

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

2022 Rate Renewal Exclusively for **Berrien Springs Public Schools**

Quote #: 349027 MESSA Field Rep: Jacqueline Mast 08/16/2021 Date Created:

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

Quoted Group(s): 372A - Teacher

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 24 2-Person: 14 Family: 43	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8M) \$1000/\$2000 10% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 5 2-Person: 4 Family: 6	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 8 2-Person: 3 Family: 17	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 4 2-Person: 3 Family: 6	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$1,415.41
Basic Term Life with Medical Volume:	\$5,000	137	\$1.50	\$1.50

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

COBRA RATES:

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



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MESSA Field Rep: Jacqueline Mast Date Created: 08/16/2021

Quote #:

349027

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

Quoted Group(s): 372A - Teacher

Ancillary plans with medical - 137 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00323-01			
Diag & Prev:	50%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 36	\$13.05	\$14.40
Annual Max:	\$1,000	2-Person: 28	\$24.66	\$27.62
Orthodontics:	50%	Family: 73	\$45.31	\$52.59
Lifetime Max:	\$500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (AII)*	VSP 2	Single: 44	\$5.66	\$5.39
Plan Year:	Jul-Jun	2-Person: 41	\$12.15	\$11.54
		Family: 98	\$18.28	\$17.37
Life Insurance (AII)*				
Volume:	\$10,000			
Total Volume:	\$1,830,000	183		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$1.20	\$1.30
AD&D Coverage (All)*				
Volume:	\$10,000			
Total Volume:	\$1,830,000	183		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.30	\$0.30
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$5,000			
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
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:	\$817,883	183		
Rate/\$100:			\$0.37	\$0.33
Composite:			\$15.68	\$14.75
Total Monthly Rate per Member: Single			\$35.89	\$36.14

Total Monthly Rate per Member: Single \$55.51 Total Monthly Rate per Member: 2-Person \$53.99 Total Monthly Rate per Member: Family \$80.77 \$86.31

COBRA RATES:

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



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Quote #: 349027 MESSA Field Rep: Jacqueline Mast 08/16/2021 Date Created:

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

Quoted Group(s): 372A - Teacher

Ancillary plans without medical - 46 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00323-02			
Diag & Prev:	75%			
Basic Services:	75% (X-Rays)			
Major Services:	50%	Single: 8	\$22.60	\$25.21
Annual Max:	\$1,000	2-Person: 13	\$42.18	\$47.14
Orthodontics:	50%	Family: 25	\$77.68	\$87.93
Lifetime Max:	\$500			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 2	Single: 44	\$5.66	\$5.39
Plan Year:	Jul-Jun	2-Person: 41	\$12.15	\$11.54
		Family: 98	\$18.28	\$17.37
Life Insurance (AII)*				
Volume:	\$10,000			
Total Volume:	\$1,830,000	183		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$1.20	\$1.30
AD&D Coverage (All)*				
Volume:	\$10,000			
Total Volume:	\$1,830,000	183		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.30	\$0.30
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$5,000			
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
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:	\$817,883	183		
Rate/\$100:			\$0.37	\$0.33
Composite:			\$15.68	\$14.75
Total Monthly Rate per Member: Single			\$45.44	\$46.95

Total Monthly Rate per Member: 2-Person \$71.51 \$75.03 Total Monthly Rate per Member: Family \$113.14 \$121.65

COBRA RATES:

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

Quote #: 349027 MESSA Field Rep: Jacqueline Mast 08/16/2021 Date Created:

Quoted Group(s): 372C - Administration

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 6 2-Person: 6 Family: 13	\$1,654.68	\$775.20 \$1,744.20 \$2,170.56
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8M) \$1000/\$2000 10% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 2 Family: 7	\$1,404.81	\$658.13 \$1,480.80 \$1,842.77
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 2 Family: 8	\$1,435.03	\$665.57 \$1,497.53 \$1,863.59
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 1 2-Person: 0 Family: 2	\$1,079.01	\$505.51 \$1,137.38 \$1,415.41
Basic Term Life with Medical Volume:	\$5,000	52	\$1.50	\$1.50

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

COBRA RATES:

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Quoted Group(s): 372C - Administration

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

MESSA Field Rep: Jacqueline Mast Date Created: 08/16/2021

349027

Quote #:

Ancillary plans with medical - 52 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00323-11			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 12	\$26.49	\$28.58
Annual Max:	\$1,000	2-Person: 11	\$50.46	\$54.55
Orthodontics:	50%	Family: 29	\$95.08	\$101.54
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 3	Single: 14	\$7.59	\$7.22
Plan Year:	Jul-Jun	2-Person: 15	\$16.30	\$15.49
		Family: 41	\$24.52	\$23.30
Life Insurance (AII)*				
Volume:	3X Salary (Max of \$225,000)			
Total Volume:	\$13,056,000	70		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$21.92	\$24.25
AD&D Coverage (All)*				
Volume:	3X Salary (Max of \$225,000)			
Total Volume:	\$13,056,000	70		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$5.48	\$5.60
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$4,500			
Max Monthly Salary:	\$6,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	3 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$375,034	70		
Rate/\$100:			\$0.48	\$0.43
Composite:			\$25.07	\$23.04
	Total Monthly Rate	per Member: Single	\$86.55	\$88.69

