



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

**2021 Rate Renewal Exclusively for
 White Cloud Public Schools**

Quote #: 346747
 MESSA Field Rep: Grace Benedict
 Date Created: 08/18/2020

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

Quoted Group(s): 264A - Teachers

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
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: 9 2-Person: 5 Family: 15	\$706.22 \$1,589.00 \$1,977.43	\$775.29 \$1,744.42 \$2,170.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9G) \$2000/\$4000 10% \$0 \$0 ABC Rx HEQ	Single: 3 2-Person: 1 Family: 5	\$617.24 \$1,388.81 \$1,728.29	\$677.61 \$1,524.64 \$1,897.32
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 1 2-Person: 2 Family: 1	\$531.02 \$1,194.80 \$1,486.86	\$582.96 \$1,311.65 \$1,632.28
Basic Term Life with Medical Volume:	\$5,000	42	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% 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 01/01/2021 through 12/31/2021

Quoted Group(s): 264A - Teachers

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:	00909-03 80% 80% (X-Rays) 80% \$1,500 80% \$2,100 2 Cleanings Jul-Jun	Single: 12 2-Person: 10 Family: 20	\$31.64 \$60.73 \$122.34	\$31.64 \$60.73 \$122.34
Vision Plan Year:	VSP 3 Jul-Jun	Single: 13 2-Person: 12 Family: 29	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,080,000	54	\$0.13 \$2.60	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,080,000	54	\$0.03 \$0.60	\$0.03 \$0.60
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 Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$256,258	54	\$0.46 \$19.95	\$0.44 \$20.88
Total Monthly Rate per Member: Single			\$62.38	\$63.51
Total Monthly Rate per Member: 2-Person			\$100.18	\$101.31
Total Monthly Rate per Member: Family			\$170.01	\$171.14

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Quoted Group(s): 264A - 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: Plan Year:	00909-04 80% 80% (X-Rays) 80% \$1,500 80% \$2,100 2 Cleanings Jul-Jun	Single: 2 2-Person: 2 Family: 8	\$29.11 \$55.27 \$112.55	\$29.11 \$55.27 \$112.55
Vision Plan Year:	VSP 3 Jul-Jun	Single: 13 2-Person: 12 Family: 29	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,080,000	54	\$0.13 \$2.60	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,080,000	54	\$0.03 \$0.60	\$0.03 \$0.60
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 Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$256,258	54	\$0.46 \$19.95	\$0.44 \$20.88
Total Monthly Rate per Member: Single			\$59.85	\$60.98
Total Monthly Rate per Member: 2-Person			\$94.72	\$95.85
Total Monthly Rate per Member: Family			\$160.22	\$161.35

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Quoted Group(s): 264C - Admin NonCert Tea Sec

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
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: 3 Family: 1	\$706.22 \$1,589.00 \$1,977.43	\$775.29 \$1,744.42 \$2,170.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9G) \$2000/\$4000 10% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 0 Family: 4	\$617.24 \$1,388.81 \$1,728.29	\$677.61 \$1,524.64 \$1,897.32
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 1 2-Person: 0 Family: 1	\$531.02 \$1,194.80 \$1,486.86	\$582.96 \$1,311.65 \$1,632.28
Basic Term Life with Medical Volume:	\$5,000	13	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

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Quoted Group(s): 264C - Admin NonCert Tea Sec

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:	00909-15 80% 80% (X-Rays) 80% \$1,500 80% \$2,100 2 Cleanings Jul-Jun	Single: 4 2-Person: 3 Family: 6	\$33.01 \$62.27 \$119.37	\$33.01 \$62.27 \$119.37
Vision Plan Year:	VSP 3 Jul-Jun	Single: 4 2-Person: 5 Family: 10	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$665,000	19	\$0.13 \$4.55	\$0.14 \$4.90
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$665,000	19	\$0.03 \$1.05	\$0.03 \$1.05
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 Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$72,568	19	\$0.83 \$28.37	\$0.78 \$29.79
Total Monthly Rate per Member: Single			\$74.57	\$76.34
Total Monthly Rate per Member: 2-Person			\$112.54	\$114.31
Total Monthly Rate per Member: Family			\$177.86	\$179.63

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Quoted Group(s): 264C - Admin NonCert Tea Sec

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-16 80% 80% (X-Rays) 80% \$1,500 80% \$2,100 2 Cleanings Jul-Jun	Single: 0 2-Person: 2 Family: 4	\$29.86 \$59.32 \$123.62	\$29.86 \$59.32 \$123.62
Vision Plan Year:	VSP 3 Jul-Jun	Single: 4 2-Person: 5 Family: 10	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$665,000	19	\$0.13 \$4.55	\$0.14 \$4.90
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$665,000	19	\$0.03 \$1.05	\$0.03 \$1.05
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 Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$72,568	19	\$0.83 \$28.37	\$0.78 \$29.79

Total Monthly Rate per Member: Single \$71.42 \$73.19
 Total Monthly Rate per Member: 2-Person \$109.59 \$111.36
 Total Monthly Rate per Member: Family \$182.11 \$183.88

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

Quoted Group(s): 264L - Food Serv/Parapro wrk 20-25 hr

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-12 70% 70% (X-Rays) 70% \$1,000 0% \$ 0 2 Cleanings Jul-Jun	Single: 3 2-Person: 0 Family: 0	\$20.55	\$20.55
Vision Plan Year:	VSP 2 Nov-Oct	Single: 2 2-Person: 0 Family: 1	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$60,000	3	\$0.13	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$60,000	3	\$0.03	\$0.03 \$0.60
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 \$1,000 \$1,500 60 WDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$3,060	3	\$1.47	\$1.56 \$15.91

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

Quoted Group(s): 264N - Food Serv/Parapro Wrk 34+ Hrs

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ 2% Discount
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: 1 2-Person: 0 Family: 0	\$720.64 \$1,621.43 \$2,017.79	\$775.29 \$1,744.42 \$2,170.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9G) \$2000/\$4000 10% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 1 Family: 1	\$629.84 \$1,417.15 \$1,763.56	\$677.61 \$1,524.64 \$1,897.32
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM None	Single: 1 2-Person: 0 Family: 0	\$541.86 \$1,219.18 \$1,517.21	\$582.96 \$1,311.65 \$1,632.28
Basic Term Life with Medical Volume:	\$5,000	5	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% for federal and state taxes and fees.

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Quoted Group(s): 264N - Food Serv/Parapro Wrk 34+ Hrs

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-02 80% 80% (X-Rays) 80% \$1,000 60% \$1,000 2 Cleanings Jul-Jun	Single: 3 2-Person: 2 Family: 7	\$28.49 \$55.40 \$104.27	\$28.49 \$55.40 \$104.27
Vision Plan Year:	VSP 2 Nov-Oct	Single: 3 2-Person: 2 Family: 7	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$240,000	12	\$0.13	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$240,000	12	\$0.03	\$0.03 \$0.60
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 \$1,000 \$1,500 60 WDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$16,007	12	\$1.68	\$1.63 \$21.74

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Quoted Group(s): 264P - Food Serv/Parapro wrk 25-34 hr

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00909-14 80% 80% (X-Rays) 80% \$1,000 60% \$1,000 2 Cleanings Jul-Jun	Single: 3 2-Person: 9 Family: 7	\$28.49 \$55.40 \$104.27	\$28.49 \$55.40 \$104.27
Vision Plan Year:	VSP 2 Nov-Oct	Single: 3 2-Person: 9 Family: 7	\$5.66 \$12.15 \$18.28	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$380,000	19	\$0.13	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$380,000	19	\$0.03	\$0.03 \$0.60
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 \$1,000 \$1,500 60 WDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$25,570	19	\$1.81	\$1.66 \$22.34

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