

1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560 800.292.4910 Quote #: 353141 MESSA Field Rep: Viola Collin Date Created: 08/07/2023

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

Quoted Group(s): 486E - Full Time Union Support Staff

#### **Medical plans**

Description	Benefits	Enrollme	ent	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
Plan	MESSA ABC Plan 1 (AE)				
IN Deductible: IN Coinsurance:	\$1600/\$3200 0%	Single:	0	\$575.36	\$600.07
OL/OV/SV Copay:	\$0	2-Person:	2	\$1,294.56	\$1,350.15
UC/ER Copay:	\$0	Family:	2	\$1,611.02	\$1,680.19
Rx Coverage:	ABC Mail	r arriny.	_	Ψ1,011.02	ψ1,000.10
Riders:	HEQ				
Plan	MESSA ABC Plan 1 (AI)				
IN Deductible:	\$1600/\$3200				
IN Coinsurance:	10%	Single:	0	\$535.28	\$558.27
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,204.39	\$1,256.11
UC/ER Copay:	\$0	Family:	1	\$1,498.79	\$1,563.15
Rx Coverage:	ABC Mail				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		5	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.336% for federal and state taxes and fees.



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Quoted Group(s): 486E - Full Time Union Support Staff

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

Quote #:

Date Created:

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08/07/2023

MESSA Field Rep: Viola Collin

### **Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	\$26.26 \$52.03 \$110.19
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00906-06 60% 60% (X-Rays) 60% \$1,500 60% UCR 2 Cleanings, Sealants Jan-Dec	Single: 1 2-Person: 2 Family: 5	\$26.26 \$52.03 \$110.19	
<b>Vision</b> Plan Year:	VSP 3 Plus Jan-Dec	Single: 1 2-Person: 2 Family: 5	\$9.49 \$20.38 \$30.70	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$160,000	8	\$0.10 \$2.00	\$0.11 \$2.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$160,000	8	\$0.03 \$0.60	\$0.03 \$0.60
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 \$5,000 \$7,500 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$25,168	8	\$1.46 \$38.61	\$1.18 \$37.12

Total Monthly Rate per Member: Single\$76.96\$75.67Total Monthly Rate per Member: 2-Person\$113.62\$112.33Total Monthly Rate per Member: Family\$182.10\$180.81

#### **COBRA RATES:**



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

Quoted Group(s): 486G - Teachers

#### Medical plans

Description	Benefits	Enrollment	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay:	MESSA ABC Plan 1 (AE) \$1600/\$3200 0% \$0 \$0	Single: 3 2-Person: 2 Family: 11	\$575.36 \$1,294.56 \$1,611.02	\$600.07 \$1,350.15 \$1,680.19
Rx Coverage: Riders:	ABC Mail HEQ	r drilly.	Ψ1,011.02	ψ1,000.10
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AI) \$1600/\$3200 10% \$0 \$0 ABC Mail HEQ	Single: 1 2-Person: 2 Family: 5	\$535.28 \$1,204.39 \$1,498.79	\$558.27 \$1,256.11 \$1,563.15
Basic Term Life with Medical Volume:	\$5,000	24	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.336% for federal and state taxes and fees.



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Quote #: 353141 MESSA Field Rep: Viola Collin 08/07/2023 Date Created:

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

Quoted Group(s): 486G - Teachers

#### **Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	00906-03			
Diag & Prev:	60%			
Basic Services:	60% (X-Rays)			
Major Services:	60%	Single: 5	\$21.85	\$21.85
Annual Max:	\$1,500	2-Person: 7	\$43.67	\$43.67
Orthodontics:	60%	Family: 19	\$98.72	\$98.72
Lifetime Max:	UCR			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus	Single: 5	\$9.49	\$9.49
Plan Year:	Jan-Dec	2-Person: 7	\$20.38	\$20.38
		Family: 19	\$30.70	\$30.70
Life Insurance				
Volume:	\$25,000			
Total Volume:	\$775,000	31		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$2.50	\$2.75
AD&D Coverage				
Volume:	\$25,000			
Total Volume:	\$775,000	31		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.75	\$0.75
LTD Benefit				
Benefit:	66 2/3% Max \$5,000			
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$137,700	31		
Rate/\$100:			\$0.45	\$0.44
Composite:			\$19.09	\$19.54
	Total Monthly Rate	e per Member: Single	\$53.68	\$54.38

Total Monthly Rate per Member: Single Total Monthly Rate per Member: 2-Person \$87.09 \$86.39 Total Monthly Rate per Member: Family \$151.76 \$152.46

#### **COBRA RATES:**



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

Quoted Group(s): 486P - Principals

#### **Medical plans**

Description	Benefits	Enrollme	nt	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible:	MESSA ABC Plan 1 (AE)				
IN Deductible. IN Coinsurance:	\$1600/\$3200 0%	Single:	0	\$575.36	\$600.07
OL/OV/SV Copay:	\$0	2-Person:	1	\$1,294.56	\$1,350.15
UC/ER Copay:	\$0	Family:	1	\$1,611.02	\$1,680.19
Rx Coverage:	ABC Mail	,		, ,-	, , ,
Riders:	HEQ				
Plan	MESSA ABC Plan 1 (AI)				
IN Deductible:	\$1600/\$3200				
IN Coinsurance:	10%	Single:	0	\$535.28	\$558.27
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,204.39	\$1,256.11
UC/ER Copay:	\$0	Family:	0	\$1,498.79	\$1,563.15
Rx Coverage:	ABC Mail				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		2	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 1.335% for federal and state taxes and fees.

#### **COBRA RATES:**

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

Quoted Group(s): 486P - Principals

#### **Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	00906-17			
Diag & Prev:	60%			
Basic Services:	60% (X-Rays)			
Major Services:	60%	Single: 0	\$20.88	\$20.88
Annual Max:	\$1,500	2-Person: 1	\$44.62	\$44.62
Orthodontics:	60%	Family: 2	\$79.93	\$79.93
Lifetime Max:	UCR			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus	Single: 0	\$9.49	\$9.49
Plan Year:	Jan-Dec	2-Person: 1	\$20.38	\$20.38
		Family: 2	\$30.70	\$30.70
Life Insurance				
Volume:	\$75,000			
Total Volume:	\$225,000	3		
Rate/\$1,000:			\$0.10	\$0.1
Composite:			\$7.50	\$8.25
AD&D Coverage				
Volume:	\$75,000			
Total Volume:	\$225,000	3		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$2.25	\$2.25
LTD Benefit				
Benefit:	66 2/3% Max \$5,000			
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$21,083	3		
Rate/\$100:			\$0.56	\$0.48
Composite:			\$39.37	\$33.73
	Total Monthly Rate	n an Manaham Cinala	\$70.40	\$74.60

Total Monthly Rate per Member: Single \$79.49 \$74.60 Total Monthly Rate per Member: 2-Person \$114.12 \$109.23 Total Monthly Rate per Member: Family \$159.75 \$154.86

#### **COBRA RATES:**



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

# forest Area Community Schools Quote # MESSA Date Cr

Quote #: 353141 MESSA Field Rep: Viola Collin Date Created: 08/07/2023

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

Quoted Group(s): 486Q - Administration

#### Medical plans

Description	Benefits	Enrollme	ent	2023 Rate <sup>1</sup> w/ 2% Discount	2024 Rate <sup>2</sup> w/ 2% Discount
Plan	MESSA ABC Plan 1 (AE)				
IN Deductible:	\$1600/\$3200		•		****
IN Coinsurance:	0%	Single:	0	\$575.36	\$600.07
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,294.56	\$1,350.15
UC/ER Copay:	\$0	Family:	1	\$1,611.02	\$1,680.19
Rx Coverage:	ABC Mail				
Riders:	HEQ				
Plan	MESSA ABC Plan 1 (AI)				
IN Deductible:	\$1600/\$3200				
IN Coinsurance:	10%	Single:	0	\$535.28	\$558.27
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,204.39	\$1,256.11
UC/ER Copay:	\$0	Family:	0	\$1,498.79	\$1,563.15
Rx Coverage:	ABC Mail			, ,	, ,
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		1	\$1.50	\$1.50

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

Quote #: 353141 MESSA Field Rep: Viola Collin 08/07/2023 Date Created:

Quoted Group(s): 486Q - Administration

#### **Ancillary plans**

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	00906-19			
Diag & Prev:	60%			
Basic Services:	60% (X-Rays)			
Major Services:	60%	Single: 0	\$20.09	\$20.09
Annual Max:	\$1,500	2-Person: 0	\$37.89	\$37.89
Orthodontics:	60%	Family: 1	\$98.59	\$98.59
Lifetime Max:	UCR			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus	Single: 0	\$9.49	\$9.49
Plan Year:	Jan-Dec	2-Person: 0	\$20.38	\$20.38
		Family: 1	\$30.70	\$30.70
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$20,000	1		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$2.00	\$2.20
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$20,000	1		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit				
Benefit:	66 2/3% Max \$5,000			
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$4,509	1	40.55	
Rate/\$100:			\$0.89	\$0.83
Composite:			\$38.42	\$37.42
	Total Monthly Rate	e per Member: Single	\$70.60	\$69.80

Total Monthly Rate per Member: Single Total Monthly Rate per Member: 2-Person \$98.49 \$99.29 Total Monthly Rate per Member: Family \$170.31 \$169.51

#### **COBRA RATES:**