

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

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

Quote #:

351166

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

Quoted Group(s): 946E - Instructional Staff

## Medical plans

Single: 32 2-Person: 14 Family: 70	\$746.73 \$1,680.14 \$2,090.84	\$817.66 \$1,839.75 \$2,289.44
2-Person: 14	\$1,680.14	\$1,839.75
	' '	' '
Family: 70	\$2,090.84	\$2,289.44
	1	
Single: 16	\$669.43	\$733.01
2-Person: 9	\$1,506.22	\$1,649.30
Family: 14	\$1,874.39	\$2,052.45
Single: 17	\$702.06	\$768.75
2-Person: 12	\$1,579.66	\$1,729.71
Family: 61	\$1,965.77	\$2,152.50
Single: 13	\$564.20	\$617.78
2-Person: 1	\$1,269.45	\$1,390.03
Family: 4	\$1,579.74	\$1,729.80
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,
263	\$1.50	\$1.50
	2-Person: 9 Family: 14  Single: 17 2-Person: 12 Family: 61  Single: 13 2-Person: 1 Family: 4	2-Person: 9 \$1,506.22 Family: 14 \$1,874.39  Single: 17 \$702.06 2-Person: 12 \$1,579.66 Family: 61 \$1,965.77  Single: 13 \$564.20 2-Person: 1 \$1,269.45 Family: 4 \$1,579.74

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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Quote #:

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351166

08/04/2022

MESSA Field Rep: Mark Middlewood

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
<b>Vision</b> 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
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

<sup>\*</sup> Indicates total ancillary plan enrollment and volume for quoted group(s).



800.292.4910

## 2023 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 351166

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

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:**



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

Quote #:

Date Created:

351166

08/04/2022

MESSA Field Rep: Mark Middlewood

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
Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,150,000	343	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage (AII)* 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

<sup>\*</sup> Indicates total ancillary plan enrollment and volume for quoted group(s).



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## 2023 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 351166

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

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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## 2023 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 351166

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

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

Quoted Group(s): 946J - Secretary

### Medical plans

Description	Benefits	Enrollme	ent	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> 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: 2-Person: Family:	1 2 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: 2-Person: Family:	1 0 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: 2-Person: Family:	3 2 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: 2-Person: Family:	0 1 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

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



800.292.4910

# 2023 Rate Renewal Exclusively for

## **West Bloomfield Schools**

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

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

Quoted Group(s): 946J - Secretary

1475 Kendale Boulevard, PO Box 2560

### **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
<b>Vision</b> 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
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



800.292.4910

## 2023 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 351166

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

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

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 \$189.56 \$190.47

Totals for Dental - COB

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

#### **COBRA RATES:**



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

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

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

## **Medical plans**

Description	Benefits	Enrollme	ent	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible:	MESSA Choices (AX) \$1000/\$2000				
IN Coinsurance:	0%	Single:	0	\$746.73	\$817.66
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	1	\$1,680.14	\$1,839.75
UC/ER Copay:	\$25/\$50	Family:	5	\$2,090.84	\$2,289.44
Rx Coverage:	3Tier Mail	•			
Riders:	EA1				
Plan	MESSA Choices (BB)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	20%	Single:	0	\$669.43	\$733.01
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,506.22	\$1,649.30
UC/ER Copay:	\$25/\$50	Family:	0	\$1,874.39	\$2,052.45
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA ABC Plan 1 (BR)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	0	\$702.06	\$768.75
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,579.66	\$1,729.71
UC/ER Copay:	\$0	Family:	6	\$1,965.77	\$2,152.50
Rx Coverage:	3Tier Mail				
Riders:	EA1, HEQ				
Plan	Essentials by MESSA (EB)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	0	\$564.20	\$617.78
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,269.45	\$1,390.03
UC/ER Copay:	\$50/\$200	Family:	1	\$1,579.74	\$1,729.80
Rx Coverage:	EbM				
Riders:	EA1				
Basic Term Life with Medical					
Volume:	\$5,000		13	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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

