



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

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): 946E - Instructional Staff

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.

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

COBRA RATES:

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

The above rates are based on plans and enrollment as of 07/31/2023. 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.



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

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): 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 (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$16,700,000	334	\$0.09 \$4.50	\$0.11 \$5.50
AD&D Coverage (All)* 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).

The above rates are based on plans and enrollment as of 07/31/2023. 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.



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

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

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
<u>Totals for Dental - COB</u>		
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:
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

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): 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
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$16,700,000	334	\$0.09 \$4.50	\$0.11 \$5.50
AD&D Coverage (All)* 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).

The above rates are based on plans and enrollment as of 07/31/2023. 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.



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

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

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
<u>Totals for Dental - COB</u>		
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:

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

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

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 (9Z) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 SRX Mail EA1	Single: 1 2-Person: 1 Family: 2	\$856.20 \$1,926.47 \$2,397.36	\$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	\$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: 3 Family: 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 2-Person: 0 Family: 3	\$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: 1 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	15	\$1.50	\$1.50

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

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

COBRA RATES:

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



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

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

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
Life Insurance 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

The above rates are based on plans and enrollment as of 07/31/2023. 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.



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

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

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
<u>Totals for Dental - COB</u>		
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:

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

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): 946L - Administrator/TMA

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.

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

COBRA RATES:

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



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

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): 946L - Administrator/TMA

Ancillary plans

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

Total Monthly Rate per Member: Single	\$83.46	\$83.12
Total Monthly Rate per Member: 2-Person	\$130.90	\$130.56
Total Monthly Rate per Member: Family	\$221.76	\$221.42

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

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): 946M - Admin Supv, Exec, Admin Asst

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: 0 Family: 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: 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 (CX) \$1600/\$3200 0% \$0 \$0 3Tier EA1, HEQ	Single: 1 2-Person: 0 Family: 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: 0 2-Person: 1 Family: 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: 1 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	5	\$1.50	\$1.50

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

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

COBRA RATES:

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



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

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): 946M - Admin Supv, Exec, Admin Asst

Ancillary plans

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

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

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

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): 946N - Paraprofessional

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: 5 2-Person: 8 Family: 10	\$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: 1 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: 5 2-Person: 0 Family: 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: 0 2-Person: 3 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: 4 2-Person: 1 Family: 1	\$617.78 \$1,390.03 \$1,729.80	\$662.22 \$1,490.02 \$1,854.23
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.

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

COBRA RATES:

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



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

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): 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
Life Insurance 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

The above rates are based on plans and enrollment as of 07/31/2023. 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.



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

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

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
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$46.03	\$45.86
Total Monthly Rate per Member: 2-Person	\$77.97	\$77.80
Total Monthly Rate per Member: Family	\$135.79	\$135.62

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

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): 946Q - Board Members

Medical plans

Description	Benefits	Enrollment	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: 0 2-Person: 0 Family: 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: 0 2-Person: 0 Family: 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: 0 2-Person: 0 Family: 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: 0 2-Person: 0 Family: 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: 0 2-Person: 0 Family: 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.

²Medical Rate includes 1.336% 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:

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

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): 946R - Central Office Administrators

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: 1 2-Person: 0 Family: 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: 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: 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: 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	4	\$1.50	\$1.50

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

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

COBRA RATES:

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



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

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): 946R - Central Office Administrators

Ancillary plans

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

Total Monthly Rate per Member: Single	\$105.17	\$100.67
Total Monthly Rate per Member: 2-Person	\$151.69	\$147.19
Total Monthly Rate per Member: Family	\$231.63	\$227.13

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

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): 946S - Maintenance Technician

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: 1 2-Person: 1 Family: 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	Single: 0 2-Person: 1 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 (AF) \$1600/\$3200 0% \$0 \$0 ABC Mail EA1, HEQ	Single: 1 2-Person: 0 Family: 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	Single: 0 2-Person: 0 Family: 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: 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	5	\$1.50	\$1.50

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

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

COBRA RATES:

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



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

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): 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
Life Insurance 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



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

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

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
<u>Totals for Dental - COB</u>		
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:
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

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): 946T - CommEd Childcare

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 1% Discount	2024 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 5 2-Person: 0 Family: 0	\$826.00 \$1,858.52 \$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	Single: 9 2-Person: 0 Family: 0	\$740.49 \$1,666.13 \$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	Single: 2 2-Person: 0 Family: 0	\$776.59 \$1,747.36 \$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	Single: 0 2-Person: 0 Family: 0	\$726.01 \$1,633.54 \$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	Single: 2 2-Person: 0 Family: 0	\$624.09 \$1,404.21 \$1,747.45	\$668.98 \$1,505.22 \$1,873.15
Basic Term Life with Medical Volume:	\$5,000	18	\$1.50	\$1.50

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

²Medical Rate includes 1.336% 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:

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

**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): 946T - CommEd Childcare

Ancillary plans

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

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

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): 946V - Private Teacher

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: 1 2-Person: 0 Family: 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: 0 2-Person: 0 Family: 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: 0 2-Person: 0 Family: 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: 0 2-Person: 0 Family: 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: 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	2	\$1.50	\$1.50

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

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

COBRA RATES:

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



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

**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): 946V - Private Teacher

Ancillary plans

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

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

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): 946Y - Community Education Supervisor

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: 1 2-Person: 1 Family: 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: 0 2-Person: 1 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: 1 Family: 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: 0 2-Person: 0 Family: 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: 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	4	\$1.50	\$1.50

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

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

COBRA RATES:

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



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

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): 946Y - Community Education Supervisor

Ancillary plans

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

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:

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

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): 946Z - Superintendent

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: 0 Family: 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: 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: 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: 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	1	\$1.50	\$1.50

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

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

COBRA RATES:

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



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

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): 946Z - Superintendent

Ancillary plans

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

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