



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

**2024 Rate Renewal Exclusively for
 Bellaire Public Schools**

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

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

Quoted Group(s): 353A - Administrator

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² 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: 0 2-Person: 2 Family: 1	\$743.27 \$1,672.35 \$2,081.15	\$765.57 \$1,722.52 \$2,143.58
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$656.95 \$1,478.14 \$1,839.47	\$676.66 \$1,522.48 \$1,894.64
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.

²Medical Rate includes 1.336% 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	2023 Rate	2024 Rate
Dental 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 Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$32.61 \$68.56 \$136.89	\$32.61 \$68.56 \$136.89
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$8.64 \$18.55 \$27.93	\$8.64 \$18.55 \$27.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$279,000	4	\$0.12 \$6.12	\$0.12 \$8.37
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$279,000	4	\$0.03 \$1.53	\$0.03 \$2.09
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 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$21,233	4	\$0.76 \$31.42	\$0.49 \$26.01
Total Monthly Rate per Member: Single			\$80.32	\$77.72
Total Monthly Rate per Member: 2-Person			\$126.18	\$123.58
Total Monthly Rate per Member: Family			\$203.89	\$201.29

COBRA RATES:

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

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

The above rates are based on plans and enrollment as of 07/31/2023. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 800.292.4910.



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Quoted Group(s): 353A - Administrator

Ancillary plans without medical - 0 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental 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 Jan-Dec	Single: 0 2-Person: 0 Family: 0	\$34.73 \$66.25 \$138.23	\$34.73 \$66.25 \$138.23
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$8.64 \$18.55 \$27.93	\$8.64 \$18.55 \$27.93
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$279,000	4	\$0.12 \$6.12	\$0.12 \$8.37
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$279,000	4	\$0.03 \$1.53	\$0.03 \$2.09
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 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$21,233	4	\$0.76 \$31.42	\$0.49 \$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:

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

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Quote #: 353074
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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 353B - Support Staff

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² 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 2-Person: 1 Family: 0	\$743.27 \$1,672.35 \$2,081.15	\$765.57 \$1,722.52 \$2,143.58
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$656.95 \$1,478.14 \$1,839.47	\$676.66 \$1,522.48 \$1,894.64
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.

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COBRA RATES:

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

Quoted Group(s): 353B - Support Staff

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental 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 Jan-Dec	Single: 12 2-Person: 3 Family: 2	\$26.99 \$54.56 \$104.62	\$26.99 \$54.56 \$104.62
Vision Plan Year:	VSP 3 Jan-Dec	Single: 11 2-Person: 4 Family: 2	\$6.53 \$14.01 \$21.07	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$85,000	17	\$0.12 \$0.60	\$0.12 \$0.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$85,000	17	\$0.03 \$0.15	\$0.03 \$0.15
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:	60% Max \$5,000 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$32,021	17	\$1.14 \$17.13	\$1.02 \$19.21
Total Monthly Rate per Member: Single			\$51.40	\$53.48
Total Monthly Rate per Member: 2-Person			\$86.45	\$88.53
Total Monthly Rate per Member: Family			\$143.57	\$145.65

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Quoted Group(s): 353C - Teacher

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² 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: 1 Family: 8	\$743.27 \$1,672.35 \$2,081.15	\$765.57 \$1,722.52 \$2,143.58
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 1 Family: 10	\$656.95 \$1,478.14 \$1,839.47	\$676.66 \$1,522.48 \$1,894.64
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.

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Quoted Group(s): 353C - Teacher

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-09 100% 90% (X-Rays) 90% \$1,500 90% \$3,200 2 Cleanings, Sealants Jan-Dec	Single: 4 2-Person: 3 Family: 17	\$33.85 \$71.07 \$155.71	\$33.85 \$71.07 \$155.71
Vision Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 4 2-Person: 3 Family: 17	\$8.64 \$18.55 \$27.93	\$8.64 \$18.55 \$27.93
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,200,000	24	\$0.12 \$6.00	\$0.12 \$6.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,200,000	24	\$0.03 \$1.50	\$0.03 \$1.50
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:	60% Max \$5,000 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$120,205	24	\$0.37 \$16.80	\$0.33 \$16.53
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

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