

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

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

#### Quoted Group(s): 264A - Teachers

### **Medical plans**

Description	Benefits   MESSA ABC Plan 1 (7V)   \$1400/\$2800   0%   \$0   \$0   \$0   ABC Rx   HEQ	Enrollment	2020 Rate <sup>1</sup> w/ 2% Discount	2021 Rate <sup>2</sup> w/ 2% Discount \$775.29 \$1,744.42 \$2,170.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:		Single: 9 2-Person: 5 Family: 15	\$706.22 \$1,589.00 \$1,977.43	
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

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

#### COBRA RATES:



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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	00909-03			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 12	\$31.64	\$31.64
Annual Max:	\$1,500	2-Person: 10	\$60.73	\$60.73
Orthodontics:	80%	Family: 20	\$122.34	\$122.34
Lifetime Max:	\$2,100			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 13	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 12	\$16.30	\$16.30
		Family: 29	\$24.52	\$24.52
Life Insurance				
Volume:	\$20.000			
Total Volume:	\$1,080,000	54		
Rate/\$1,000:	¢1,000,000		\$0.13	\$0.14
Composite:			\$2.60	\$2.80
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$1,080,000	54		
Rate/\$1,000:	\$1,000,000		\$0.03	\$0.03
Composite:			\$0.60	\$0.60
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LTD Benefit	000/ 14 05 000			
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$256,258	54		
Rate/\$100:			\$0.46	\$0.44
Composite:			\$19.95	\$20.88
	. Total Monthly Rat	e per Member: Single	\$62.38	\$63.51
		e per Member: 2-Person	\$100.18	\$101.31
		e per Member: Family	\$170.01	\$171.14

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

#### Quoted Group(s): 264A - Teachers

### Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	00909-04			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 2	\$29.11	\$29.11
Annual Max:	\$1,500	2-Person: 2	\$55.27	\$55.27
Orthodontics:	80%	Family: 8	\$112.55	\$112.55
Lifetime Max:	\$2,100			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 13	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 12	\$16.30	\$16.30
		Family: 29	\$24.52	\$24.52
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$1,080,000	54		
Rate/\$1,000:	\$1,000,000	0	\$0.13	\$0.14
Composite:			\$2.60	\$2.80
•			ψ2.00	φ2.00
AD&D Coverage	<b>#</b> 00.000			
Volume:	\$20,000			
Total Volume:	\$1,080,000	54	<b>AA AA</b>	<b>^</b>
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$256,258	54		
Rate/\$100:			\$0.46	\$0.44
Composite:			\$19.95	\$20.88
	Total Monthly Rat	e per Member: Single	\$59.85	\$60.98
		e per Member: 2-Person	\$94.72	\$95.85
		e per Member: Family	\$160.22	\$161.35

#### COBRA RATES:



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

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

### **Medical plans**

Description	Benefits	Enrollme	Enrollment		2021 Rate <sup>2</sup> w/ 2% Discount
Plan IN Deductible:	MESSA ABC Plan 1 (7V)				
IN Deductible: IN Coinsurance:	\$1400/\$2800 0%	Single:	2	\$706.22	\$775.29
OL/OV/SV Copay:	\$0	2-Person:	2	\$706.22	\$1,744.42
UC/ER Copay:	\$0		3 1	\$1,977.43	\$1,744.42
Rx Coverage:	ABC Rx	Family:	1	\$1,977.43	φ2,170.02
Riders:	HEQ				
Rideis.					
Plan	MESSA ABC Plan 2 (9G)				
IN Deductible:	\$2000/\$4000				
IN Coinsurance:	10%	Single:	1	\$617.24	\$677.61
OL/OV/SV Copay:	\$0	2-Person:	0	\$1,388.81	\$1,524.64
UC/ER Copay:	\$0	Family:	4	\$1,728.29	\$1,897.32
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Plan	Essentials by MESSA (EA)				
IN Deductible:	\$375/\$750				
IN Coinsurance:	20%	Single:	1	\$531.02	\$582.96
OL/OV/SV Copay:	\$10/\$25/\$50	2-Person:	0	\$1,194.80	\$1,311.65
UC/ER Copay:	\$50/\$200	Family:	1	\$1,486.86	\$1,632.28
Rx Coverage:	EbM				
Riders:	None				
Basic Term Life with Medical					
Volume:	\$5,000		13	\$1.50	\$1.50

