

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

Quote #: 353074 MESSA Field Rep: Viola Collin 08/07/2023 Date Created:

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

Quoted Group(s): 353A - Administrator

Medical plans

Description	Benefits	Enrollme	ent	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)				
IN Deductible:	\$500/\$1000				
IN Coinsurance:	0%	Single:	0	\$743.27	\$765.57
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	2	\$1,672.35	\$1,722.52
UC/ER Copay:	\$25/\$50	Family:	1	\$2,081.15	\$2,143.58
Rx Coverage:	Saver Rx				
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1600/\$3200				
IN Coinsurance:	0%	Single:	0	\$656.95	\$676.66
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,478.14	\$1,522.48
UC/ER Copay:	\$0	Family:	1	\$1,839.47	\$1,894.64
Rx Coverage:	ABC Rx				
Riders:	HEQ				
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

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

Quote #: 353074 MESSA Field Rep: Viola Collin 08/07/2023 Date Created:

Quoted Group(s): 353A - Administrator

Ancillary plans with medical - 4 members

Dental 00621-07 Diag & Prev: 80% Basic Services: 80% (X-Rays) Major Services: 80% Annual Max: \$1,500 Orthodontics: 80% Lifetime Max: \$2,900 Riders: 2 Cleanings Plan Year: Jan-Dec Vision (AII)* Volume: Jan-Dec Total Vear: 1X Salary (Max of \$225,000) Volume: 1X Salary (Max of \$225,000) Total Volume: 90 CDMF Rate/\$1,000: \$279,000 Composite: 60% Max \$5,000 Max Monthly Salary: \$8,333 Waiting Period: 90 CDMF Alcohol/Drug: 2 Year Limitation Soc. Sec. Off			2024 Rate
Basic Services:	1		
Major Services: 80% Single Annual Max: \$1,500 2-Pet Orthodontics: 80% Familians \$2,900 Familians Lifetime Max: \$2,900 Yelan Year: 2 Cleanings Jan-Dec Single Allows 3 Jan-Dec Single Allows 4 Jan-Dec 2 Jan-Dec 3 Jan-D	1		
Major Services: 80% Single Annual Max: \$1,500 2-Pet Orthodontics: 80% Familians \$2,900 Familians Riders: 2 Cleanings Jan-Dec Single Allians Vision (AII)* VSP 3 Plus 200CL Single Allians Plan Year: Jan-Dec Single Allians Vision (AII)* VSP 3 Plus 200CL Single Allians Volume: Jan-Dec Familians Life Insurance (AII)* 1X Salary (Max of \$225,000) Volume: 1X Salary (Max of \$225,000) Total Volume: 1X Salary (Max of \$225,000) Salary (Max of \$225,000) 900 Salary (Max of \$225,000) 900 <			
Orthodontics: 80% Famil Lifetime Max: \$2,900 \$2,900 Riders: 2 Cleanings Jan-Dec Vision (All)* VSP 3 Plus 200CL Single 2-Perent Famil Life Insurance (All)* Jan-Dec 2-Perent Famil Life Insurance (All)* 1X Salary (Max of \$225,000) 3279,000 Life Insurance (All)* \$279,000 3279,000 Life Insurance (All)* 3279,000 3279,000 Life Insurance (All)* 3279,000 3279,000 LITE Salary (Max of \$225,000) 3279,000 3279,000 LITE Benefit (All)* 3279,000	e: 0	\$32.61	\$32.61
Lifetime Max: Riders: Plan Year: Vision (AII)* Plan Year: VSP 3 Plus 200CL Jan-Dec Single 2-Perent Fami Life Insurance (AII)* Volume: 1X Salary (Max of \$225,000) Total Volume: Rate/\$1,000: Composite: LTD Benefit (AII)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: CVSP 3 Plus 200CL Single 1X Salary (Max of \$225,000) 1X Salary (Max of \$225,000) 1X Salary (Max of \$225,000) \$279,000 COMPOSITE 1X Salary (Max of \$225,000) \$279,000 2Year Limitation 2 Year Limitation 2 Year Limitation 2 Year Salary Waived No		\$68.56	\$68.56
Riders: Plan Year: 2 Cleanings Jan-Dec Vision (All)* Plan Year: VSP 3 Plus 200CL Jan-Dec Singl 2-Per Fami Life Insurance (All)* Volume: Rate/\$1,000: Composite: 1X Salary (Max of \$225,000) AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite: 1X Salary (Max of \$225,000) LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: 60% Max \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation 2 Years Waived No	ly: 2	\$136.89	\$136.89
Plan Year: Jan-Dec Vision (All)* VSP 3 Plus 200CL Singl 2-Pet Fami Life Insurance (All)* Jan-Dec 2-Pet Fami Life Insurance (All)* 1X Salary (Max of \$225,000) 2-Pet Fami Life Insurance (All)* 1X Salary (Max of \$225,000) 2-Pet Fami AD&D Coverage (All)* 1X Salary (Max of \$225,000) 2-Pet Fami Volume: 1X Salary (Max of \$225,000) 2-Pet Fami Total Volume: \$279,000 2-Pet Fami Rate/\$1,000: \$279,000 2-Pet Fami Composite: 60% Max \$5,000 4-Pet Fami LTD Benefit (All)* 60% Max \$5,000 4-Pet Fami Benefit: 60% Max \$5,000 4-Pet Fami Max Monthly Salary: \$8,333 4-Pet Fami Waiting Period: 90 CDMF 4-Pet Fami Alcohol/Drug: 2 Year Limitation Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No			
