



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

**2022 Rate Renewal Exclusively for
 Harper Woods School District**

Quote #: 349125
 MESSA Field Rep: Heather Scott
 Date Created: 08/16/2021

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

Quoted Group(s): 591A - Administration

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)			
IN Deductible:	\$500/\$1000			
IN Coinsurance:	0%	Single: 5	\$718.79	\$759.41
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 2	\$1,617.28	\$1,708.66
UC/ER Copay:	\$25/\$50	Family: 3	\$2,012.62	\$2,126.34
Rx Coverage:	Saver Rx			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	10	\$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:

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



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

Quoted Group(s): 591A - Administration

Ancillary plans with medical - 10 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06400-09 100% 90% (X-Rays) 90% \$1,500 60% \$1,000 2 Cleanings Jul-Jun	Single: 5 2-Person: 3 Family: 2	\$44.58 \$82.06 \$148.87	\$42.29 \$80.20 \$143.00
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 6 2-Person: 3 Family: 4	\$6.36 \$13.63 \$20.54	\$6.05 \$12.95 \$19.51
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$550,000	10	\$0.12 \$6.60	\$0.13 \$7.15
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$550,000	10	\$0.03 \$1.65	\$0.03 \$1.65
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:	66 2/3% Max \$10,000 \$15,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$96,122	13	\$0.59 \$44.89	\$0.61 \$45.10
Total Monthly Rate per Member: Single			\$104.08	\$102.24
Total Monthly Rate per Member: 2-Person			\$148.83	\$147.05
Total Monthly Rate per Member: Family			\$222.55	\$216.41

COBRA RATES:

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

The above rates are based on plans and enrollment as of 07/31/2021. 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.

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Quoted Group(s): 591A - Administration

Ancillary plans without medical - 3 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06400-10 100% 90% (X-Rays) 90% \$1,500 60% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 0 Family: 2	\$42.05 \$77.12 \$143.04	\$43.35 \$84.43 \$157.07
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 6 2-Person: 3 Family: 4	\$6.36 \$13.63 \$20.54	\$6.05 \$12.95 \$19.51
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$180,000	3	\$0.12 \$7.20	\$0.13 \$7.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$180,000	3	\$0.03 \$1.80	\$0.03 \$1.80
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:	66 2/3% Max \$10,000 \$15,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$96,122	13	\$0.59 \$44.89	\$0.61 \$45.10
Total Monthly Rate per Member: Single			\$102.30	\$104.10
Total Monthly Rate per Member: 2-Person			\$144.64	\$152.08
Total Monthly Rate per Member: Family			\$217.47	\$231.28

COBRA RATES:
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Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): 591B - Cust, Maint, Office Personnel

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)			
IN Deductible:	\$500/\$1000	Single: 6	\$718.79	\$759.41
IN Coinsurance:	0%	2-Person: 3	\$1,617.28	\$1,708.66
OL/OV/SV Copay:	\$20/\$20/\$20	Family: 7	\$2,012.62	\$2,126.34
UC/ER Copay:	\$25/\$50			
Rx Coverage:	Saver Rx			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	16	\$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): 591B - Cust, Maint, Office Personnel

Ancillary plans with medical - 16 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06400-11 100% 90% (X-Rays) 90% \$1,500 60% \$1,000 2 Cleanings Jul-Jun	Single: 7 2-Person: 2 Family: 7	\$47.72 \$88.79 \$158.82	\$41.10 \$75.99 \$136.01
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 10 2-Person: 4 Family: 10	\$6.36 \$13.63 \$20.54	\$6.05 \$12.95 \$19.51
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$880,000	16	\$0.12 \$6.60	\$0.13 \$7.15
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$880,000	16	\$0.03 \$1.65	\$0.03 \$1.65
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:	66 2/3% Max \$10,000 \$15,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$62,751	24	\$1.47 \$38.76	\$1.58 \$41.31
Total Monthly Rate per Member: Single			\$101.09	\$97.26
Total Monthly Rate per Member: 2-Person			\$149.43	\$139.05
Total Monthly Rate per Member: Family			\$226.37	\$205.63

COBRA RATES:

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Quoted Group(s): 591B - Cust, Maint, Office Personnel

Ancillary plans without medical - 8 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06400-12 100% 90% (X-Rays) 90% \$1,500 60% \$1,000 2 Cleanings Jul-Jun	Single: 3 2-Person: 2 Family: 3	\$42.20 \$78.39 \$148.85	\$33.65 \$63.54 \$117.92
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 10 2-Person: 4 Family: 10	\$6.36 \$13.63 \$20.54	\$6.05 \$12.95 \$19.51
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$480,000	8	\$0.12 \$7.20	\$0.13 \$7.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$480,000	8	\$0.03 \$1.80	\$0.03 \$1.80
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:	66 2/3% Max \$10,000 \$15,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$62,751	24	\$1.47 \$38.76	\$1.58 \$41.31
Total Monthly Rate per Member: Single			\$96.32	\$90.61
Total Monthly Rate per Member: 2-Person			\$139.78	\$127.40
Total Monthly Rate per Member: Family			\$217.15	\$188.34

COBRA RATES:

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

Quoted Group(s): 591G - TeacherCounselorCompTech

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)			
IN Deductible:	\$500/\$1000			
IN Coinsurance:	0%	Single: 30	\$718.79	\$759.41
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 20	\$1,617.28	\$1,708.66
UC/ER Copay:	\$25/\$50	Family: 44	\$2,012.62	\$2,126.34
Rx Coverage:	Saver Rx			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	94	\$1.50	\$1.50

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

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Quoted Group(s): 591G - TeacherCounselorCompTech

Ancillary plans with medical - 94 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06400-06 100% 90% (X-Rays) 90% \$1,500 60% \$1,000 2 Cleanings Jul-Jun	Single: 31 2-Person: 20 Family: 43	\$37.50 \$70.75 \$131.43	\$39.57 \$74.04 \$138.16
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 37 2-Person: 22 Family: 50	\$6.36 \$13.63 \$20.54	\$6.05 \$12.95 \$19.51
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$5,170,000	94	\$0.12 \$6.60	\$0.13 \$7.15
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$55,000 \$5,170,000	94	\$0.03 \$1.65	\$0.03 \$1.65
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:	66 2/3% Max \$10,000 \$15,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$548,331	109	\$0.45 \$22.30	\$0.44 \$22.13
Total Monthly Rate per Member: Single			\$74.41	\$76.55
Total Monthly Rate per Member: 2-Person			\$114.93	\$117.92
Total Monthly Rate per Member: Family			\$182.52	\$188.60

COBRA RATES:

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Quoted Group(s): 591G - TeacherCounselorCompTech

Ancillary plans without medical - 15 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06400-07 100% 90% (X-Rays) 90% \$1,500 60% \$1,000 2 Cleanings Jul-Jun	Single: 6 2-Person: 2 Family: 7	\$36.01 \$69.04 \$131.14	\$38.02 \$71.45 \$132.33
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 37 2-Person: 22 Family: 50	\$6.36 \$13.63 \$20.54	\$6.05 \$12.95 \$19.51
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$900,000	15	\$0.12 \$7.20	\$0.13 \$7.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$60,000 \$900,000	15	\$0.03 \$1.80	\$0.03 \$1.80
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:	66 2/3% Max \$10,000 \$15,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$548,331	109	\$0.45 \$22.30	\$0.44 \$22.13
Total Monthly Rate per Member: Single			\$73.67	\$75.80
Total Monthly Rate per Member: 2-Person			\$113.97	\$116.13
Total Monthly Rate per Member: Family			\$182.98	\$183.57

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Quoted Group(s): 591I - ACA Employees

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no Discount
Plan	Essentials by MESSA (EA)			
IN Deductible:	\$375/\$750	Single: 0	\$492.38	\$520.20
IN Coinsurance:	20%	2-Person: 0	\$1,107.84	\$1,170.44
OL/OV/SV Copay:	\$10/\$25/\$50	Family: 0	\$1,378.65	\$1,456.55
UC/ER Copay:	\$50/\$200			
Rx Coverage:	EbM			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$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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