

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

Quoted Group(s): 946E - Instructional Staff

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

Date Created:

353307

08/07/2023

MESSA Field Rep: Mark Middlewood

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 31 2-Person: 13 Family: 52	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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: 13	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 15 2-Person: 5 Family: 28	\$768.75 \$1,729.71 \$2,152.50	\$824.05 \$1,854.12 \$2,307.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 10 2-Person: 6 Family: 38	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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: 12 2-Person: 1 Family: 4	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000	253	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Quote #:

Date Created:

353307

08/07/2023

MESSA Field Rep: Mark Middlewood

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 946E - Instructional Staff

Ancillary plans with medical - 253 members

Description	Benefits	Enrollment	2023 Rate	2024 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: 80 2-Person: 39 Family: 141	\$37.65 \$71.95 \$140.34	\$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: 10 2-Person: 12 Family: 52	\$19.03 \$39.21 \$81.04	\$19.03 \$39.21 \$81.04
Vision Plan Year:	VSP 2 Jan-Dec	Single: 75 2-Person: 40 Family: 138	\$4.77 \$10.22 \$15.40	\$4.77 \$10.22 \$15.40
Life Insurance (AII)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$16,700,000	334	\$0.09 \$4.50	\$0.11 \$5.50
AD&D Coverage (AII)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$16,700,000	334	\$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 \$1,902,713	334	\$0.31 \$17.38	\$0.30 \$17.09

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



800.292.4910

2024 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 353307

MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Total Monthly Rate per Member: Single	\$65.80	\$66.51
Total Monthly Rate per Member: 2-Person	\$105.55	\$106.26
Total Monthly Rate per Member: Family	\$179.12	\$179.83

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$47.18	\$47.89
Total Monthly Rate per Member: 2-Person	\$72.81	\$73.52
Total Monthly Rate per Member: Family	\$119.82	\$120.53

COBRA RATES:



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

Quote #: 353307 MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 946E - Instructional Staff

Ancillary plans without medical - 81 members

Description	Benefits	Enrollment	2023 Rate	2024 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: 80 2-Person: 39 Family: 141	\$37.65 \$71.95 \$140.34	\$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: 10 2-Person: 12 Family: 52	\$19.03 \$39.21 \$81.04	\$19.03 \$39.21 \$81.04
Vision Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 14 2-Person: 11 Family: 56	\$8.47 \$18.19 \$27.37	\$8.47 \$18.19 \$27.37
Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$16,700,000	334	\$0.09 \$4.50	\$0.11 \$5.50
AD&D Coverage (AII)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$16,700,000	334	\$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 \$1,902,713	334	\$0.31 \$17.38	\$0.30 \$17.09

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



800.292.4910

2024 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 353307

MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Total Monthly Rate per Member: Single	\$69.50	\$70.21
Total Monthly Rate per Member: 2-Person	\$113.52	\$114.23
Total Monthly Rate per Member: Family	\$191.09	\$191.80

Totals for Dental - COB

Total Monthly Rate per Member: Single \$50.88 \$51.59 Total Monthly Rate per Member: 2-Person \$80.78 \$81.49 Total Monthly Rate per Member: Family \$131.79 \$132.50

COBRA RATES:



2024 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 353307

MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 946J - Secretary

Medical plans

800.292.4910

Description	Benefits	Enrollment	2023 Rate¹ w/ 2% Discount	2024 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: 1 Family: 2	·	\$917.79 \$2,065.04 \$2,569.81
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	\$1,649.30	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ		\$768.75 3 \$1,729.71 0 \$2,152.50	\$824.05 \$1,854.12 \$2,307.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	2-Person: (2 \$718.67 0 \$1,617.04 3 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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: 1 Family: (\$1,390.03	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000	15	5 \$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Quote #: 353307 MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 946J - Secretary

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 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: 6 Family: 10	\$46.16 \$88.43 \$156.41	\$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	\$26.85 \$53.65 \$100.44	\$26.85 \$53.65 \$100.44
Vision Plan Year:	VSP 2 Jan-Dec	Single: 5 2-Person: 11 Family: 21	\$4.77 \$10.22 \$15.40	\$4.77 \$10.22 \$15.40
Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,110,000	37	\$0.09 \$2.70	\$0.11 \$3.30
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,110,000	37	\$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 \$126,457	37	\$0.45 \$14.15	\$0.38 \$12.99



800.292.4910

2024 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 353307

MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Total Monthly Rate per Member: Single	\$68.68	\$68.12
Total Monthly Rate per Member: 2-Person	\$116.40	\$115.84
Total Monthly Rate per Member: Family	\$189.56	\$189.00

Totals for Dental - COB

Total Monthly Rate per Member: Single	\$49.37	\$48.81
Total Monthly Rate per Member: 2-Person	\$81.62	\$81.06
Total Monthly Rate per Member: Family	\$133.59	\$133.03

COBRA RATES:



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

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

Rates Effective 01/01/2024 through 12/31/2024

353307

MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Quote #:

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 3	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 5	\$768.75 \$1,729.71 \$2,152.50	\$824.05 \$1,854.12 \$2,307.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 1	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000	10	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

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

Quote #: 353307 MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06327-45			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$42.62	\$42.62
Annual Max:	\$3,000	2-Person: 1	\$80.34	\$80.34
Orthodontics:	60%	Family: 16	\$162.02	\$162.02
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 0	\$8.47	\$8.47
Plan Year:	Jan-Dec	2-Person: 1	\$18.19	\$18.19
		Family: 16	\$27.37	\$27.37
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$85,000	17		
Rate/\$1,000:			\$0.09	\$0.11
Composite:			\$0.45	\$0.55
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$85,000	17		
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:	\$147,937	17		
Rate/\$100:			\$0.38	\$0.36
Composite:			\$31.77	\$31.33
	Total Monthly Rat	e per Member: Single	\$83.46	\$83.12

Total Monthly Rate per Member: Single \$83.12 Total Monthly Rate per Member: 2-Person \$130.56 \$130.90 Total Monthly Rate per Member: Family \$221.76 \$221.42

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 #:

Date Created:

353307

08/07/2023

MESSA Field Rep: Mark Middlewood

Rates Effective 01/01/2024 through 12/31/2024

Medical plans

Description	Benefits	Enrollmen	t	2023 Rate ¹ w/ 2% Discount	2024 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: 2-Person: Family:	0 0 0	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (CX) \$1600/\$3200 0% \$0 \$0 3Tier EA1, HEQ	Single: 2-Person: Family:	1 0 0	\$777.95 \$1,750.40 \$2,178.26	\$833.92 \$1,876.32 \$2,334.96
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 1 2	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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:	1 0 0	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000		5	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560 800.292.4910 Quote #: 353307 MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06327-39			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 2	\$46.52	\$46.52
Annual Max:	\$3,000	2-Person: 1	\$82.58	\$82.58
Orthodontics:	60%	Family: 3	\$165.59	\$165.59
Lifetime Max:	\$3,000	,		
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 2	\$8.47	\$8.47
Plan Year:	Jan-Dec	2-Person: 1	\$18.19	\$18.19
		Family: 3	\$27.37	\$27.37
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$30,000	6		
Rate/\$1,000:			\$0.09	\$0.11
Composite:			\$0.45	\$0.55
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$30,000	6		
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:	\$37,892	6		
Rate/\$100:			\$0.60	\$0.64
Composite:			\$39.82	\$40.42
	Total Monthly Rat	e per Member: Single	\$95.41	\$96.11

Total Monthly Rate per Member: Single\$95.41\$96.11Total Monthly Rate per Member: 2-Person\$141.19\$141.89Total Monthly Rate per Member: Family\$233.38\$234.08

COBRA RATES:



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

Quoted Group(s): 946N - Paraprofessional

Rates Effective 01/01/2024 through 12/31/2024

Quote #: 353307 MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance:	MESSA Choices (AX) \$1000/\$2000 0%	Single: 5	\$817.66	\$876.48
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 8	\$1,839.75	\$1,972.09
UC/ER Copay:	\$25/\$50	Family: 10	\$2,289.44	\$2,454.13
Rx Coverage:	3Tier Mail	Tanny.	ψ2,200.11	Ψ2, 10 1.10
Riders:	EA1			
Plan	MESSA Choices (BB)			
IN Deductible:	\$1000/\$2000			
IN Coinsurance:	20%	Single: 0	\$733.01	\$785.74
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 1	\$1,649.30	\$1,767.94
UC/ER Copay:	\$25/\$50	Family: 0	\$2,052.45	\$2,200.08
Rx Coverage:	3Tier Mail			
Riders:	EA1			
Plan	MESSA ABC Plan 1 (BR)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 5	\$768.75	\$824.05
OL/OV/SV Copay:	\$0	2-Person: 0	\$1,729.71	\$1,854.12
UC/ER Copay:	\$0	Family: 2	\$2,152.50	\$2,307.34
Rx Coverage:	3Tier Mail			
Riders:	EA1, HEQ			
Plan	MESSA ABC Plan 2 (CD)			
IN Deductible:	\$2000/\$4000			
IN Coinsurance:	0%	Single: 0	\$718.67	\$770.38
OL/OV/SV Copay:	\$0	2-Person: 3	\$1,617.04	\$1,733.35
UC/ER Copay:	\$0	Family: 1	\$2,012.30	\$2,157.04
Rx Coverage:	3Tier Mail			
Riders:	EA1, HEQ			
Plan	Essentials by MESSA (EB)			
IN Deductible:	\$375/\$750			
IN Coinsurance:	20%	Single: 4	\$617.78	\$662.22
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person: 1	\$1,390.03	\$1,490.02
UC/ER Copay:	\$50/\$200	Family: 1	\$1,729.80	\$1,854.23
Rx Coverage:	EbM			
Riders:	EA1			
Basic Term Life with Medical				
Volume:	\$5,000	41	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