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

#### COBRA RATES:



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

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

### Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	00909-15			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 4	\$33.01	\$33.01
Annual Max:	\$1,500	2-Person: 3	\$62.27	\$62.27
Orthodontics:	80%	Family: 6	\$119.37	\$119.37
Lifetime Max:	\$2,100			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 4	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 5	\$16.30	\$16.30
		Family: 10	\$24.52	\$24.52
Life Insurance				
Volume:	\$35,000			
Total Volume:	\$665,000	19		
Rate/\$1,000:	\$000,000	15	\$0.13	\$0.14
Composite:			\$4.55	\$4.90
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AD&D Coverage	<b>#05.000</b>			
Volume:	\$35,000			
Total Volume:	\$665,000	19	<b>AA AA</b>	<b>Aa aa</b>
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.05	\$1.05
LTD Benefit				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	Yes			
SS Freeze:	Yes			
Volume:	\$72,568	19		
Rate/\$100:			\$0.83	\$0.78
Composite:			\$28.37	\$29.79
	Total Monthly Rat	e per Member: Single	\$74.57	\$76.34
		e per Member: 2-Person	\$112.54	\$114.31
		e per Member: Family	\$177.86	\$179.63

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

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

### Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	00909-16			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$29.86	\$29.86
Annual Max:	\$1,500	2-Person: 2	\$59.32	\$59.32
Orthodontics:	80%	Family: 4	\$123.62	\$123.62
Lifetime Max:	\$2,100	,		
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 3	Single: 4	\$7.59	\$7.59
Plan Year:	Jul-Jun	2-Person: 5	\$16.30	\$16.30
		Family: 10	\$24.52	\$24.52
Life Insurance				
Volume:	\$35,000			
Total Volume:	\$665,000	19		
Rate/\$1,000:			\$0.13	\$0.14
Composite:			\$4.55	\$4.90
AD&D Coverage				
Volume:	\$35,000			
Total Volume:	\$665,000	19		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.05	\$1.05
LTD Benefit				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	Yes			
SS Freeze:	Yes			
Volume:	\$72,568	19		
Rate/\$100:	,		\$0.83	\$0.78
Composite:			\$28.37	\$29.79
·	Total Monthly Rat	e per Member: Single	\$71.42	\$73.19
		e per Member: 2-Person	\$109.59	\$111.36
		e per Member: Family	\$182.11	\$183.88

#### COBRA RATES:



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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
<b>Vision</b> 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:	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		
Rate/\$100: Composite:	φ.,000	5	\$1.47	\$1.56 \$15.91

#### COBRA RATES:



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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	Enrollme	ent	2020 Rate <sup>1</sup> w/ no Discount	2021 Rate <sup>2</sup> 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-Person: Family:	1 0 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: 2-Person: Family:	1 1 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: 2-Person: Family:	1 0 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

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

#### COBRA RATES:



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

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

### **Ancillary plans**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	00909-02			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 3	\$28.49	\$28.49
Annual Max:	\$1,000	2-Person: 2	\$55.40	\$55.40
Orthodontics:	60%	Family: 7	\$104.27	\$104.27
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 2	Single: 3	\$5.66	\$5.66
Plan Year:	Nov-Oct	2-Person: 2	\$12.15	\$12.15
		Family: 7	\$18.28	\$18.28
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$240,000	12		
Rate/\$1,000:			\$0.13	\$0.14
Composite:				\$2.80
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$240,000	12		
Rate/\$1,000:			\$0.03	\$0.03
Composite:				\$0.60
LTD Benefit				
Benefit:	66 2/3% Max \$1,000			
Max Monthly Salary:	\$1,500			
Waiting Period:	60 WDMF			
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:	\$16,007	12		
Rate/\$100:			\$1.68	\$1.63
Composite:				\$21.74

#### COBRA RATES:



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

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

### **Ancillary plans**

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	00909-14			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 3	\$28.49	\$28.49
Annual Max:	\$1,000	2-Person: 9	\$55.40	\$55.40
Orthodontics:	60%	Family: 7	\$104.27	\$104.27
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 2	Single: 3	\$5.66	\$5.66
Plan Year:	Nov-Oct	2-Person: 9	\$12.15	\$12.15
		Family: 7	\$18.28	\$18.28
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$380,000	19		
Rate/\$1,000:			\$0.13	\$0.14
Composite:				\$2.80
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$380,000	19		
Rate/\$1,000:			\$0.03	\$0.03
Composite:				\$0.60
LTD Benefit				
Benefit:	66 2/3% Max \$1,000			
Max Monthly Salary:	\$1,500			
Waiting Period:	60 WDMF			
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:	\$25,570	19		
Rate/\$100:			\$1.81	\$1.66
Composite:				\$22.34

#### COBRA RATES: