



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

2022 Rate Renewal Exclusively for Frankfort-Elberta Area Schools

Quote #: 349081
MESSA Field Rep: Viola Collin
Date Created: 08/16/2021

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

Quoted Group(s): 484AC - Admin & NonUn Emps, Teachers

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (5B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 \$10/\$20 EA1	Single: 3 2-Person: 3 Family: 11	\$772.86 \$1,738.94 \$2,164.00	\$813.93 \$1,831.36 \$2,278.99
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 2 2-Person: 3 Family: 14	\$627.37 \$1,411.60 \$1,756.63	\$654.10 \$1,471.75 \$1,831.49
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$471.76 \$1,061.46 \$1,320.91	\$496.82 \$1,117.86 \$1,391.10
Basic Term Life with Medical Volume:	\$5,000	36	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Quoted Group(s): 484AC - Admin & NonUn Emps, Teachers

Ancillary plans with medical - 36 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00987-13, 15			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 6	\$41.04	\$40.18
Annual Max:	\$2,000	2-Person: 5	\$78.23	\$76.59
Orthodontics:	80%	Family: 25	\$162.82	\$159.41
Lifetime Max:	UCR			
Riders:	2 Cleanings, Adult Ortho, Sealants			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 2 S	Single: 7	\$6.36	\$6.05
Plan Year:	Jul-Jun	2-Person: 7	\$13.63	\$12.95
		Family: 26	\$20.54	\$19.51
Life Insurance (All)*				
Volume:	\$30,000			
Total Volume:	\$1,200,000	40		
Rate/\$1,000:			\$0.17	\$0.17
Composite:			\$5.10	\$5.10
AD&D Coverage (All)*				
Volume:	\$30,000			
Total Volume:	\$1,200,000	40		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
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			
SS Freeze:	Yes			
Volume:	\$220,169	40		
Rate/\$100:			\$0.39	\$0.37
Composite:			\$22.07	\$20.37
Total Monthly Rate per Member: Single			\$75.47	\$72.60
Total Monthly Rate per Member: 2-Person			\$119.93	\$115.91
Total Monthly Rate per Member: Family			\$211.43	\$205.29

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Quoted Group(s): 484AC - Admin & NonUn Emps, Teachers

Ancillary plans without medical - 4 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00987-14, 16 100% (X-Rays) 80% 80% \$2,000 80% UCR 2 Cleanings, Adult Ortho, Sealants Jul-Jun	Single: 1 2-Person: 2 Family: 1	\$41.46 \$81.03 \$172.57	\$40.59 \$79.33 \$168.96
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 7 2-Person: 7 Family: 26	\$6.36 \$13.63 \$20.54	\$6.05 \$12.95 \$19.51
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,200,000	40	\$0.17 \$5.10	\$0.17 \$5.10
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,200,000	40	\$0.03 \$0.90	\$0.03 \$0.90
LTD Benefit (All)* 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 \$6,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$220,169	40	\$0.39 \$22.07	\$0.37 \$20.37
Total Monthly Rate per Member: Single			\$75.89	\$73.01
Total Monthly Rate per Member: 2-Person			\$122.73	\$118.65
Total Monthly Rate per Member: Family			\$221.18	\$214.84

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Quoted Group(s): 484B - Support Staff

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan	MESSA Choices (5B)			
IN Deductible:	\$500/\$1000			
IN Coinsurance:	0%	Single: 0	\$772.86	\$813.93
OL/OV/SV Copay:	\$5/\$5/\$5	2-Person: 0	\$1,738.94	\$1,831.36
UC/ER Copay:	\$10/\$25	Family: 0	\$2,164.00	\$2,278.99
Rx Coverage:	\$10/\$20			
Riders:	EA1			
Plan	MESSA ABC Plan 1 (7U)			
IN Deductible:	\$1400/\$2800			
IN Coinsurance:	0%	Single: 5	\$627.37	\$654.10
OL/OV/SV Copay:	\$0	2-Person: 2	\$1,411.60	\$1,471.75
UC/ER Copay:	\$0	Family: 4	\$1,756.63	\$1,831.49
Rx Coverage:	ABC Rx			
Riders:	EA1, HEQ			
Plan	Essentials by MESSA (EB)			
IN Deductible:	\$375/\$750			
IN Coinsurance:	20%	Single: 2	\$471.76	\$496.82
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person: 0	\$1,061.46	\$1,117.86
UC/ER Copay:	\$50/\$200	Family: 0	\$1,320.91	\$1,391.10
Rx Coverage:	EbM			
Riders:	EA1			
Basic Term Life with Medical				
Volume:	\$5,000	13	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

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Quoted Group(s): 484B - Support Staff

Ancillary plans with medical - 13 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00987-04			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 4	\$39.69	\$38.86
Annual Max:	\$1,000	2-Person: 3	\$78.07	\$76.43
Orthodontics:	80%	Family: 6	\$160.49	\$157.13
Lifetime Max:	UCR			
Riders:	2 Cleanings, Adult Ortho, Sealants			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 2 S	Single: 7	\$6.36	\$6.05
Plan Year:	Jul-Jun	2-Person: 3	\$13.63	\$12.95
		Family: 10	\$20.54	\$19.51
Life Insurance (All)*				
Volume:	\$50,000			
Total volume:	\$600,000	20		
Rate/\$1,000:			\$0.17	\$0.17
Composite:			\$5.10	\$5.10
AD&D Coverage (All)*				
Volume:	\$30,000			
Total Volume:	\$600,000	20		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
LTD Benefit (All)*				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
Waiting Period:	90 CDMP			
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:	\$41,257	20		
Rate/\$100:			\$1.21	\$1.10
Composite:			\$24.59	\$22.69
Total Monthly Rate per Member: Single			\$76.64	\$73.60
Total Monthly Rate per Member: 2-Person			\$122.29	\$118.07
Total Monthly Rate per Member: Family			\$211.62	\$205.33

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Quoted Group(s): 484B - Support Staff

Ancillary plans without medical - 7 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental	00987-05			
Diag & Prev:	100% (X-Rays)			
Basic Services:	80%			
Major Services:	80%	Single: 3	\$36.21	\$35.45
Annual Max:	\$1,000	2-Person: 0	\$70.81	\$69.33
Orthodontics:	80%	Family: 4	\$156.58	\$153.30
Lifetime Max:	UCR			
Riders:	2 Cleanings, Adult Ortho, Sealants			
Plan Year:	Jul-Jun			
Vision (All)*	VSP 2 3	Single: 7	\$6.36	\$6.05
Plan Year:	Jul-Jun	2-Person: 3	\$13.63	\$12.95
		Family: 10	\$20.54	\$19.51
Life Insurance (All)*				
Volume:	\$30,000			
Total Volume:	\$600,000	20		
Rate/\$1,000:			\$0.17	\$0.17
Composite:			\$5.10	\$5.10
AD&D Coverage (All)*				
Volume:	\$30,000			
Total Volume:	\$600,000	20		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
LTD Benefit (All)*				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
Waiting Period:	90 CDMP			
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:	\$41,257	20		
Rate/100:			\$1.21	\$1.10
Composite:			\$24.59	\$22.69

Total Monthly Rate per Member: Single \$73.16 \$70.19
Total Monthly Rate per Member: 2-Person \$115.03 \$110.97
Total Monthly Rate per Member: Family \$207.71 \$201.50

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**Vision Rate Summary Exclusively for
Frankfort-Elberta Area Schools
Rates Effective 01/01/2022 through 12/31/2022**

VISION RATES

Product	Single	2-Person	Family
MESSA Vision	\$4.46	\$9.55	\$14.36
VSP 2	\$5.39	\$11.54	\$17.37
MESSA Vision Enhanced	\$5.94	\$12.76	\$19.20
VSP 2 S	\$6.05	\$12.95	\$19.51
MESSA Vision Preferred	\$6.82	\$14.64	\$22.03
VSP 3	\$7.22	\$15.49	\$23.30
VSP 3 G	\$8.09	\$17.36	\$26.10
VSP 3 Plus 200CL	\$9.55	\$20.52	\$30.89
VSP 3 Plus P 250CL	\$10.30	\$22.12	\$33.26
VSP 3 Plus	\$10.50	\$22.54	\$33.94
VSP 3 Plus P	\$11.57	\$24.85	\$37.38

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