800.292.4910

2024 Rate Renewal Exclusively for **West Bloomfield Schools**

Rates Effective 01/01/2024 through 12/31/2024

Quote #: 353307 MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Quoted Group(s): 946N - Paraprofessional

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 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: 15 2-Person: 17 Family: 17	\$49.49 \$94.94 \$177.77	\$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: 6 2-Person: 2 Family: 10	\$25.43 \$49.15 \$99.24	\$25.43 \$49.15 \$99.24
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 21 2-Person: 19 Family: 27	\$7.17 \$15.39 \$23.12	\$7.17 \$15.39 \$23.12
Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$2,010,000	67	\$0.09 \$2.70	\$0.11 \$3.30
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$2,010,000	67	\$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 \$138,026	67	\$0.51 \$9.83	\$0.44 \$9.06



800.292.4910

2024 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 353307

MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Total Monthly Rate per Member: Single	\$70.09	\$69.92
Total Monthly Rate per Member: 2-Person	\$123.76	\$123.59
Total Monthly Rate per Member: Family	\$214.32	\$214.15

Totals for Dental - COB

Total Monthly Rate per Member: Single \$46.03 \$45.86 Total Monthly Rate per Member: 2-Person \$77.80 \$77.97 Total Monthly Rate per Member: Family \$135.79 \$135.62

COBRA RATES:



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

Rates Effective 01/01/2024 through 12/31/2024

Quote #: 353307 MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Quoted Group(s): 946Q - Board Members

Medical plans

Description	Benefits	Enrollmen	nt	2023 Rate ¹ w/ no Discount	2024 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: 2-Person: Family:	0 0 0	\$887.86 \$1,997.71 \$2,486.02	\$951.73 \$2,141.41 \$2,664.84
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	\$834.34 \$1,877.29 \$2,336.16	\$894.36 \$2,012.33 \$2,504.21
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	\$747.97 \$1,682.95 \$2,094.33	\$801.77 \$1,804.02 \$2,244.97
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 1	\$784.44 \$1,765.00 \$2,196.42	\$840.86 \$1,891.95 \$2,354.42
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 0	\$733.34 \$1,650.03 \$2,053.36	\$786.10 \$1,768.72 \$2,201.06
Basic Term Life with Medical Volume:	\$5,000		1	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

Your account may be eligible for additional savings through our 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:

²Medical Rate includes 1.336% 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

Quote #:

Date Created:

353307

08/07/2023

MESSA Field Rep: Mark Middlewood

Rates Effective 01/01/2024 through 12/31/2024

Medical plans

Description	Benefits	Enrollment	t	2023 Rate ¹ w/ 2% Discount	2024 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: 2-Person: Family:	1 0 0	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 2	\$768.75 \$1,729.71 \$2,152.50	\$824.05 \$1,854.12 \$2,307.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 1	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000		4	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% 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 01/01/2024 through 12/31/2024

Ancillary plans

Description	Benefits	Enrollment		2023 Rate	2024 Rate
Dental	06327-44				
Diag & Prev:	80%				
Basic Services:	80% (X-Rays)				
Major Services:	80%	Single:	1	\$38.87	\$38.87
Annual Max:	\$3,000		0	\$75.67	\$75.67
Orthodontics:	60%	Family:	5	\$146.43	\$146.43
Lifetime Max:	\$3,000				
Riders:	2 Cleanings				
Plan Year:	Jan-Dec				
Vision	VSP 3 Plus 200CL	Single:	1	\$8.47	\$8.47
Plan Year:	Jan-Dec	2-Person:	0	\$18.19	\$18.19
		Family:	5	\$27.37	\$27.37
Life Insurance					
Volume:	\$5,000				
Total Volume:	\$30,000		6		
Rate/\$1,000:				\$0.09	\$0.11
Composite:				\$0.45	\$0.55
AD&D Coverage					
Volume:	\$5,000				
Total Volume:	\$30,000		6		
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:	\$70,173		6		
Rate/\$100:				\$0.49	\$0.45
Composite:				\$57.23	\$52.63
	Total Monthly Rat	e per Member: Single		\$105.17	\$100.67

