

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

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

### Quoted Group(s): 484AC - Admin & NonUn Emps, Teachers

### **Medical plans**

Description	Benefits	Enrollment	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (5B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 \$10/\$20 EA1	Single: 2 2-Person: 3 Family: 9	\$813.93 \$1,831.36 \$2,278.99	\$884.57 \$1,990.30 \$2,476.81
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1500/\$3000 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 2 2-Person: 3 Family: 18	\$654.10 \$1,471.75 \$1,831.49	\$710.87 \$1,599.49 \$1,990.46
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$496.82 \$1,117.86 \$1,391.10	\$539.94 \$1,214.88 \$1,511.84
Basic Term Life with Medical Volume:	\$5,000	37	\$1.50	\$1.50

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

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

#### COBRA RATES:



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

### Quoted Group(s): 484AC - Admin & NonUn Emps, Teachers

### **Ancillary plans**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00987-13, 15 100% (X-Rays) 80% \$2,000 80% UCR 2 Cleanings, Adult Ortho, Sealants Jan-Dec	Single: 6 2-Person: 7 Family: 27	\$40.18 \$76.59 \$159.41	\$41.09 \$78.89 \$163.04
<b>Vision</b> Plan Year:	VSP 2 S Jan-Dec	Single: 6 2-Person: 7 Family: 27	\$6.05 \$12.95 \$19.51	\$5.47 \$11.71 \$17.64
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,200,000	40	\$0.17 \$5.10	\$0.16 \$4.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,200,000	40	\$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:	60% Max \$5,000 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$210,508	40	\$0.37 \$20.37	\$0.38 \$20.00
Total Monthly Rate per Member: S Total Monthly Rate per Member: 2 Total Monthly Rate per Member: F			\$72.60 \$115.91 \$205.29	\$72.26 \$116.30 \$206.38

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

### Quoted Group(s): 484B - Support Staff

### **Medical plans**

Description	Benefits	Enrollme	ent	2022 Rate <sup>1</sup> w/ 2% Discount	2023 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible:	MESSA Choices (5B) \$500/\$1000	Cingles	4	f040.00	
IN Coinsurance:		Single:	1	\$813.93	\$884.57
OL/OV/SV Copay:	\$5/\$5/\$5	2-Person:	0 0	\$1,831.36	\$1,990.30
UC/ER Copay:	\$10/\$25 \$10/\$20	Family:	0	\$2,278.99	\$2,476.81
Rx Coverage: Riders:	EA1				
Plan	MESSA ABC Plan 1 (7U)				
IN Deductible:	\$1500/\$3000	Cinala	7	¢054.40	¢740.07
IN Coinsurance:	0%	Single:	7	\$654.10	\$710.87
OL/OV/SV Copay:	\$0	2-Person:	1	\$1,471.75	\$1,599.49
UC/ER Copay:	\$0 ABC Rx	Family:	4	\$1,831.49	\$1,990.46
Rx Coverage: Riders:	EA1, HEQ				
Plan IN Deductible:	Essentials by MESSA (EB) \$375/\$750				
IN Coinsurance:	20%	Single:	2	\$496.82	\$539.94
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,117.86	\$1,214.88
UC/ER Copay:	\$50/\$200	Family:	0	\$1,391.10	\$1,511.84
Rx Coverage:	EbM				
Riders:	EA1				
Basic Term Life with Medical					
Volume:	\$5,000		15	\$1.50	\$1.50

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

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

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### Quoted Group(s): 484B - Support Staff

### **Ancillary plans**

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	00987-05			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 9	\$35.45	\$38.41
Annual Max:	\$1,000	2-Person: 2	\$69.33	\$77.88
Orthodontics:	80%	Family: 9	\$153.30	\$158.84
Lifetime Max:	UCR			
Riders:	2 Cleanings, Adult Ortho, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 9	\$6.05	\$5.47
Plan Year:	Jan-Dec	2-Person: 2	\$12.95	\$11.71
		Family: 9	\$19.51	\$17.64
Life Insurance				
Volume:	\$30,000			
Total Volume:	\$600,000	20		
Rate/\$1,000:			\$0.17	\$0.16
Composite:			\$5.10	\$4.80
AD&D Coverage				
Volume:	\$30,000			
Total Volume:	\$600,000	20		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
LTD Benefit				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
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:	\$44,386	20		
Rate/\$100:	. ,		\$1.10	\$0.94
Composite:			\$22.69	\$20.86
	Total Monthly Rate per Member: Single		\$70.19	\$70.44
Total Monthly Rate per Mo			\$110.97	\$116.15
		Total Monthly Rate per Member: Family		\$203.04

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