Vision (AII)* Plan Year: Jan-Dec VSP 3 Plus 200CL Jan-Dec 2-Pet Fami Life Insurance (AII)* Volume: 1X Salary (Max of \$225,000) S279,000 Rate/\$1,000: Composite: AD&D Coverage (AII)* Volume: 1X Salary (Max of \$225,000) 1X Salary (Max of \$225,000) S279,000 1X Salary (Max of \$225,000) S279,000 S279,000 Composite: LTD Benefit (AII)* Benefit: 60% Max \$5,000 Max Monthly Salary: Waiting Period: Alcohol/Drug: Alcohol/Drug: Alcohol/Drug: Mental/Nervous: S0c. Sec. Offset: Own-Occupation: Pre-Exist Cond.: Vaived COLA: Vaived			
Plan Year: Jan-Dec 2-Per			
Plan Year: Jan-Dec 2-Per	e: 0	\$8.64	\$8.64
Life Insurance (AII)*		\$18.55	\$18.55
Volume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: Composite: AD&D Coverage (All)* 1X Salary (Max of \$225,000) Volume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: Composite: 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		\$27.93	\$27.93
Volume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: Composite: AD&D Coverage (All)* 1X Salary (Max of \$225,000) Volume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: Composite: 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			
Total Volume: Rate/\$1,000: Composite: AD&D Coverage (All)* Volume:			
Composite: IX Salary (Max of \$225,000) Yolume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: Composite: 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	4		
Composite: AD&D Coverage (All)* Volume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: Composite: LTD Benefit (All)* 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		\$0.12	\$0.12
Volume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: 60% Max \$5,000 Composite: 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		\$6.12	\$8.37
Volume: 1X Salary (Max of \$225,000) Total Volume: \$279,000 Rate/\$1,000: 60% Max \$5,000 Composite: 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			
Rate/\$1,000: Composite: LTD Benefit (All)* 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			
Composite: LTD Benefit (All)* 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	4		
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		\$0.03	\$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		\$1.53	\$2.09
Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No			
Waiting Period: Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No			
Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: 2 Year Limitation Family 2 years Waived No			
Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: 2 Year Limitation Family 2 years Waived No			
Soc. Sec. Offset: Family Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No			
Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No			
Pre-Exist Cond.: Waived COLA: No			
COLA: No			
SS Franzo:			
00 116626.			
Volume: \$21,233	4		
Rate/\$100:		\$0.76	\$0.49
Composite:		\$31.42	\$26.01

Total Monthly Rate per Member: 2-Person \$123.58 \$126.18 Total Monthly Rate per Member: Family \$203.89 \$201.29

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 01/01/2024 through 12/31/2024

Quote #: 353074 MESSA Field Rep: Viola Collin 08/07/2023 Date Created:

Quoted Group(s): 353A - Administrator

Ancillary plans without medical - 0 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	00621-08			
Diag & Prev:	100%			
Basic Services:	90% (X-Rays)			
Major Services:	90%	Single: 0	\$34.73	\$34.73
Annual Max:	\$1,500	2-Person: 0	\$66.25	\$66.25
Orthodontics:	90%	Family: 0	\$138.23	\$138.23
Lifetime Max:	\$3,200			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 3 Plus 200CL	Single: 0	\$8.64	\$8.64
Plan Year:	Jan-Dec	2-Person: 2	\$18.55	\$18.55
		Family: 2	\$27.93	\$27.93
Life Insurance (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$279,000	4		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$6.12	\$8.37
AD&D Coverage (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$279,000	4		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.53	\$2.09
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:	\$21,233	4		
Rate/\$100:			\$0.76	\$0.49
Composite:			\$31.42	\$26.01
Total Monthly Rate per Member: Single			\$82.44	\$79.84

