



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

**2022 Rate Renewal Exclusively for
 Kalkaska Public Schools**

Quote #: 349144
 MESSA Field Rep: Viola Collin
 Date Created: 08/16/2021

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

Quoted Group(s): 635C - Support Staff

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 (6M) \$100/\$200 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 1	\$611.23 \$1,375.26 \$1,711.43	\$665.98 \$1,498.45 \$1,864.73
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: 14 2-Person: 4 Family: 5	\$487.14 \$1,096.08 \$1,364.00	\$525.48 \$1,182.32 \$1,471.34
Basic Term Life with Medical Volume:	\$5,000	25	\$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): 635C - Support Staff

Ancillary plans with medical - 25 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06097-14 100% (X-Rays) 70% 50% \$1,000 50% \$1,500 2 Cleanings, Sealants Jul-Jun	Single: 14 2-Person: 5 Family: 6	\$31.55 \$60.44 \$121.05	\$33.79 \$64.46 \$123.17
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 18 2-Person: 10 Family: 12	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,000,000	40	\$0.14 \$3.50	\$0.12 \$3.00
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,000,000	40	\$0.03 \$0.75	\$0.03 \$0.75
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 \$2,500 \$3,750 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$49,401	40	\$1.48 \$18.02	\$1.47 \$18.15
Total Monthly Rate per Member: Single			\$59.48	\$61.08
Total Monthly Rate per Member: 2-Person			\$94.86	\$97.90
Total Monthly Rate per Member: Family			\$161.60	\$162.44

COBRA RATES:

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Quoted Group(s): 635C - Support Staff

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:	06097-15 100% (X-Rays) 70% 50% \$1,000 50% \$1,500 2 Cleanings, Sealants Jul-Jun	Single: 4 2-Person: 5 Family: 6	\$29.64 \$58.65 \$114.37	\$31.01 \$61.82 \$120.92
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 18 2-Person: 10 Family: 12	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,000,000	40	\$0.14 \$3.50	\$0.12 \$3.00
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,000,000	40	\$0.03 \$0.75	\$0.03 \$0.75
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 \$2,500 \$3,750 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$49,401	40	\$1.48 \$18.02	\$1.47 \$18.15
Total Monthly Rate per Member: Single			\$57.57	\$58.30
Total Monthly Rate per Member: 2-Person			\$93.07	\$95.26
Total Monthly Rate per Member: Family			\$154.92	\$160.19

COBRA RATES:

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

Quoted Group(s): 635D - Teachers

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 (6M) \$100/\$200 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$611.23 \$1,375.26 \$1,711.43	\$665.98 \$1,498.45 \$1,864.73
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: 10 2-Person: 9 Family: 48	\$487.14 \$1,096.08 \$1,364.00	\$525.48 \$1,182.32 \$1,471.34
Basic Term Life with Medical Volume:	\$5,000	68	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

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Quoted Group(s): 635D - Teachers

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06097-16 100% 80% (X-Rays) 80% \$1,000 75% \$1,200 2 Cleanings, Sealants Jul-Jun	Single: 12 2-Person: 15 Family: 57	\$31.66 \$58.86 \$117.24	\$33.22 \$61.76 \$123.01
Vision Plan Year:	VSP 3 Plus P 250CL Jun-May	Single: 12 2-Person: 15 Family: 57	\$10.83 \$23.28 \$35.00	\$10.30 \$22.12 \$33.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,360,000	84	\$0.13 \$5.20	\$0.12 \$4.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,360,000	84	\$0.03 \$1.20	\$0.03 \$1.20
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 \$4,000 \$6,000 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$349,358	83	\$0.43 \$18.00	\$0.40 \$16.84
Total Monthly Rate per Member: Single			\$66.89	\$66.36
Total Monthly Rate per Member: 2-Person			\$106.54	\$106.72
Total Monthly Rate per Member: Family			\$176.64	\$179.11

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Quoted Group(s): 635MN - Admin/NonUnTeach/Sec, Supt

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 (6M) \$100/\$200 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 0 Family: 0	\$611.23 \$1,375.26 \$1,711.43	\$665.98 \$1,498.45 \$1,864.73
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: 4 Family: 18	\$487.14 \$1,096.08 \$1,364.00	\$525.48 \$1,182.32 \$1,471.34
Basic Term Life with Medical Volume:	\$5,000	23	\$1.50	\$1.50

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Quoted Group(s): 635MN - Admin/NonUnTeach/Sec, Supt

Ancillary plans with medical - 23 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06097-10, 12 100% 80% (X-Rays) 75% \$1,500 75% \$1,500 2 Cleanings, Sealants Jul-Jun	Single: 1 2-Person: 4 Family: 18	\$34.83 \$65.95 \$129.01	\$37.06 \$70.40 \$136.12
Vision (All)* Plan Year:	VSP 3 G Jul-Jun	Single: 2 2-Person: 5 Family: 19	\$8.51 \$18.27 \$27.46	\$8.09 \$17.36 \$26.10
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,350,000	26	\$0.13 \$6.70	\$0.12 \$6.23
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,350,000	26	\$0.03 \$1.55	\$0.03 \$1.56
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 Same as any other illness Same as any other illness Family 2 years Waived No Yes \$88,606	26	\$0.74 \$26.35	\$0.76 \$25.90
Total Monthly Rate per Member: Single			\$77.94	\$78.84
Total Monthly Rate per Member: 2-Person			\$118.82	\$121.45
Total Monthly Rate per Member: Family			\$191.07	\$195.91

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Quoted Group(s): 635MN - Admin/NonUnTeach/Sec, Supt

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:	06097-11, 13 100% 80% (X-Rays) 75% \$1,500 75% \$1,500 2 Cleanings, Sealants Jul-Jun	Single: 1 2-Person: 1 Family: 1	\$36.28 \$69.77 \$140.29	\$42.72 \$79.10 \$145.19
Vision (All)* Plan Year:	VSP 3 G Jul-Jun	Single: 2 2-Person: 5 Family: 19	\$8.51 \$18.27 \$27.46	\$8.09 \$17.36 \$26.10
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,350,000	26	\$0.13 \$6.70	\$0.12 \$6.23
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,350,000	26	\$0.03 \$1.55	\$0.03 \$1.56
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 Same as any other illness Same as any other illness Family 2 years Waived No Yes \$88,606	26	\$0.74 \$26.35	\$0.76 \$25.90
Total Monthly Rate per Member: Single			\$79.39	\$84.50
Total Monthly Rate per Member: 2-Person			\$122.64	\$130.15
Total Monthly Rate per Member: Family			\$202.35	\$204.98

COBRA RATES:

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