

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

346933

MESSA Field Rep: Mark Middlewood

Date Created: 08/03/2020

## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686A - FT Teachers

### **Medical plans**

Description	Benefits	Enrollment	2020 Rate¹ w/ 2% Discount	2021 Rate² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 20 2-Person: 7 Family: 12	7 \$1,572.61	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 5 2-Person: 0 Family: 4	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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: 0 Family: 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 0 Family: 5	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000	65	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.



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Date Created: 08/03/2020

### Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686A - FT Teachers

#### Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders:	06503-02 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants	Single: 5 2-Person: 2 Family: 7	\$37.02 \$69.31 \$133.45	\$37.02 \$69.31 \$133.45
Plan Year:	Jul-Jun			
<b>Vision</b> Plan Year:	VSP 2 S Jul-Jun	Single: 42 2-Person: 9 Family: 28	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,160,000	79	\$0.10 \$4.00	\$0.11 \$4.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,160,000	79	\$0.03 \$1.20	\$0.03 \$1.20
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 \$4,000 \$6,000 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$314,149	79	\$0.44 \$18.18	\$0.45 \$17.89
Composito.	Total Monthly Rat	te per Member: Single te per Member: 2-Person te per Member: Family	\$66.76 \$106.32 \$177.37	\$66.87 \$106.43 \$177.48

COBRA RATES:



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

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Date Created: 08/03/2020

## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686D - FT Admin & Principals

#### Medical plans

Description	Benefits	Enrollment	2020 Rate¹ w/ 2% Discount	2021 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 3 Family: 4	2-Person: 3 \$1,572.61	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 1 Family: 3	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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: 0 2-Person: 1 Family: 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000	13	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

#### COBRA RATES:

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.



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MESSA Field Rep: Mark Middlewood

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## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686D - FT Admin & Principals

### Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06503-03 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 1 2-Person: 5 Family: 7	\$32.52 \$62.08 \$116.93	\$32.5; \$62.08 \$116.9;
<b>Vision</b> Plan Year:	VSP 2 S Jul-Jun	Single: 1 2-Person: 5 Family: 7	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$1,300,000	13	\$0.10 \$10.00	\$0.11 \$11.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$1,300,000	13	\$0.03 \$3.00	\$0.03 \$3.00
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 \$4,000 \$6,000 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$63,569	13	\$0.58 \$27.82	\$0.62 \$30.32
	Total Monthly Rate	e per Member: Single e per Member: 2-Person e per Member: Family	\$79.70 \$116.53 \$178.29	\$83.20 \$120.03 \$181.79

#### **COBRA RATES:**



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

346933

MESSA Field Rep: Mark Middlewood

Date Created:

08/03/2020

## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686D - FT Admin & Principals

## **Ancillary plans without medical**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06503-04			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$34.92	\$34.92
Annual Max:	\$1,000	2-Person: 0	\$65.44	\$65.44
Orthodontics:	80%	Family: 0	\$122.65	\$122.65
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jul-Jun			
Vision	VSP 2 S	Single: 1	\$6.36	\$6.36
Plan Year:	Jul-Jun	2-Person: 5	\$13.63	\$13.63
		Family: 7	\$20.54	\$20.54
Life Insurance				
Volume:	\$100,000			
Total Volume:	\$1,300,000	13		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$10.00	\$11.00
AD&D Coverage				
Volume:	\$100,000			
Total Volume:	\$1,300,000	13		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$3.00	\$3.00
LTD Benefit				
Benefit:	66 2/3% Max \$4,000			
Max Monthly Salary:	\$6,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$63,569	13		
Rate/\$100:			\$0.58	\$0.62
Composite:			\$27.82	\$30.32
	Total Monthly Rat	e per Member: Single	\$82.10	\$85.60
	Total Monthly Rat	e per Member: 2-Person	\$119.89	\$123.39

Total Monthly Rate per Member: Single\$82.10\$85.60Total Monthly Rate per Member: 2-Person\$119.89\$123.39Total Monthly Rate per Member: Family\$184.01\$187.51

#### **COBRA RATES:**



## 2021 Rate Renewal Exclusively for

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

## **Madison District Public School**

Quote #:

346933

MESSA Field Rep: Mark Middlewood

08/03/2020 Date Created:

## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686F - FT Custodian/Bus Driver

#### Medical plans

Description	Benefits	Enrollment	2020 Rate¹ w/ 2% Discount	2021 Rate² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 6 2-Person: 3 Family: 0	\$698.94 \$1,572.61 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2 2-Person: 0 Family: 1	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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 2-Person: 0 Family: 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000	14	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.



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MESSA Field Rep: Mark Middlewood

Date Created:

08/03/2020

## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686F - FT Custodian/Bus Driver

#### Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06503-05			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 10	\$36.65	\$36.65
Annual Max:	\$1,000	2-Person: 3	\$73.45	\$73.45
Orthodontics:	80%	Family: 1	\$141.13	\$141.13
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jul-Jun			
Vision	VSP 2 S	Single: 12	\$6.36	\$6.36
Plan Year:	Jul-Jun	2-Person: 4	\$13.63	\$13.63
		Family: 3	\$20.54	\$20.54
Life Insurance				
Volume:	\$18,000			
Total Volume:	\$342,000	19		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$1.80	\$1.98
AD&D Coverage				
Volume:	\$18,000			
Total Volume:	\$342,000	19		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.54	\$0.54
LTD Benefit		***************************************		
Benefit:	66 2/3% Max \$2,500	Anna Anna Anna Anna Anna Anna Anna Anna		
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$50,096	19		
Rate/\$100:			\$1.76	\$1.85
Composite:			\$44.93	\$48.78
	Total Monthly Rate	e per Member: Single	\$90.28	\$94.31
		e per Member: 2-Person	\$134.35	\$138.38
		e per Member: Family	\$208.94	\$212.97

COBRA RATES:



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Quote #:

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MESSA Field Rep: Mark Middlewood

08/03/2020 Date Created:

### Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686F - FT Custodian/Bus Driver

### Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06503-06			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 2	\$32.80	\$32.80
Annual Max:	\$1,000	2-Person: 1	\$63.79	\$63.79
Orthodontics:	80%	Family: 2	\$116.34	\$116.34
Lifetime Max:	\$1,000	_		
Riders:	2 Cleanings, Sealants			
Plan Year:	Jul-Jun			
Vision	VSP 2 S	Single: 12	\$6.36	\$6.36
Plan Year:	Jul-Jun	2-Person: 4	\$13.63	\$13.63
		Family: 3	\$20.54	\$20.54
Life Insurance				
Volume:	\$18,000	Table days		
Total Volume:	\$342,000	19		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$1.80	\$1.98
AD&D Coverage				
Volume:	\$18,000			
Total Volume:	\$342,000	19		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.54	\$0.54
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$50,096	19		
Rate/\$100:			\$1.76	\$1.85
Composite:			\$44.93	\$48.78
	Total Monthly Rate	e per Member: Single	\$86.43	\$90.46
		e per Member: 2-Person	\$124.69	\$128.72
	Total Monthly Rate	e per Member: Family	\$184.15	\$188.18

**COBRA RATES:** 

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



Quote #: 346933 MESSA Field Rep: Mark Middlewood Date Created:

08/03/2020

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

## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686G - FT Secretaries

#### Medical plans

Description	Benefits	Enrollmen	t	2020 Rate¹ w/ 2% Discount	2021 Rate² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	2 \$698.94 1 \$1,572.61 1 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52	
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 0 0	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000		4	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.



East Lansing, MI 48826-2560

800.292.4910

## 2021 Rate Renewal Exclusively for **Madison District Public School**

Quote #: 346933 MESSA Field Rep: Mark Middlewood Date Created: 08/03/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686G - FT Secretaries

#### Ancillary plans with medical

Volume: \$20,000  Total Volume: \$120,000  Rate/\$1,000: Composite: \$20,000  AD&D Coverage  Volume: \$20,000  Total Volume: \$120,000  Rate/\$1,000: Composite: \$120,000	2 1 1 1 2 2 2	\$35.63 \$69.93 \$122.25	\$35.63 \$69.93 \$122.25
Plan Year:         Jul-Jun           Vision Plan Year:         VSP 2 S Jul-Jun         Single: 2-Person: Family:           Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:         \$20,000         \$120,000           AD&D Coverage Volume: Total Volume: Total Volume: Rate/\$1,000: Composite:         \$20,000         \$120,000           LTD Benefit Benefit:         66 2/3% Max \$2,500         66 2/3% Max \$2,500			
Plan Year:       Jul-Jun       2-Person: Family:         Life Insurance       \$20,000       \$20,000         Yolume:       \$120,000       \$120,000         Rate/\$1,000:       \$20,000       \$20,000         Total Volume:       \$20,000       \$120,000         Rate/\$1,000:       \$120,000       \$120,000         LTD Benefit       66 2/3% Max \$2,500			
Total Volume:     Rate/\$1,000:     Composite:  AD&D Coverage     Volume:     Total Volume:     Rate/\$1,000:     Composite:  LTD Benefit     Benefit:     66 2/3% Max \$2,500	3	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Volume: \$20,000 Total Volume: \$120,000 Rate/\$1,000: Composite: \$120,000  LTD Benefit Benefit: 66 2/3% Max \$2,500	6	\$0.10 \$2.00	\$0.11 \$2.20
Benefit: 66 2/3% Max \$2,500	6	\$0.03 \$0.60	\$0.03 \$0.60
Waiting Period: Alcohol/Drug: Alcohol/Drug: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:  P0 CDSW 2 Year Limitation Primary 2 years Waived Waived Waived No \$\$16,308\$	6	\$1.24 \$27.07	\$1.54 \$41.86

Total Monthly Rate per Member: Family

#### **COBRA RATES:**

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

\$187.45

\$172.46



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Quote #: 346933 MESSA Field Rep: Mark Middlewood Date Created: 08/03/2020

## Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686G - FT Secretaries

### Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services:	06503-08 100% 80% (X-Rays)			
Major Services:	80%	Single: 0	\$48.99	\$48.99
Annual Max:	\$1,000	2-Person: 2	\$92.11	\$92.11
Orthodontics:	80%	Family: 0	\$158.80	\$158.80
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jul-Jun			
Vision	VSP 2 S	Single: 2	\$6.36	\$6.36
Plan Year:	Jul-Jun	2-Person: 3	\$13.63	\$13.63
		Family: 1	\$20.54	\$20.54
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$120,000	6		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$2.00	\$2.20
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$120,000	6		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$16,308	6		
Rate/\$100:			\$1.24	\$1.54
Composite:			\$27.07	\$41.86
		e per Member: Single	\$85.02	\$100.01
		e per Member: 2-Person	\$135.41	\$150.40
	Total Monthly Rate	e per Member: Family	\$209.01	\$224.00

#### **COBRA RATES:**



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Quote #:

346933

MESSA Field Rep: Mark Middlewood

Date Created: 08/03/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686J - Full Time Food Service

#### Medical plans

Description	Benefits	Enrollment	t l	2020 Rate¹ w/ 2% Discount	2021 Rate² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	2-Person:	2 0 0	\$698.94 \$1,572.61 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	2-Person:	0 0 0	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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	2-Person:	0 0 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	2-Person:	0 0 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000		2	\$1.50	\$1.50

<sup>&</sup>lt;sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

#### **COBRA RATES:**

<sup>&</sup>lt;sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.



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

\$198.17

346933

MESSA Field Rep: Mark Middlewood

Date Created: 08/03/2020

### Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686J - Full Time Food Service

### Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev:	06503-10 100%			
Basic Services:	80% (X-Rays)		***	0000
Major Services:	80%	Single: 2	\$36.31	\$36.31
Annual Max:	\$1,000	2-Person: 0	\$73.24	\$73.24
Orthodontics: Lifetime Max:	80%	Family: 0	\$130.13	\$130.13
Riders:	\$1,000			
Plan Year:	2 Cleanings, Sealants Jul-Jun			
Vision	VSP 2 S	Single: 2	\$6.36	\$6.36
Plan Year:	Jul-Jun	2-Person: 0	\$13.63	\$13.63
		Family: 0	\$20.54	\$20.54
Life Insurance				
Volume:	\$18,000	The state of the s		
Total Volume:	\$36,000	2		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$1.80	\$1.98
AD&D Coverage				
Volume:	\$18,000			
Total Volume:	\$36,000	2		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.54	\$0.54
LTD Benefit				
Benefit:	66 2/3% Max \$2,500	A SECTION AND A SECTION ASSESSMENT ASSESSMEN		
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$3,284	2		
Rate/\$100:			\$2.75	\$2.70
Composite:			\$45.16	\$44.33
	Total Monthly Rat	e per Member: Single	\$90.17	\$89.52
	Total Monthly Rat	e per Member: 2-Person	\$134.37	\$133.72

Total Monthly Rate per Member: Family

#### **COBRA RATES:**

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

\$197.52



East Lansing, MI 48826-2560

800.292.4910

## 2021 Rate Renewal Exclusively for **Madison District Public School**

Quote #: 346933 MESSA Field Rep: Mark Middlewood Date Created: 08/03/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 686J - Full Time Food Service

### **Ancillary plans without medical**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06503-09			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$34.92	\$34.9
Annual Max:	\$1,000	2-Person: 0	\$65.44	\$65.4
Orthodontics:	80%	Family: 0	\$122.65	\$122.6
Lifetime Max:	\$1,000	,	Ţ ·	Ţ.m
Riders:	2 Cleanings, Sealants			
Plan Year:	Jul-Jun			
Vision	VSP 2 S	Single: 2	\$6.36	\$6.36
Plan Year:	Jul-Jun	2-Person: 0	\$13.63	\$13.63
		Family: 0	\$20.54	\$20.54
Life Insurance				
Volume:	\$18,000		-	
Total Volume:	\$36,000	2		
Rate/\$1,000:			\$0.10	\$0.1°
Composite:			\$1.80	\$1.98
AD&D Coverage				
Volume:	\$18,000			
Total Volume:	\$36,000	2		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.54	\$0.54
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No	The state of the s		
Volume:	\$3,284	2		
Rate/\$100:			\$2.75	\$2.70
Composite:			\$45.16	\$44.33
	Total Monthly Rate per Member: Single		\$88.78 \$126.57	\$88.13
	Total Monthly Rate per Member: 2-Person			\$125.92
	Total Monthly Rate	e per Member: Family	\$190.69	\$190.04

#### **COBRA RATES:**