Total Monthly Rate per Member: 2-Person \$123.87 \$121.27 Total Monthly Rate per Member: Family \$205.23 \$202.63

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 MESSA Field Rep: Viola Collin Date Created: 08/07/2023

353074

Quote #:

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

Quoted Group(s): 353B - Support Staff

Medical plans

Description	Benefits	Enrollme	nt	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)				
IN Deductible:	\$500/\$1000		_		.
IN Coinsurance:	0%	Single:	2	\$743.27	\$765.57
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	1	\$1,672.35	\$1,722.52
UC/ER Copay:	\$25/\$50	Family:	0	\$2,081.15	\$2,143.58
Rx Coverage:	Saver Rx				
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1600/\$3200				
IN Coinsurance:	0%	Single:	0	\$656.95	\$676.66
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,478.14	\$1,522.48
UC/ER Copay:	\$0	Family:	1	\$1,839.47	\$1,894.64
Rx Coverage:	ABC Rx				
Riders:	HEQ				
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): 353B - Support Staff

Date Created:

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	00621-06			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 12	\$26.99	\$26.99
Annual Max:	\$1,000	2-Person: 3	\$54.56	\$54.56
Orthodontics:	80%	Family: 2	\$104.62	\$104.62
Lifetime Max:	\$1,300			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3	Single: 11	\$6.53	\$6.53
Plan Year:	Jan-Dec	2-Person: 4	\$14.01	\$14.01
		Family: 2	\$21.07	\$21.07
Life Insurance				
Volume:	\$5,000			
Total Volume:	\$85,000	17		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$0.60	\$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:	\$32,021	17		
Rate/\$100:			\$1.14	\$1.02
Composite:			\$17.13	\$19.21
Total Monthly Rate per Member: Single		\$51.40	\$53.48	

Total Monthly Rate per Member: 2-Person \$88.53 \$86.45 Total Monthly Rate per Member: Family \$143.57 \$145.65

Quote #:

353074

08/07/2023

MESSA Field Rep: Viola Collin

COBRA RATES:



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

Quote #:

Date Created:

353074

08/07/2023

MESSA Field Rep: Viola Collin

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

Quoted Group(s): 353C - Teacher

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)			
IN Deductible:	\$500/\$1000			
IN Coinsurance:	0%	Single: 1	\$743.27	\$765.57
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 1	\$1,672.35	\$1,722.52
UC/ER Copay:	\$25/\$50	Family: 8	\$2,081.15	\$2,143.58
Rx Coverage:	Saver Rx			
Riders:	None			
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 2	\$656.95	\$676.66
OL/OV/SV Copay:	\$0	2-Person: 1	\$1,478.14	\$1,522.48
UC/ER Copay:	\$0	Family: 10	\$1,839.47	\$1,894.64
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	23	\$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 #: 353074 MESSA Field Rep: Viola Collin 08/07/2023 Date Created:

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

Quoted Group(s): 353C - Teacher

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	00621-09			
Diag & Prev:	100%			
Basic Services:	90% (X-Rays)			
Major Services:	90%	Single: 4	\$33.85	\$33.85
Annual Max:	\$1,500	2-Person: 3	\$71.07	\$71.07
Orthodontics:	90%	Family: 17	\$155.71	\$155.71
Lifetime Max:	\$3,200			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 4	\$8.64	\$8.64
Plan Year:	Jan-Dec	2-Person: 3	\$18.55	\$18.55
		Family: 17	\$27.93	\$27.93
Life Insurance				
Volume:	\$50,000			
Total Volume:	\$1,200,000	24		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$6.00	\$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:	\$120,205	24		
Rate/\$100:			\$0.37	\$0.33
Composite:			\$16.80	\$16.53
	Total Monthly Dat	e ner Memher: Single	\$66.79	\$66.52

Total Monthly Rate per Member: Single \$66.79 \$66.52 Total Monthly Rate per Member: 2-Person \$113.92 \$113.65 Total Monthly Rate per Member: Family \$207.94 \$207.67

COBRA RATES: