

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

Quote #: 351204 MESSA Field Rep: Viola Collin 08/10/2022 Date Created:

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

Quoted Group(s): 353A - Administrator

Medical plans

Description	Benefits	Enrollme	nt	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan IN Deductible:	MESSA Choices (7F)				
IN Coinsurance:	\$500/\$1000 0%	Single:	0	\$727.49	\$743.27
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	3	\$1,636.83	\$1,672.35
UC/ER Copay:	\$25/\$50	Family:	1	\$2,036.95	\$2,081.15
Rx Coverage:	Saver Rx			+ =,000.00	
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	0	\$643.00	\$656.95
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,446.74	\$1,478.14
UC/ER Copay:	\$0	Family:	0	\$1,800.39	\$1,839.47
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		4	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.335% for federal and state taxes and fees.



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

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

Quoted Group(s): 353A - Administrator

Ancillary plans with medical - 4 members

Plan Year: Jan-Dec 2-Person: 3 \$20.52 Family: 1 \$30.89	2023 Rate	2022 Rate	Enrollment	Benefits	Description
Basic Services: 80% (X-Rays) 80% (X-Rays) 80% (X-Rays) 80% Single: 0 \$31.94				00621-07	Dental
Major Services: 80% Single: 0 \$31.94 Annual Max: \$1,500 2-Person: 3 \$67.15 Orthodontics: 80% Family: 1 \$134.07 Lifetime Max: \$2,900 Family: 1 \$134.07 Riders: 2 Cleanings Jan-Dec Plan Year: 0 \$9.55 Plan Year: Jan-Dec 2-Person: 3 \$20.52 Family: 1 \$30.89 \$30.89 Life Insurance (All)* 1X Salary (Max of \$225,000) 4 \$30.89 Life Insurance (All)* 1X Salary (Max of \$225,000) 4 \$0.11 Yolume: 1X Salary (Max of \$225,000) 4 \$0.11 Composite: 1X Salary (Max of \$225,000) 4 \$0.03 ADAD Coverage (All)* 1X Salary (Max of \$225,000) 4 \$0.03 Yolume: 1X Salary (Max of \$225,000) 4 \$0.03 Rate/\$1,000: \$0.00 \$0.03 \$0.03 Composite: 1X Salary (Max of \$225,000) \$0.03 \$0.03 LTD Benefit (All)* \$0.00 \$0.03 \$1.94 LTD Benefit (All)* \$0.00 \$0.00 \$0.00 \$0.00 Max Monthly Salary: \$0.00 \$0.0				80%	Diag & Prev:
Annual Max: \$1,500				80% (X-Rays)	
Orthodontics: 80% Family: 1 \$134.07 Lifetime Max: \$2,900 \$2.900 \$2.900 Riders: 2 Cleanings Jan-Dec \$9.55 Vision (AII)* VSP 3 Plus 200CL Single: 0 \$9.55 Plan Year: Jan-Dec 2-Person: 3 \$20.52 Family: 1 \$30.89 Life Insurance (AII)* 1 \$30.89 Volume: 1X Salary (Max of \$225,000) 4 Total Volume: \$204,000 4 Rate/\$1,000: \$204,000 4 Volume: 1X Salary (Max of \$225,000) Total Volume: \$204,000 4 Rate/\$1,000: \$204,000 4 Rate/\$1,000: \$0.03 Composite: \$0.03 LTD Benefit (AII)* 60% Max \$5,000 Max Monthly Salary: \$8,333 Waiting Period: 90 CDMF Alcohol/Drug: 2 Year Limitation Soc. Sec. Offset: Family Own-Occupation: 2	\$32.61				
Lifetime Max: Riders: Plan Year: Vision (All)* Plan Year: Visp 3 Plus 200CL Jan-Dec Vision (All)* Plan Year: Jan-Dec Life Insurance (All)* Volume: Total Volume: Total Volume: Total Volume: 1 X Salary (Max of \$225,000) Rate/\$51,000: Composite: ABAC Coverage (All)* Volume: 1 X Salary (Max of \$225,000)	\$68.56	*			Annual Max:
Riders: 2 Cleanings Jan-Dec	\$136.89	\$134.07	Family: 1	1	
Plan Year: Jan-Dec					
Vision (All)*					
Plan Year: Jan-Dec 2-Person: 3 \$20.52 Family: 1 \$30.89				Jan-Dec	Plan Year:
Life Insurance (All)* Volume: 1X Salary (Max of \$225,000)	\$8.64	\$9.55	Single: 0	VSP 3 Plus 200CL	Vision (All)*
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite: AD&D Coverage (All)* Volume: 1X Salary (Max of \$225,000) AD&D Coverage (All)* Volume: 1X Salary (Max of \$225,000) Total Volume: 1X Salary (Max of \$225,000) Total Volume: \$204,000 4 Rate/\$1,000: Composite: LTD Benefit (All)* Benefit: 60% Max \$5,000 Max Monthly Salary: Waiting Period: Alcohol/Drug: Alcohol/Drug: Alcohol/Drug: 2 Year Limitation 2 Year Limitation Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Rate/\$100: \$0.11 \$0.11 \$0.11 \$0.11 \$0.11 \$0.01 \$0.01 \$0.03 \$0	\$18.55	\$20.52	2-Person: 3	Jan-Dec	Plan Year:
Total Volume: Rate/\$1,000: Composite: ### Volume: Total Volume: Total Volume: 1X Salary (Max of \$225,000) *## Volume: Total Volume: \$204,000 ### Page	\$27.93	\$30.89	Family: 1		
Volume: 1X Salary (Max of \$225,000) 4 Total Volume: \$204,000 4 Rate/\$1,000: \$0.11 Composite: 1X Salary (Max of \$225,000) Yolume: 1X Salary (Max of \$225,000) Total Volume: \$204,000 4 Rate/\$1,000: \$0.03 Composite: \$0.03 LTD Benefit (All)* 60% Max \$5,000 Max Monthly Salary: \$8,333 Waiting Period: 90 CDMF Alcohol/Drug: 2 Year Limitation Alcohol/Drug: 2 Year Limitation Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$16,536 Rate/\$100: \$0.58					Life Insurance (AII)*
Rate/\$1,000: \$0.11 Composite: \$7.12 AD&D Coverage (AII)* 1X Salary (Max of \$225,000) Yolume: 1X Salary (Max of \$225,000) Total Volume: \$0.03 Rate/\$1,000: \$0.03 Composite: \$0.03 LTD Benefit (AII)* 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: \$16,536 Rate/\$100: \$0.58				1X Salary (Max of \$225,000)	
Composite: \$7.12 AD&D Coverage (All)* 1X Salary (Max of \$225,000) Yolume: \$204,000 Rate/\$1,000: \$0.03 Composite: \$0.03 LTD Benefit (All)* 60% Max \$5,000 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: \$16,536 Rate/\$100: \$0.58			4	\$204,000	Total Volume:
AD&D Coverage (All)* Volume:	\$0.12	\$0.11			Rate/\$1,000:
Volume: 1X Salary (Max of \$225,000) Total Volume: \$204,000 Rate/\$1,000: \$0.03 Composite: \$0.03 LTD Benefit (All)* \$1.94 Benefit: 60% Max \$5,000 Max Monthly Salary: \$8,333 Waiting Period: 90 CDMF Alcohol/Drug: 2 Year Limitation Alcohol/Drug: 2 Year Limitation Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$16,536 Rate/\$100: \$0.58	\$6.12	\$7.12			Composite:
Total Volume: Rate/\$1,000: Composite: LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: \$204,000 \$0.00 \$0					AD&D Coverage (All)*
Rate/\$1,000: \$0.03 Composite: \$1.94 LTD Benefit (All)* \$1.94 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: \$16,536 Rate/\$100: \$0.58				1X Salary (Max of \$225,000)	Volume:
Composite: LTD Benefit (AII)* 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: \$16,536 Rate/\$100: \$0.58			4	\$204,000	Total Volume:
LTD Benefit (All)* 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: \$16,536 4 Rate/\$100: \$0.58	\$0.03	*			
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: \$16,536 Rate/\$100: \$0.58	\$1.53	\$1.94			Composite:
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: \$16,536 Rate/\$100: \$0.58					LTD Benefit (All)*
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: \$16,536 Rate/\$100: \$0.58					
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: \$16,536 Rate/\$100: \$0.58					
Mental/Nervous: 2 Year Limitation Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$16,536 Rate/\$100: \$0.58					
Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$16,536 Rate/\$100: \$0.58					
Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$16,536 Rate/\$100: \$0.58					
Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$16,536 Rate/\$100: \$0.58					
COLA: No SS Freeze: Yes Volume: \$16,536 Rate/\$100: \$0.58					
SS Freeze: Yes Volume: \$16,536 4 Rate/\$100: \$0.58					
Volume: \$16,536 4 Rate/\$100: \$0.58					
Rate/\$100: \$0.58			,	I	
	фc — с	# 0.50	4	\$16,536	
Composite: \$30.66	\$0.76				
	\$31.42	\$30.66			Composite:

Total Monthly Rate per Member: 2-Person \$127.39 \$126.18 Total Monthly Rate per Member: Family \$204.68 \$203.89

Quote #:

Date Created:

351204

08/10/2022

MESSA Field Rep: Viola Collin

COBRA RATES:

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



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

MESSA Field Rep: Viola Collin 08/10/2022 Date Created:

351204

Quote #:

Quoted Group(s): 353A - Administrator

Ancillary plans without medical - 0 members

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	00621-08			
Diag & Prev:	100%			
Basic Services:	90% (X-Rays)			
Major Services:	90%	Single: 0	\$34.02	\$34.73
Annual Max:	\$1,500	2-Person: 0	\$64.89	\$66.25
Orthodontics:	90%	Family: 0	\$135.38	\$138.23
Lifetime Max:	\$3,200			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (AII)*	VSP 3 Plus 200CL	Single: 0	\$9.55	\$8.64
Plan Year:	Jan-Dec	2-Person: 3	\$20.52	\$18.55
		Family: 1	\$30.89	\$27.93
Life Insurance (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$204,000	4		
Rate/\$1,000:			\$0.11	\$0.12
Composite:			\$7.12	\$6.12
AD&D Coverage (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$204,000	4		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.94	\$1.53
LTD Benefit (AII)*				
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:	\$16,536	4		
Rate/\$100:			\$0.58	\$0.76
Composite:			\$30.66	\$31.42
Total Monthly Rate per Member: Single		\$83.29	\$82.44	

\$123.87 Total Monthly Rate per Member: 2-Person \$125.13 Total Monthly Rate per Member: Family \$205.99 \$205.23

COBRA RATES:

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



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Quote #: 351204 MESSA Field Rep: Viola Collin 08/10/2022 Date Created:

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

Quoted Group(s): 353B - Support Staff

Medical plans

Description	Benefits	Enrollme	ent	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)				
IN Deductible:	\$500/\$1000	a	_	^	^-
IN Coinsurance:	0%	Single:	2	\$727.49	\$743.27
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,636.83	\$1,672.35
UC/ER Copay:	\$25/\$50	Family:	0	\$2,036.95	\$2,081.15
Rx Coverage:	Saver Rx				
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1500/\$3000				
IN Coinsurance:	0%	Single:	0	\$643.00	\$656.95
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,446.74	\$1,478.14
UC/ER Copay:	\$0	Family:	1	\$1,800.39	\$1,839.47
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		3	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.335% for federal and state taxes and fees.



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Quoted Group(s): 353B - Support Staff

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

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	00621-06			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 12	\$25.80	\$26.99
Annual Max:	\$1,000	2-Person: 3	\$52.50	\$54.56
Orthodontics:	80%	Family: 2	\$98.10	\$104.62
Lifetime Max:	\$1,300			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec Jan-Dec			
Vision	VSP 3	Single: 11	\$7.22	\$6.53
Plan Year:	Jan-Dec	2-Person: 4	\$15.49	\$14.01
		Family: 2	\$23.30	\$21.07
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$85,000	17		
Rate/\$1,000:	, , , , , , , , , , , , , , , , , , ,		\$0.11	\$0.12
Composite:			\$0.55	\$0.60
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:	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:	\$25,545	17		
Rate/\$100:			\$1.14	\$1.14
Composite:			\$22.41	\$17.13
	Total Monthly Rat	\$56.13	\$51.40	

Total Monthly Rate per Member: 2-Person \$91.10 \$86.45 Total Monthly Rate per Member: Family \$144.51 \$143.57

Quote #:

Date Created:

351204

08/10/2022

MESSA Field Rep: Viola Collin

COBRA RATES:



East Lansing, MI 48826-2560

2023 Rate Renewal Exclusively for **Bellaire Public Schools**

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

Quote #:

Date Created:

351204

08/10/2022

MESSA Field Rep: Viola Collin

Quoted Group(s): 353C - Teacher

Medical plans

800.292.4910

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)			
IN Deductible:	\$500/\$1000			
IN Coinsurance:	0%	Single: 1	\$727.49	\$743.27
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 1	\$1,636.83	\$1,672.35
UC/ER Copay:	\$25/\$50	Family: 6	\$2,036.95	\$2,081.15
Rx Coverage:	Saver Rx			
Riders:	None			
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1500/\$3000			
IN Coinsurance:	0%	Single: 1	\$643.00	\$656.95
OL/OV/SV Copay:	\$0	2-Person: 1	\$1,446.74	\$1,478.14
UC/ER Copay:	\$0	Family: 10	\$1,800.39	\$1,839.47
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	20	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.335% for federal and state taxes and fees.



East Lansing, MI 48826-2560

Quoted Group(s): 353C - Teacher

2023 Rate Renewal Exclusively for **Bellaire Public Schools**

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

800.292.4910

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental	00621-09			
Diag & Prev:	100%			
Basic Services:	90% (X-Rays)			
Major Services:	90%	Single: 6	\$33.16	\$33.85
Annual Max:	\$1,500	2-Person: 3	\$69.61	\$71.07
Orthodontics:	90%	Family: 15	\$152.52	\$155.71
Lifetime Max:	\$3,200			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 6	\$9.55	\$8.64
Plan Year:	Jan-Dec	2-Person: 3	\$20.52	\$18.55
		Family: 15	\$30.89	\$27.93
Life Insurance				
Volume:	\$50,000			
Total Volume:	\$1,200,000	24		
Rate/\$1,000:			\$0.11	\$0.12
Composite:			\$5.50	\$6.00
AD&D Coverage				
Volume:	\$50,000			
Total Volume:	\$1,200,000	24		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.50	\$1.50
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:	\$108,944	24		
Rate/\$100:			\$0.37	\$0.37
Composite:			\$17.35	\$16.80
Total Monthly Rate per Member: Single		\$67.06	\$66.79	

Total Monthly Rate per Member: Single \$67.06 \$66.79 Total Monthly Rate per Member: 2-Person \$113.92 \$114.48 Total Monthly Rate per Member: Family \$207.76 \$207.94

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MESSA Field Rep: Viola Collin

COBRA RATES: