



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

## 2022 Rate Renewal Exclusively for Bellaire Public Schools

Quote #: 349016  
MESSA Field Rep: Viola Collin  
Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 353A - Administrator

### Medical plans

Description	Benefits	Enrollment	2021 Rate <sup>1</sup> w/ 2% Discount	2022 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> 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: 2 Family: 1	\$720.46 \$1,621.03 \$2,017.29	\$727.49 \$1,636.83 \$2,036.95
<b>Plan</b> 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: 0 Family: 0	\$643.22 \$1,447.25 \$1,801.01	\$643.00 \$1,446.74 \$1,800.39
<b>Basic Term Life with Medical</b> Volume:	\$5,000	4	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

### COBRA RATES:

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



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Quoted Group(s): 353A - Administrator

### Ancillary plans with medical - 4 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-07 80% 80% (X-Rays) 80% \$1,500 80% \$2,900 2 Cleanings Jul-Jun	Single: 0 2-Person: 3 Family: 1	\$33.33 \$70.07 \$139.89	\$31.94 \$67.15 \$134.07
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 1 2-Person: 2 Family: 1	\$10.06 \$21.60 \$32.51	\$9.55 \$20.52 \$30.89
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$259,000	4	\$0.13 \$9.45	\$0.11 \$7.12
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$259,000	4	\$0.03 \$2.18	\$0.03 \$1.94
<b>LTD Benefit (All)*</b> 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 \$21,146	4	\$0.52 \$30.77	\$0.58 \$30.66
Total Monthly Rate per Member: Single			\$85.79	\$81.21
Total Monthly Rate per Member: 2-Person			\$134.07	\$127.39
Total Monthly Rate per Member: Family			\$214.80	\$204.68

#### COBRA RATES:

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\* Indicates total ancillary plan enrollment and volume for quoted group(s).

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Quoted Group(s): 353A - Administrator

### Ancillary plans without medical - 0 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-08 100% 90% (X-Rays) 90% \$1,500 90% \$3,200 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$35.50 \$67.71 \$141.26	\$34.02 \$64.89 \$135.38
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 1 2-Person: 2 Family: 1	\$10.06 \$21.60 \$32.51	\$9.55 \$20.52 \$30.89
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$259,000	4	\$0.13 \$9.45	\$0.11 \$7.12
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$259,000	4	\$0.03 \$2.18	\$0.03 \$1.94
<b>LTD Benefit (All)*</b> 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 \$21,146	4	\$0.52 \$30.77	\$0.58 \$30.66

Total Monthly Rate per Member: Single	\$87.96	\$83.29
Total Monthly Rate per Member: 2-Person	\$131.71	\$125.13
Total Monthly Rate per Member: Family	\$216.17	\$205.99

#### COBRA RATES:

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Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 353B - Support Staff

### Medical plans

Description	Benefits	Enrollment	2021 Rate <sup>1</sup> w/ 2% Discount	2022 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> 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: 1 Family: 0	\$720.46 \$1,621.03 \$2,017.29	\$727.49 \$1,636.83 \$2,036.95
<b>Plan</b> 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: 0 Family: 1	\$643.22 \$1,447.25 \$1,801.01	\$643.00 \$1,446.74 \$1,800.39
<b>Basic Term Life with Medical</b> Volume:	\$5,000	3	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

### COBRA RATES:

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Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 353B - Support Staff

### Ancillary plans with medical - 3 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-05 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jul-Jun	Single: 1 2-Person: 1 Family: 1	\$31.06 \$59.03 \$112.99	\$29.76 \$56.57 \$108.28
<b>Vision (All)*</b> Plan Year:	VSP 3 Jul-Jun	Single: 1 2-Person: 1 Family: 2	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.13 \$0.65	\$0.11 \$0.55
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.03 \$0.15	\$0.03 \$0.15
<b>LTD Benefit (All)*</b> 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 \$7,864	4	\$1.37 \$23.34	\$1.14 \$22.41
Total Monthly Rate per Member: Single			\$62.79	\$60.09
Total Monthly Rate per Member: 2-Person			\$99.47	\$95.17
Total Monthly Rate per Member: Family			\$161.65	\$154.69

#### COBRA RATES:

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Quoted Group(s): 353B - Support Staff

### Ancillary plans without medical - 1 member

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-06 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$26.93 \$54.78 \$102.36	\$25.80 \$52.50 \$98.10
<b>Vision (All)*</b> Plan Year:	VSP 3 Jul-Jun	Single: 1 2-Person: 1 Family: 2	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.13 \$0.65	\$0.11 \$0.55
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.03 \$0.15	\$0.03 \$0.15
<b>LTD Benefit (All)*</b> 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 \$7,864	4	\$1.37 \$23.34	\$1.14 \$22.41

Total Monthly Rate per Member: Single	\$58.66	\$56.13
Total Monthly Rate per Member: 2-Person	\$95.22	\$91.10
Total Monthly Rate per Member: Family	\$151.02	\$144.51

#### COBRA RATES:

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Quoted Group(s): 353C - Teacher

### Medical plans

Description	Benefits	Enrollment	2021 Rate <sup>1</sup> w/ 2% Discount	2022 Rate <sup>2</sup> w/ 2% Discount
<b>Plan</b> 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 2-Person: 1 Family: 4	\$720.46 \$1,621.03 \$2,017.29	\$727.49 \$1,636.83 \$2,036.95
<b>Plan</b> 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: 1 2-Person: 1 Family: 9	\$643.22 \$1,447.25 \$1,801.01	\$643.00 \$1,446.74 \$1,800.39
<b>Basic Term Life with Medical</b> Volume:	\$5,000	18	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

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Quoted Group(s): 353C - Teacher

### Ancillary plans with medical - 18 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-03 100% 80% (X-Rays) 80% \$1,500 80% \$2,900 2 Cleanings Jul-Jun	Single: 2 2-Person: 3 Family: 13	\$34.87 \$66.74 \$144.32	\$33.41 \$63.96 \$138.31
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 6 2-Person: 4 Family: 13	\$10.06 \$21.60 \$32.51	\$9.55 \$20.52 \$30.89
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,150,000	23	\$0.13 \$6.50	\$0.11 \$5.50
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,150,000	23	\$0.03 \$1.50	\$0.03 \$1.50
<b>LTD Benefit (All)*</b> 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 \$107,832	23	\$0.46 \$22.22	\$0.37 \$17.35
Total Monthly Rate per Member: Single			\$75.15	\$67.31
Total Monthly Rate per Member: 2-Person			\$118.56	\$108.83
Total Monthly Rate per Member: Family			\$207.05	\$193.55

#### COBRA RATES:

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Quoted Group(s): 353C - Teacher

### Ancillary plans without medical - 5 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-04 100% 90% (X-Rays) 90% \$1,500 90% \$3,200 2 Cleanings Jul-Jun	Single: 4 2-Person: 1 Family: 0	\$32.47 \$64.93 \$146.09	\$31.11 \$62.22 \$140.01
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 6 2-Person: 4 Family: 13	\$10.06 \$21.60 \$32.51	\$9.55 \$20.52 \$30.89
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,150,000	23	\$0.13 \$6.50	\$0.11 \$5.50
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,150,000	23	\$0.03 \$1.50	\$0.03 \$1.50
<b>LTD Benefit (All)*</b> 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 \$107,832	23	\$0.46 \$22.22	\$0.37 \$17.35
Total Monthly Rate per Member: Single			\$72.75	\$65.01
Total Monthly Rate per Member: 2-Person			\$116.75	\$107.09
Total Monthly Rate per Member: Family			\$208.82	\$195.25

#### COBRA RATES:

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