \$30.77 |

The above rates are based on plans and enrollment as of 08/02/2022. 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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2023 Rate Renewal Exclusively for West Bloomfield Schools

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Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$74.05 | \$79.06 |
| Total Monthly Rate per Member: 2-Person | \$109.30 | \$114.78 |
| Total Monthly Rate per Member: Family | \$167.52 | \$174.26 |

Totals for Dental - COB

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$62.52 | \$64.09 |
| Total Monthly Rate per Member: 2-Person | \$83.97 | \$88.14 |
| Total Monthly Rate per Member: Family | \$120.20 | \$128.16 |

COBRA RATES:

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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946T - CommEd Childcare

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 1% Discount | 2023 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: 6 2-Person: 0 Family: 0 | \$754.35 \$1,697.29 \$2,112.17 | \$826.00 \$1,858.52 \$2,312.80 |
| 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 | \$676.26 \$1,521.59 \$1,893.51 | \$740.49 \$1,666.13 \$2,073.39 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 2 2-Person: 0 Family: 0 | \$709.22 \$1,595.77 \$1,985.83 | \$776.59 \$1,747.36 \$2,174.46 |
| 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: 3 2-Person: 0 Family: 0 | \$569.95 \$1,282.40 \$1,595.86 | \$624.09 \$1,404.21 \$1,747.45 |
| Basic Term Life with Medical Volume: | \$5,000 | 19 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% 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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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946T - CommEd Childcare

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 9 2-Person: 1 Family: 2 | \$37.69 \$72.78 \$137.13 | \$38.53 \$71.16 \$135.13 |
| Vision Plan Year: | VSP 2 Jan-Dec | Single: 6 2-Person: 1 Family: 2 | \$4.94 \$10.58 \$15.93 | \$4.77 \$10.22 \$15.40 |

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$42.63 | \$43.30 |
| Total Monthly Rate per Member: 2-Person | \$83.36 | \$81.38 |
| Total Monthly Rate per Member: Family | \$153.06 | \$150.53 |

COBRA RATES:

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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946V - Private Teacher

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 0 2-Person: 0 Family: 0 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 2 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946V - Private Teacher

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 0 2-Person: 1 Family: 1 | \$35.69 \$67.21 \$128.93 | \$41.24 \$94.84 \$132.89 |
| Vision Plan Year: | VSP 2 Jan-Dec | Single: 0 2-Person: 1 Family: 1 | \$4.94 \$10.58 \$15.93 | \$4.77 \$10.22 \$15.40 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$1,000 \$2,000 | 2 | \$0.09 \$0.09 | \$0.09 \$0.09 |
| AD&D Coverage 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 | \$40.75 | \$46.13 |
| Total Monthly Rate per Member: 2-Person | \$77.91 | \$105.18 |
| Total Monthly Rate per Member: Family | \$144.98 | \$148.41 |

COBRA RATES:

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



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Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

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

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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: 2 Family: 0 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 0 2-Person: 1 Family: 0 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 3 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% 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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2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

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

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 0 2-Person: 3 Family: 1 | \$38.87 \$74.11 \$158.63 | \$39.00 \$77.48 \$159.05 |
| Vision Plan Year: | VSP 3 Plus 200CL Jan-Dec | Single: 0 2-Person: 3 Family: 1 | \$8.76 \$18.81 \$28.32 | \$8.47 \$18.19 \$27.37 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$50,000 \$200,000 | 4 | \$0.09 \$4.50 | \$0.09 \$4.50 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$50,000 \$200,000 | 4 | \$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 \$4,000 \$6,000 365 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$21,204 | 4 | \$0.59 \$25.20 | \$0.54 \$28.63 |

| | | |
|---|----------|----------|
| Total Monthly Rate per Member: Single | \$78.83 | \$82.10 |
| Total Monthly Rate per Member: 2-Person | \$124.12 | \$130.30 |
| Total Monthly Rate per Member: Family | \$218.15 | \$221.05 |

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

2023 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 351166
MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946Z - Superintendent

Medical plans

| Description | Benefits | Enrollment | 2022 Rate ¹ w/ 2% Discount | 2023 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 | \$746.73 \$1,680.14 \$2,090.84 | \$817.66 \$1,839.75 \$2,289.44 |
| 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 | \$669.43 \$1,506.22 \$1,874.39 | \$733.01 \$1,649.30 \$2,052.45 |
| Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders: | MESSA ABC Plan 1 (BR) \$1500/\$3000 0% \$0 \$0 3Tier Mail EA1, HEQ | Single: 0 2-Person: 0 Family: 1 | \$702.06 \$1,579.66 \$1,965.77 | \$768.75 \$1,729.71 \$2,152.50 |
| 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 | \$564.20 \$1,269.45 \$1,579.74 | \$617.78 \$1,390.03 \$1,729.80 |
| Basic Term Life with Medical Volume: | \$5,000 | 1 | \$1.50 | \$1.50 |

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

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2023 Rate Renewal Exclusively for West Bloomfield Schools

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Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 946Z - Superintendent

Ancillary plans

| Description | Benefits | Enrollment | 2022 Rate | 2023 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 Jan-Dec | Single: 0 2-Person: 0 Family: 1 | \$53.19 \$99.40 \$177.20 | \$60.33 \$112.69 \$201.96 |
| Vision Plan Year: | VSP 3 Plus 200CL Jan-Dec | Single: 0 2-Person: 0 Family: 1 | \$8.76 \$18.81 \$28.32 | \$8.47 \$18.19 \$27.37 |
| Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$5,000 | 1 | \$0.09 \$0.45 | \$0.09 \$0.45 |
| AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: | \$5,000 \$5,000 | 1 | \$0.03 \$0.15 | \$0.03 \$0.15 |
| 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 \$10,000 \$15,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 3 years Waived No Yes \$15,000 | 1 | \$0.52 \$78.00 | \$0.56 \$84.00 |
| Total Monthly Rate per Member: Single | | | \$140.55 | \$153.40 |
| Total Monthly Rate per Member: 2-Person | | | \$196.81 | \$215.48 |
| Total Monthly Rate per Member: Family | | | \$284.12 | \$313.93 |

COBRA RATES:

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