



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

**2022 Rate Renewal Exclusively for
 Hesperia Community Schools**

Quote #: 349124
 MESSA Field Rep: Grace Benedict
 Date Created: 08/18/2021

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

Quoted Group(s): 590A - PT Union Employees

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$340,000	17	\$0.16 \$3.20	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$340,000	17	\$0.03 \$0.60	\$0.03 \$0.60

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): 590BCFI - PrinDeptHdsSuperNonUnEmpCoord

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan	MESSA ABC Plan 1 (7V)			
IN Deductible:	\$1400/\$2800	Single: 1	\$759.51	\$817.98
IN Coinsurance:	0%	2-Person: 0	\$1,708.91	\$1,840.45
OL/OV/SV Copay:	\$0	Family: 3	\$2,126.63	\$2,290.35
UC/ER Copay:	\$0			
Rx Coverage:	ABC Rx			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	4	\$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): 590BCFI - PrinDeptHdsSuperNonUnEmpCoord

Ancillary plans with 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:	00321-08, 10, 12, 14 80% 80% (X-Rays) 80% \$1,250 80% \$2,150 2 Cleanings Jul-Jun	Single: 1 2-Person: 0 Family: 3	\$33.51 \$64.58 \$122.92	\$34.18 \$65.87 \$125.37
Vision (All)* Plan Year:	VSP 3 Jul-Jun	Single: 3 2-Person: 0 Family: 5	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$560,000	8	\$0.16 \$10.77	\$0.14 \$9.80
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$560,000	8	\$0.03 \$2.02	\$0.03 \$2.10
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 \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$37,367	8	\$0.74 \$34.01	\$0.53 \$24.76
Total Monthly Rate per Member: Single			\$87.90	\$78.06
Total Monthly Rate per Member: 2-Person			\$127.68	\$118.02
Total Monthly Rate per Member: Family			\$194.24	\$185.33

COBRA RATES:

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

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Quoted Group(s): 590BCFI - PrinDeptHdsSuperNonUnEmpCoord

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:	00321-09, 11, 13, 15 80% 80% (X-Rays) 80% \$1,250 80% \$2,150 2 Cleanings Jul-Jun	Single: 2 2-Person: 0 Family: 2	\$35.79 \$66.70 \$119.43	\$36.50 \$68.03 \$121.81
Vision (All)* Plan Year:	VSP 3 Jul-Jun	Single: 3 2-Person: 0 Family: 5	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$560,000	8	\$0.16 \$10.77	\$0.14 \$9.80
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$560,000	8	\$0.03 \$2.02	\$0.03 \$2.10
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 \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$37,367	8	\$0.74 \$34.01	\$0.53 \$24.76
Total Monthly Rate per Member: Single			\$90.18	\$80.38
Total Monthly Rate per Member: 2-Person			\$129.80	\$120.18
Total Monthly Rate per Member: Family			\$190.75	\$181.77

COBRA RATES:

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Quoted Group(s): 590D - Teacher

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 (6P) \$200/\$400 0% \$10/\$10/\$10 \$25/\$50 Saver Rx None	Single: 2 2-Person: 2 Family: 2	\$941.32 \$2,117.98 \$2,635.71	\$1,024.02 \$2,304.06 \$2,867.28
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: 7 Family: 15	\$759.51 \$1,708.91 \$2,126.63	\$817.98 \$1,840.45 \$2,290.35
Basic Term Life with Medical Volume:	\$5,000	30	\$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): 590D - Teacher

Ancillary plans with medical - 30 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00321-03 80% 80% (X-Rays) 80% \$1,250 80% \$2,150 2 Cleanings Jul-Jun	Single: 3 2-Person: 9 Family: 18	\$31.11 \$59.71 \$116.23	\$31.73 \$60.90 \$118.55
Vision (All)* Plan Year:	VSP 3 Jul-Jun	Single: 5 2-Person: 10 Family: 26	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$900,000	30	\$0.16 \$4.80	\$0.14 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$900,000	30	\$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:	66 2/3% Max \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$223,608	41	\$0.47 \$25.13	\$0.49 \$26.72
Total Monthly Rate per Member: Single			\$69.53	\$70.77
Total Monthly Rate per Member: 2-Person			\$106.84	\$108.21
Total Monthly Rate per Member: Family			\$171.58	\$173.67

COBRA RATES:

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Quoted Group(s): 590D - Teacher

Ancillary plans without medical - 11 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00321-04 80% 80% (X-Rays) 80% \$1,250 80% \$2,150 2 Cleanings Jul-Jun	Single: 2 2-Person: 1 Family: 8	\$30.74 \$58.61 \$118.72	\$31.35 \$59.78 \$121.09
Vision (All)* Plan Year:	VSP 3 Jul-Jun	Single: 5 2-Person: 10 Family: 26	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$550,000	11	\$0.16 \$8.00	\$0.14 \$7.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$550,000	11	\$0.03 \$1.50	\$0.03 \$1.50
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 \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$223,608	41	\$0.47 \$25.13	\$0.49 \$26.72
Total Monthly Rate per Member: Single			\$72.96	\$73.79
Total Monthly Rate per Member: 2-Person			\$109.54	\$110.49
Total Monthly Rate per Member: Family			\$177.87	\$179.61

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Quoted Group(s): 590G - FT Union Employees

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 1% Discount	2022 Rate ² w/ 1% 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: 0 2-Person: 1 Family: 0	\$767.26 \$1,726.34 \$2,148.33	\$826.33 \$1,859.23 \$2,313.72
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

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Your account may be eligible for additional savings through our new multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

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Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00321-05 100% 50% (X-Rays) 50% \$1,000 0% \$0 2 Cleanings Jul-Jun	Single: 1 2-Person: 3 Family: 3	\$23.29 \$43.13 \$74.04	\$23.75 \$43.99 \$75.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$140,000	7	\$0.16 \$3.20	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$140,000	7	\$0.03 \$0.60	\$0.03 \$0.60

Total Monthly Rate per Member: Single	\$27.09	\$27.15
Total Monthly Rate per Member: 2-Person	\$46.93	\$47.39
Total Monthly Rate per Member: Family	\$77.84	\$78.92

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Quoted Group(s): 590H - PT Bus Drivers with 3 routes

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00321-06 100% 50% (X-Rays) 50% \$1,000 0% \$ 0 2 Cleanings Jul-Jun	Single: 1 2-Person: 1 Family: 0	\$23.29 \$43.13 \$74.04	\$23.75 \$43.99 \$75.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.16 \$3.20	\$0.14 \$2.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.03 \$0.60	\$0.03 \$0.60

Total Monthly Rate per Member: Single \$27.09 \$27.15
 Total Monthly Rate per Member: 2-Person \$46.93 \$47.39
 Total Monthly Rate per Member: Family \$77.84 \$78.92

COBRA RATES:

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