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

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351166

08/04/2022

MESSA Field Rep: Mark Middlewood

**Ancillary plans** 

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	06327-45			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$42.29	\$42.62
Annual Max:	\$3,000	2-Person: 1	\$79.27	\$80.34
Orthodontics:	60%	Family: 18	\$158.07	\$162.02
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 0	\$8.76	\$8.47
Plan Year:	Jan-Dec	2-Person: 1	\$18.81	\$18.19
		Family: 18	\$28.32	\$27.37
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$95,000	19		
Rate/\$1,000:			\$0.09	\$0.09
Composite:			\$0.45	\$0.45
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$95,000	19		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.15	\$0.15
LTD Benefit				
Benefit:	66 2/3% Max \$6,000			
Max Monthly Salary:	\$9,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$158,837	19		
Rate/\$100:			\$0.36	\$0.38
Composite:			\$30.77	\$31.77
	Total Monthly Rat	e per Member: Single	\$82.42	\$83.46

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

### **COBRA RATES:**



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

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

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

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

## Medical plans

Description	Benefits	Enrollme	ent	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible:	MESSA Choices (AX) \$1000/\$2000				
IN Coinsurance:	0%	Single:	0	\$746.73	\$817.66
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,680.14	\$1,839.75
UC/ER Copay:	\$25/\$50	Family:	0	\$2,090.84	\$2,289.44
Rx Coverage:	3Tier Mail		Ü	ΨΞ,000.0.	ψ=,=σσ
Riders:	EA1				
Plan	MESSA Choices (BB)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	20%	Single:	0	\$669.43	\$733.01
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,506.22	\$1,649.30
UC/ER Copay:	\$25/\$50	Family:	0	\$1,874.39	\$2,052.45
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA ABC Plan 1 (CX)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	1	\$710.47	\$777.95
OL/OV/SV Copay:	\$0	2-Person:	2	\$1,598.55	\$1,750.40
UC/ER Copay:	\$0	Family:	2	\$1,989.30	\$2,178.26
Rx Coverage:	3Tier				
Riders:	EA1, HEQ				
Plan	Essentials by MESSA (EB)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	1	\$564.20	\$617.78
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,269.45	\$1,390.03
UC/ER Copay:	\$50/\$200	Family:	0	\$1,579.74	\$1,729.80
Rx Coverage:	EbM				
Riders:	EA1				
Basic Term Life with Medical					
Volume:	\$5,000		6	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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

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

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

### **Ancillary plans**

800.292.4910

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	06327-39			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 1	\$42.89	\$46.52
Annual Max:	\$3,000	2-Person: 3	\$80.44	\$82.58
Orthodontics:	60%	Family: 3	\$153.19	\$165.59
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 1	\$8.76	\$8.47
Plan Year:	Jan-Dec	2-Person: 3	\$18.81	\$18.19
		Family: 3	\$28.32	\$27.37
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$35,000	7		
Rate/\$1,000:			\$0.09	\$0.09
Composite:			\$0.45	\$0.45
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$35,000	7		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.15	\$0.15
LTD Benefit				
Benefit:	66 2/3% Max \$6,000			
Max Monthly Salary:	\$9,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$46,461	7		
Rate/\$100:			\$0.64	\$0.60
Composite:			\$41.09	\$39.82
	Total Monthly Rat	te 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:**



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

Quoted Group(s): 946N - Paraprofessional

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

351166

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

Quote #:

Medical plans

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible: IN Coinsurance:	MESSA Choices (AX) \$1000/\$2000 0%	Single:	5 \$746.73	\$817.66
	1 - 7 -	2-Person:		*
OL/OV/SV Copay: UC/ER Copay:	\$20/\$20/\$20 \$25/\$50		7 \$1,680.14 9 \$2,090.84	\$1,839.75 \$2,289.44
Rx Coverage:	3Tier Mail	ramily.	\$2,090.84	\$2,209.44
Rx Coverage. Riders:	EA1			
Riders.	EAT			
Plan	MESSA Choices (BB)			
IN Deductible:	\$1000/\$2000			
IN Coinsurance:	20%	Single: 2	2 \$669.43	\$733.01
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	1 \$1,506.22	\$1,649.30
UC/ER Copay:	\$25/\$50	Family: (	\$1,874.39	\$2,052.45
Rx Coverage:	3Tier Mail			
Riders:	EA1			
Plan	MESSA ABC Plan 1 (BR)			
IN Deductible:	\$1500/\$3000			
IN Coinsurance:	0%	Single: 3	3 \$702.06	\$768.75
OL/OV/SV Copay:	\$0		4 \$1,579.66	\$1,729.71
UC/ER Copay:	\$0	Family: 2	2 \$1,965.77	\$2,152.50
Rx Coverage:	3Tier Mail	, in the second		
Riders:	EA1, HEQ			
Plan	Essentials by MESSA (EB)			
IN Deductible:	\$375/\$750			
IN Coinsurance:	20%	Single: 4	4 \$564.20	\$617.78
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person: (	***	\$1,390.03
UC/ER Copay:	\$50/\$200		1 \$1,579.74	\$1,729.80
Rx Coverage:	EbM	,	\$ .,5.5.7 ·	<b>\$ .,. 23.00</b>
Riders:	EA1			
Basic Term Life with Medical				
Volume:	\$5,000	38	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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Quoted Group(s): 946N - Paraprofessional

Quote #:

Date Created:

351166

08/04/2022

MESSA Field Rep: Mark Middlewood

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

## **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
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



800.292.4910

## 2023 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 351166

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

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		

Totals for Dental - COB

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

#### **COBRA RATES:**



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

Quoted Group(s): 946Q - Board Members

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

Quote #:

Date Created:

351166

08/04/2022

MESSA Field Rep: Mark Middlewood

## Medical plans

Description	Benefits	Enrollmer	nt	2022 Rate <sup>1</sup> w/ no Discount	2023 Rate <sup>2</sup> 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: 2-Person: Family:	0 0 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: 2-Person: Family:	0 0 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: 2-Person: Family:	0 0 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: 2-Person: Family:	0 0 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

<sup>&</sup>lt;sup>1</sup>Medical 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:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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

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

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

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

## Medical plans

Description	Description Benefits Enrollment		nt	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan	MESSA Choices (AX)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	0%	Single:	1	\$746.73	\$817.66
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,680.14	\$1,839.75
UC/ER Copay:	\$25/\$50	Family:	0	\$2,090.84	\$2,289.44
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA Choices (BB)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	20%	Single:	0	\$669.43	\$733.01
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,506.22	\$1,649.30
UC/ER Copay:	\$25/\$50	Family:	0	\$1,874.39	\$2,052.45
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA ABC Plan 1 (BR)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	0	\$702.06	\$768.75
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,579.66	\$1,729.71
UC/ER Copay:	\$0	Family:	2	\$1,965.77	\$2,152.50
Rx Coverage:	3Tier Mail				
Riders:	EA1, HEQ				
Plan	Essentials by MESSA (EB)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	0	\$564.20	\$617.78
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,269.45	\$1,390.03
UC/ER Copay:	\$50/\$200	Family:	0	\$1,579.74	\$1,729.80
Rx Coverage:	EbM			•	
Riders:	EA1				
Basic Term Life with Medical					
Volume:	\$5,000		3	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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

Date Create

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	06327-44			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$31.76	\$38.87
Annual Max:	\$3,000	2-Person: 1	\$59.69	\$75.67
Orthodontics:	60%	Family: 3	\$128.54	\$146.43
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 0	\$8.76	\$8.47
Plan Year:	Jan-Dec	2-Person: 1	\$18.81	\$18.19
		Family: 3	\$28.32	\$27.37
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$20,000	4		
Rate/\$1,000:			\$0.09	\$0.09
Composite:			\$0.45	\$0.45
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$20,000	4		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.15	\$0.15
LTD Benefit				
Benefit:	66 2/3% Max \$8,000			
Max Monthly Salary:	\$12,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$46,716	4		
Rate/\$100:			\$0.46	\$0.49
Composite:			\$46.33	\$57.23
	Total Monthly Rat	te per Member: Single	\$87.45	\$105.17

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:**



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

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

Quote #:

Date Created:

351166

MESSA Field Rep: Mark Middlewood 08/04/2022

Quoted Group(s): 946S - Maintenance Technician

## Medical plans

Description	Description Benefits Enrollment		2022 Enrollment w/ 2% Di		2023 Rate <sup>2</sup> 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: 2-Person: Family:	1 1 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: 2-Person: Family:	0 1 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: 2-Person: Family:	1 0 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: 2-Person: Family:	0 0 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

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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

Quoted Group(s): 946S - Maintenance Technician

Quote #:

Date Created:

351166

08/04/2022

MESSA Field Rep: Mark Middlewood

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

## **Ancillary plans**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders:	06327-35 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho	Single: 2 2-Person: 1 Family: 0	\$33.93 \$63.54 \$116.41	\$39.92 \$70.19 \$124.49
Plan Year:	Jan-Dec			
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
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



800.292.4910

## 2023 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 351166

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

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 \$88.14 \$83.97 Total Monthly Rate per Member: Family \$120.20 \$128.16

#### **COBRA RATES:**



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

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

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

Quoted Group(s): 946T - CommEd Childcare

## **Medical plans**

Description	Benefits	Enrollme	nt	2022 Rate <sup>1</sup> w/ 1% Discount	2023 Rate <sup>2</sup> 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: 2-Person: Family:	6 0 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: 2-Person: Family:	8 0 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-Person: Family:	2 0 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: 2-Person: Family:	3 0 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

<sup>&</sup>lt;sup>1</sup>Medical 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:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560 800.292.4910 MESSA Field Rep: Mark Middlewood Date Created: 08/04/2022

351166

Quote #:

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

Quoted Group(s): 946T - CommEd Childcare

### **Ancillary plans**

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

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

#### **COBRA RATES:**



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

Quoted Group(s): 946V - Private Teacher

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

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

Medical plans

Description	Benefits	Enrollme	nt	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan	MESSA Choices (AX)				
IN Deductible:	\$1000/\$2000 ` ´				
IN Coinsurance:	0%	Single:	1	\$746.73	\$817.66
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,680.14	\$1,839.75
UC/ER Copay:	\$25/\$50	Family:	0	\$2,090.84	\$2,289.44
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA Choices (BB)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	20%	Single:	0	\$669.43	\$733.01
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,506.22	\$1,649.30
UC/ER Copay:	\$25/\$50	Family:	1	\$1,874.39	\$2,052.45
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA ABC Plan 1 (BR)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	0	\$702.06	\$768.75
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,579.66	\$1,729.71
UC/ER Copay:	\$0	Family:	0	\$1,965.77	\$2,152.50
Rx Coverage:	3Tier Mail				
Riders:	EA1, HEQ				
Plan	Essentials by MESSA (EB)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	0	\$564.20	\$617.78
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,269.45	\$1,390.03
UC/ER Copay:	\$50/\$200	Family:	0	\$1,579.74	\$1,729.80
Rx Coverage:	EbM				
Riders:	EA1				
Basic Term Life with Medical					
Volume:	\$5,000		2	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



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

Quoted Group(s): 946V - Private Teacher

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

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

## **Ancillary plans**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	06327-42			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$35.69	\$41.24
Annual Max:	\$1,500	2-Person: 1	\$67.21	\$94.84
Orthodontics:	60%	Family: 1	\$128.93	\$132.89
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 2	Single: 0	\$4.94	\$4.77
Plan Year:	Jan-Dec	2-Person: 1	\$10.58	\$10.22
		Family: 1	\$15.93	\$15.40
Life Insurance				
Volume:	\$1,000			
Total Volume:	\$2,000	2		
Rate/\$1,000:			\$0.09	\$0.09
Composite:			\$0.09	\$0.09
AD&D Coverage				
Volume:	\$1,000			
Total Volume:	\$2,000	2		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.03	\$0.03
	Total Monthly Rat	te per Member: Single	\$40.75	\$46.13
		M	Ф <b>77</b> О4	<b>6405.40</b>

Total Monthly Rate per Member: 2-Person \$77.91 \$105.18 Total Monthly Rate per Member: Family \$144.98 \$148.41

#### **COBRA RATES:**



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

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

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

Quote #:

Date Created:

351166

08/04/2022

MESSA Field Rep: Mark Middlewood

## Medical plans

Description	Benefits	Enrollme	nt	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible: IN Coinsurance:	MESSA Choices (AX) \$1000/\$2000 0%	Single:	0	\$746.73	\$817.66
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	2	\$1,680.14	\$1,839.75
UC/ER Copay:	\$25/\$50	Family:	0	\$2,090.84	\$2,289.44
Rx Coverage:	3Tier Mail	i aiiiiy.	O	Ψ2,030.04	Ψ2,200.44
Riders:	EA1				
Plan IN Deductible:	MESSA Choices (BB) \$1000/\$2000				
IN Coinsurance:	20%	Single:	0	\$669.43	\$733.01
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,506.22	\$1,649.30
UC/ER Copay:	\$25/\$50	Family:	0	\$1,874.39	\$2,052.45
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA ABC Plan 1 (BR)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	0	\$702.06	\$768.75
OL/OV/SV Copay:	\$0	2-Person:	1	\$1,579.66	\$1,729.71
UC/ER Copay:	\$0	Family:	0	\$1,965.77	\$2,152.50
Rx Coverage:	3Tier Mail				
Riders:	EA1, HEQ				
Plan	Essentials by MESSA (EB)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	0	\$564.20	\$617.78
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,269.45	\$1,390.03
UC/ER Copay:	\$50/\$200	Family:	0	\$1,579.74	\$1,729.80
Rx Coverage:	EbM				
Riders:	EA1				
Basic Term Life with Medical					
Volume:	\$5,000		3	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

 $<sup>^2\</sup>mbox{Medical}$  Rate includes 1.335% for federal and state taxes and fees.



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

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

Quote #:

Date Created:

351166

08/04/2022

MESSA Field Rep: Mark Middlewood

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

## **Ancillary plans**

Description	Benefits	Benefits Enrollment		2023 Rate
Dental	06327-48			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$38.87	\$39.00
Annual Max:	\$3,000	2-Person: 3	\$74.11	\$77.48
Orthodontics:	60%	Family: 1	\$158.63	\$159.05
Lifetime Max:	\$3,000	,	,	,
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 0	\$8.76	\$8.47
Plan Year:	Jan-Dec	2-Person: 3	\$18.81	\$18.19
rian roan	Gan Bee	Family: 1	\$28.32	\$27.37
Life Insurance				
Volume:	\$50,000			
Total Volume:	\$200,000	4		
Rate/\$1,000:	Ψ200,000	.	\$0.09	\$0.09
Composite:			\$4.50	\$4.50
AD&D Coverage			,	• • • • • • • • • • • • • • • • • • • •
Volume:	\$50,000			
Total Volume:		4		
Rate/\$1,000:	\$200,000	4	\$0.03	\$0.03
			\$0.03 \$1.50	\$0.03 \$1.50
Composite:			\$1.50	\$1.50
LTD Benefit				
Benefit:	66 2/3% Max \$4,000			
Max Monthly Salary:	\$6,000			
Waiting Period:	365 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$21,204	4		
Rate/\$100:			\$0.59	\$0.54
Composite:			\$25.20	\$28.63
	Total Monthly Rat	\$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:**



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

Quoted Group(s): 946Z - Superintendent

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

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

## Medical plans

Description	Benefits	Enrollme	nt	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan	MESSA Choices (AX)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	0%	Single:	0	\$746.73	\$817.66
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,680.14	\$1,839.75
UC/ER Copay:	\$25/\$50	Family:	0	\$2,090.84	\$2,289.44
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA Choices (BB)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	20%	Single:	0	\$669.43	\$733.01
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,506.22	\$1,649.30
UC/ER Copay:	\$25/\$50	Family:	0	\$1,874.39	\$2,052.45
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA ABC Plan 1 (BR)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	0	\$702.06	\$768.75
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,579.66	\$1,729.71
UC/ER Copay:	\$0	Family:	1	\$1,965.77	\$2,152.50
Rx Coverage:	3Tier Mail				
Riders:	EA1, HEQ				
Plan	Essentials by MESSA (EB)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	0	\$564.20	\$617.78
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,269.45	\$1,390.03
UC/ER Copay:	\$50/\$200	Family:	0	\$1,579.74	\$1,729.80
Rx Coverage:	EbM	, i			
Riders:	EA1				
Basic Term Life with Medical					
Volume:	\$5,000		1	\$1.50	\$1.50
	1	1			1

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.335% for federal and state taxes and fees.



1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560 800.292.4910 MESSA Field Rep: Mark Middlewood
Date Created: 08/04/2022

Quote #:

351166

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

Quoted Group(s): 946Z - Superintendent

### **Ancillary plans**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	06327-49			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$53.19	\$60.33
Annual Max:	\$3,000	2-Person: 0	\$99.40	\$112.69
Orthodontics:	60%	Family: 1	\$177.20	\$201.96
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 0	\$8.76	\$8.47
Plan Year:	Jan-Dec	2-Person: 0	\$18.81	\$18.19
		Family: 1	\$28.32	\$27.37
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$5,000	1		
Rate/\$1,000:			\$0.09	\$0.09
Composite:			\$0.45	\$0.45
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$5,000	1	I I	
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.15	\$0.15
LTD Benefit				
Benefit:	66 2/3% Max \$10,000			
Max Monthly Salary:	\$15,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Own-Occupation:	3 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$15,000	1		
Rate/\$100:			\$0.52	\$0.56
Composite:			\$78.00	\$84.00
	Total Monthly Rat	e per Member: Single	\$140.55	\$153.40

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:**