Total Monthly Rate per Member: Single \$86.55 \$88.69 Total Monthly Rate per Member: 2-Person \$119.23 \$122.93 Total Monthly Rate per Member: Family \$172.07 \$177.73

COBRA RATES:

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



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

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

Quoted Group(s): 372C - Administration

Ancillary plans without medical - 18 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00323-12			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 2	\$26.80	\$29.43
Annual Max:	\$1,000	2-Person: 4	\$50.41	\$55.74
Orthodontics:	50%	Family: 12	\$94.69	\$102.93
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 3	Single: 14	\$7.59	\$7.22
Plan Year:	Jul-Jun	2-Person: 15	\$16.30	\$15.49
		Family: 41	\$24.52	\$23.30
Life Insurance (AII)*				
Volume:	3X Salary (Max of \$225,000)			
Total Volume:	\$13,056,000	70		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$21.92	\$24.25
AD&D Coverage (All)*				
Volume:	3X Salary (Max of \$225,000)			
Total Volume:	\$13,056,000	70		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$5.48	\$5.60
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$4,500			
Max Monthly Salary:	\$6,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	3 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$375,034	70		
Rate/\$100:			\$0.48	\$0.43
Composite:			\$25.07	\$23.04
	Total Monthly Rate per Member: Single			\$89.54

Total Monthly Rate per Member: 2-Person \$119.18 \$124.12 Total Monthly Rate per Member: Family \$171.68 \$179.12

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08/16/2021

MESSA Field Rep: Jacqueline Mast

COBRA RATES:

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



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

Quoted Group(s): 372D - FT Maint, Parapro, & Secretary

Quote #: 349027 MESSA Field Rep: Jacqueline Mast 08/16/2021 Date Created:

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

Medical plans

Description	Benefits	Enrollment	Enrollment		2022 Rate ² w/ 2% Discount
Plan	MESSA Choices (7B)				
IN Deductible:	\$500/\$1000				
IN Coinsurance:	0%	Single:	7	\$735.41	\$775.20
OL/OV/SV Copay:	\$5/\$5/\$5	2-Person:	3	\$1,654.68	\$1,744.20
UC/ER Copay:	\$10/\$25	Family:	3	\$2,059.17	\$2,170.56
Rx Coverage:	Saver Rx	•			
Riders:	None				
Plan	MESSA Choices (8M)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	10%	Single:	1	\$624.36	\$658.13
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	1	\$1,404.81	\$1,480.80
UC/ER Copay:	\$25/\$50	Family:	1	\$1,748.21	\$1,842.77
Rx Coverage:	Saver Rx	•			
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1400/\$2800				
IN Coinsurance:	0%	Single:	1	\$637.78	\$665.57
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,435.03	\$1,497.53
UC/ER Copay:	\$0	Family:	0	\$1,785.80	\$1,863.59
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Plan	Essentials by MESSA (EA)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	4	\$479.56	\$505.51
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,079.01	\$1,137.38
UC/ER Copay:	\$50/\$200	Family:	0	\$1,342.77	\$1,415.41
Rx Coverage:	EbM			·	
Riders:	None				
Basic Term Life with Medical					
Volume:	\$5,000	2	21	\$1.50	\$1.50

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

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Quote #: 349027 MESSA Field Rep: Jacqueline Mast Date Created: 08/16/2021

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

Quoted Group(s): 372D - FT Maint, Parapro, & Secretary

Ancillary plans with medical - 21 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00323-09			
Diag & Prev:	50%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 13	\$16.29	\$17.44
Annual Max:	\$1,000	2-Person: 6	\$31.32	\$35.50
Orthodontics:	50%	Family: 2	\$58.92	\$65.77
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 2	Single: 17	\$5.66	\$5.39
Plan Year:	Jul-Jun	2-Person: 7	\$12.15	\$11.54
		Family: 4	\$18.28	\$17.37
Life Insurance (AII)*				
Volume:	\$7,500			
Total Volume:	\$210,000	28		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$0.90	\$0.98
AD&D Coverage (All)*				
Volume:	\$7,500			
Total Volume:	\$210,000	28		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.23	\$0.23
LTD Benefit (AII)*				
Benefit:	60% Max \$3,000			
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
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:	\$81,683	28		
Rate/\$100:			\$0.56	\$0.49
Composite:			\$14.86	\$14.29
	Total Monthly Rat	e per Member: Single	\$37.94	\$38.33

Total Monthly Rate per Member: Single \$37.94 \$38.33
Total Monthly Rate per Member: 2-Person \$59.46 \$62.54
Total Monthly Rate per Member: Family \$93.19 \$98.64

COBRA RATES:

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



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

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

Quoted Group(s): 372D - FT Maint, Parapro, & Secretary

Ancillary plans without medical - 7 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00323-10			
Diag & Prev:	50%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 4	\$15.80	\$14.97
Annual Max:	\$1,000	2-Person: 1	\$29.80	\$30.14
Orthodontics:	50%	Family: 2	\$56.78	\$58.00
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 2	Single: 17	\$5.66	\$5.39
Plan Year:	Jul-Jun	2-Person: 7	\$12.15	\$11.54
		Family: 4	\$18.28	\$17.37
Life Insurance (AII)*				
Volume:	\$7,500			
Total Volume:	\$210,000	28		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$0.90	\$0.98
AD&D Coverage (All)*				
Volume:	\$7,500			
Total Volume:	\$210,000	28		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.23	\$0.23
LTD Benefit (AII)*				
Benefit:	60% Max \$3,000			
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
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:	\$81,683	28		
Rate/\$100:			\$0.56	\$0.49
Composite:			\$14.86	\$14.29
	Total Monthly Rat	e per Member: Single	\$37.45	\$35.86

\$57.18 Total Monthly Rate per Member: 2-Person \$57.94 Total Monthly Rate per Member: Family \$91.05 \$90.87

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08/16/2021

MESSA Field Rep: Jacqueline Mast

COBRA RATES:

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

Quote #:

349027 MESSA Field Rep: Jacqueline Mast

08/16/2021 Date Created:

Quoted Group(s): 372H - Food Service Mechanic Support

Medical plans

Description	Benefits	Enrollme	nt	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 2-Person: Family:	1 1 0	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8M) \$1000/\$2000 10% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 0 0	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1400/\$2800 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 2-Person: Family:	0 0 0	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$1,415.41
Basic Term Life with Medical Volume:	\$5,000		2	\$1.50	\$1.50

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

COBRA RATES:

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



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Date Created:

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

Quoted Group(s): 372H - Food Service Mechanic Support

Ancillary plans with medical - 2 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00323-13			
Diag & Prev:	50%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 1	\$15.62	\$15.86
Annual Max:	\$1,000	2-Person: 1	\$30.94	\$29.92
Orthodontics:	50%	Family: 0	\$58.09	\$58.60
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (AII)*	VSP 2	Single: 2	\$5.66	\$5.39
Plan Year:	Jul-Jun	2-Person: 2	\$12.15	\$11.54
		Family: 5	\$18.28	\$17.37
Life Insurance (AII)*				
Volume:	\$12,500			
Total Volume:	\$112,500	9		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$1.50	\$1.63
AD&D Coverage (All)*				
Volume:	\$12,500			
Total Volume:	\$112,500	9		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.38	\$0.38
LTD Benefit (All)*				
Benefit:	60% Max \$3,000			
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
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:	\$21,570	9		
Rate/\$100:			\$1.15	\$1.18
Composite:			\$27.75	\$28.28
	Total Monthly Rat	e per Member: Single	\$50.91	\$51.54

Total Monthly Rate per Member: Single \$71.75 Total Monthly Rate per Member: 2-Person \$72.72 Total Monthly Rate per Member: Family \$106.00 \$106.26

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08/16/2021

MESSA Field Rep: Jacqueline Mast

COBRA RATES:

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

Quote #:

Date Created:

\$70.72

\$104.03

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08/16/2021

MESSA Field Rep: Jacqueline Mast

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

Quoted Group(s): 372H - Food Service Mechanic Support

Ancillary plans without medical - 7 members

Description	Description Benefits Enrollment		2021 Rate	2022 Rate
Dental	00323-14			
Diag & Prev:	50%			
Basic Services:	50% (X-Rays)			
Major Services:	50%	Single: 1	\$14.82	\$16.02
Annual Max:	\$1,000	2-Person: 1	\$28.94	\$29.89
Orthodontics:	50%	Family: 5	\$56.12	\$56.38
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 2	Single: 2	\$5.66	\$5.39
Plan Year:	Jul-Jun	2-Person: 2	\$12.15	\$11.54
		Family: 5	\$18.28	\$17.37
Life Insurance (All)*				
Volume:	\$12,500			
Total Volume:	\$112,500	9		
Rate/\$1,000:			\$0.12	\$0.13
Composite:			\$1.50	\$1.63
AD&D Coverage (All)*				
Volume:	\$12,500			
Total Volume:	\$112,500	9		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.38	\$0.38
LTD Benefit (AII)*				
Benefit:	60% Max \$3,000			
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
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:	\$21,570	9		
Rate/\$100:			\$1.15	\$1.18
Composite:			\$27.75	\$28.28
	Total Monthly Rat	te per Member: Single	\$50.11	\$51.70

Total Monthly Rate per Member: 2-Person

Total Monthly Rate per Member: Family **COBRA RATES:**

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

\$71.72

\$104.04



Quote #: 349027 MESSA Field Rep: Jacqueline Mast 08/16/2021 Date Created:

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

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

Quoted Group(s): 372J - ACA Eligible Employees

Medical plans

Description	Benefits	Enrollme	ent	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 2-Person: Family:	7 0 0	\$489.35 \$1,101.04 \$1,370.18	\$515.82 \$1,160.59 \$1,444.30
Basic Term Life with Medical Volume:	\$5,000		7	\$1.50	\$1.50

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

COBRA RATES:

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