Total Monthly Rate per Member: Single \$147.19 Total Monthly Rate per Member: 2-Person \$151.69 Total Monthly Rate per Member: Family \$231.63 \$227.13

Quote #:

Date Created:

353307

08/07/2023

MESSA Field Rep: Mark Middlewood

COBRA RATES:



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

Quoted Group(s): 946S - Maintenance Technician

MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

353307

Quote #:

Rates Effective 01/01/2024 through 12/31/2024

Medical plans

Description	Benefits	Enrollment		2023 Rate ¹ w/ 2% Discount	2024 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	2-Person:	1 1 1	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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	2-Person:	0 1 0	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AF) \$1600/\$3200 0% \$0 \$0 ABC Mail EA1, HEQ	2-Person:	1 0 0	\$803.38 \$1,807.61 \$2,249.46	\$861.17 \$1,937.64 \$2,411.26
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	2-Person:	0 0 0	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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	2-Person:	0 0 0	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000		5	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Quote #: 353307 MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 946S - Maintenance Technician

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 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	\$39.92 \$70.19 \$124.49	\$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: 2	\$24.95 \$43.55 \$78.39	\$24.95 \$43.55 \$78.39
Vision Plan Year:	VSP 2 Jan-Dec	Single: 2 2-Person: 3 Family: 2	\$4.77 \$10.22 \$15.40	\$4.77 \$10.22 \$15.40
Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$210,000	7	\$0.09 \$2.70	\$0.11 \$3.30
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$210,000	7	\$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 \$31,893	7	\$0.70 \$30.77	\$0.61 \$27.79



800.292.4910

2024 Rate Renewal Exclusively for **West Bloomfield Schools**

Quote #: 353307

MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Rates Effective 01/01/2024 through 12/31/2024

Total Monthly Rate per Member: Single \$79.06 \$76.68 Total Monthly Rate per Member: 2-Person \$114.78 \$112.40 Total Monthly Rate per Member: Family \$174.26 \$171.88

Totals for Dental - COB

Total Monthly Rate per Member: Single \$64.09 \$61.71 Total Monthly Rate per Member: 2-Person \$88.14 \$85.76 Total Monthly Rate per Member: Family \$128.16 \$125.78

COBRA RATES:



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

Quoted Group(s): 946T - CommEd Childcare

Rates Effective 01/01/2024 through 12/31/2024

Quote #: 353307 MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Medical plans

Description	Benefits	Enrollment	2023 Rate¹ w/ 1% Discount	2024 Rate² 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	2-Person:	5 \$826.00 0 \$1,858.52 0 \$2,312.80	\$885.42 \$1,992.21 \$2,479.17
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	2-Person:	9 \$740.49 0 \$1,666.13 0 \$2,073.39	\$793.75 \$1,785.98 \$2,222.53
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	2-Person:	2 \$776.59 0 \$1,747.36 0 \$2,174.46	\$832.45 \$1,873.04 \$2,330.88
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	2-Person:	0 \$726.01 0 \$1,633.54 0 \$2,032.83	\$778.24 \$1,751.04 \$2,179.05
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	2-Person:	2 \$624.09 0 \$1,404.21 0 \$1,747.45	\$668.98 \$1,505.22 \$1,873.15
Basic Term Life with Medical Volume:	\$5,000	1	8 \$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

Your account may be eligible for additional savings through our 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:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Date Created:

Quote #:

MESSA Field Rep: Mark Middlewood 08/07/2023

353307

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 946T - CommEd Childcare

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06327-38			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 9	\$38.53	\$38.53
Annual Max:	\$1,500	2-Person: 0	\$71.16	\$71.16
Orthodontics:	60%	Family: 2	\$135.13	\$135.13
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 2	Single: 10	\$4.77	\$4.77
Plan Year:	Jan-Dec	2-Person: 0	\$10.22	\$10.22
		Family: 2	\$15.40	\$15.40

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

COBRA RATES:



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

MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Quote #:

353307

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 946V - Private Teacher

Medical plans

Description	Benefits	Enrollmen	t	2023 Rate ¹ w/ 2% Discount	2024 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: 2-Person: Family:	1 0 0	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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 1	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 0	\$768.75 \$1,729.71 \$2,152.50	\$824.05 \$1,854.12 \$2,307.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 0	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000		2	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% 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

Rates Effective 01/01/2024 through 12/31/2024

Quote #: 353307 MESSA Field Rep: Mark Middlewood 08/07/2023 Date Created:

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06327-42			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$41.24	\$41.24
Annual Max:	\$1,500	2-Person: 1	\$94.84	\$94.84
Orthodontics:	60%	Family: 1	\$132.89	\$132.89
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 2	Single: 0	\$4.77	\$4.77
Plan Year:	Jan-Dec	2-Person: 1	\$10.22	\$10.22
		Family: 1	\$15.40	\$15.40
Life Insurance				
Volume:	\$1,000			
Total Volume:	\$2,000	2		
Rate/\$1,000:			\$0.09	\$0.11
Composite:			\$0.09	\$0.11
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 Rate per Member: Single			\$46.13	\$46.15

Total Monthly Rate per Member: 2-Person \$105.18 \$105.20 Total Monthly Rate per Member: Family \$148.41 \$148.43

COBRA RATES:



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

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

Quote #:

Date Created:

353307

08/07/2023

MESSA Field Rep: Mark Middlewood

Rates Effective 01/01/2024 through 12/31/2024

Medical plans

Description	Benefits	Enrollment		2023 Rate ¹ w/ 2% Discount	2024 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	2-Person:	1 1 0	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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	2-Person:	0 1 0	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	2-Person:	0 1 0	\$768.75 \$1,729.71 \$2,152.50	\$824.05 \$1,854.12 \$2,307.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	2-Person:	0 0 0	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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	2-Person:	0 0 0	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000		4	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% 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 #: 353307 MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06327-48			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 1	\$39.00	\$39.00
Annual Max:	\$3,000	2-Person: 3	\$77.48	\$77.48
Orthodontics:	60%	Family: 0	\$159.05	\$159.05
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 1	\$8.47	\$8.47
Plan Year:	Jan-Dec	2-Person: 3	\$18.19	\$18.19
		Family: 0	\$27.37	\$27.37
Life Insurance				
Volume:	\$50,000			
Total Volume:	\$200,000	4		
Rate/\$1,000:			\$0.09	\$0.11
Composite:			\$4.50	\$5.50
AD&D Coverage				
Volume:	\$50,000			
Total Volume:	\$200,000	4		
Rate/\$1,000:			\$0.03	\$0.03
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:	\$21,260	4	00.5	.
Rate/\$100:			\$0.54	\$0.44
Composite:			\$28.63	\$23.39
	Total Monthly Rat	e per Member: Single	\$82.10	\$77.86

Total Monthly Rate per Member: Single \$82.10 \$77.86 Total Monthly Rate per Member: 2-Person \$130.30 \$126.06 Total Monthly Rate per Member: Family \$221.05 \$216.81

COBRA RATES:



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

Quoted Group(s): 946Z - Superintendent

Quote #: 353307 MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Medical plans

Description	Benefits	Enrollment	t	2023 Rate ¹ w/ 2% Discount	2024 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: 2-Person: Family:	0 0 0	\$817.66 \$1,839.75 \$2,289.44	\$876.48 \$1,972.09 \$2,454.13
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	\$733.01 \$1,649.30 \$2,052.45	\$785.74 \$1,767.94 \$2,200.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 0	\$768.75 \$1,729.71 \$2,152.50	\$824.05 \$1,854.12 \$2,307.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (CD) \$2000/\$4000 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 2-Person: Family:	0 0 1	\$718.67 \$1,617.04 \$2,012.30	\$770.38 \$1,733.35 \$2,157.04
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	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
Basic Term Life with Medical Volume:	\$5,000		1	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Quoted Group(s): 946Z - Superintendent

Quote #: 353307 MESSA Field Rep: Mark Middlewood Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06327-49			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$60.33	\$60.33
Annual Max:	\$3,000	2-Person: 0	\$112.69	\$112.69
Orthodontics:	60%	Family: 1	\$201.96	\$201.96
Lifetime Max:	\$3,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 0	\$8.47	\$8.47
Plan Year:	Jan-Dec	2-Person: 0	\$18.19	\$18.19
		Family: 1	\$27.37	\$27.37
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$5,000	1		
Rate/\$1,000:			\$0.09	\$0.11
Composite:			\$0.45	\$0.55
AD&D Coverage				
Volume:	\$5,000			
Total Volume:	\$5,000	1		
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:			\$0.56	\$0.56
Composite:			\$84.00	\$84.00
Total Monthly Rate per Member: Single		e per Member. Single	\$153.40	\$153.50

Total Monthly Rate per Member: Single \$153.40 \$153.50 Total Monthly Rate per Member: 2-Person \$215.48 \$215.58 Total Monthly Rate per Member: Family \$313.93 \$314.03

COBRA RATES: