



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

**2021 Rate Renewal Exclusively for
 Madison District Public School**

Quote #: 346933
 MESSA Field Rep: Mark Middlewood
 Date Created: 08/03/2020

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

Quoted Group(s): 686A - FT 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 Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 20 2-Person: 7 Family: 12	\$698.94 \$1,572.61 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 5 2-Person: 0 Family: 4	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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: 8 2-Person: 0 Family: 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 0 Family: 5	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000	65	\$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): 686A - FT 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:	06503-02 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 5 2-Person: 2 Family: 7	\$37.02 \$69.31 \$133.45	\$37.02 \$69.31 \$133.45
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 42 2-Person: 9 Family: 28	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,160,000	79	\$0.10 \$4.00	\$0.11 \$4.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,160,000	79	\$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 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$314,149	79	\$0.44 \$18.18	\$0.45 \$17.89
Total Monthly Rate per Member: Single			\$66.76	\$66.87
Total Monthly Rate per Member: 2-Person			\$106.32	\$106.43
Total Monthly Rate per Member: Family			\$177.37	\$177.48

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

Quoted Group(s): 686D - FT Admin & Principals

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 Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 3 Family: 4	\$698.94 \$1,572.61 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 1 Family: 3	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
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.

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Quoted Group(s): 686D - FT Admin & Principals

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:	06503-03 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 1 2-Person: 5 Family: 7	\$32.52 \$62.08 \$116.93	\$32.52 \$62.08 \$116.93
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 1 2-Person: 5 Family: 7	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$1,300,000	13	\$0.10 \$10.00	\$0.11 \$11.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$1,300,000	13	\$0.03 \$3.00	\$0.03 \$3.00
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 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$63,569	13	\$0.58 \$27.82	\$0.62 \$30.32
Total Monthly Rate per Member: Single			\$79.70	\$83.20
Total Monthly Rate per Member: 2-Person			\$116.53	\$120.03
Total Monthly Rate per Member: Family			\$178.29	\$181.79

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

Quoted Group(s): 686D - FT Admin & Principals

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:	06503-04 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$34.92 \$65.44 \$122.65	\$34.92 \$65.44 \$122.65
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 1 2-Person: 5 Family: 7	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$1,300,000	13	\$0.10 \$10.00	\$0.11 \$11.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$1,300,000	13	\$0.03 \$3.00	\$0.03 \$3.00
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 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$63,569	13	\$0.58 \$27.82	\$0.62 \$30.32
Total Monthly Rate per Member: Single			\$82.10	\$85.60
Total Monthly Rate per Member: 2-Person			\$119.89	\$123.39
Total Monthly Rate per Member: Family			\$184.01	\$187.51

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

Quoted Group(s): 686F - FT Custodian/Bus Driver

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 Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 6 2-Person: 3 Family: 0	\$698.94 \$1,572.61 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2 2-Person: 0 Family: 1	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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: 0 Family: 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000	14	\$1.50	\$1.50

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

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Quoted Group(s): 686F - FT Custodian/Bus Driver

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:	06503-05 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 10 2-Person: 3 Family: 1	\$36.65 \$73.45 \$141.13	\$36.65 \$73.45 \$141.13
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 12 2-Person: 4 Family: 3	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$342,000	19	\$0.10 \$1.80	\$0.11 \$1.98
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$342,000	19	\$0.03 \$0.54	\$0.03 \$0.54
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 \$2,500 \$3,750 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$50,096	19	\$1.76 \$44.93	\$1.85 \$48.78
Total Monthly Rate per Member: Single			\$90.28	\$94.31
Total Monthly Rate per Member: 2-Person			\$134.35	\$138.38
Total Monthly Rate per Member: Family			\$208.94	\$212.97

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Quoted Group(s): 686F - FT Custodian/Bus Driver

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:	06503-06 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 2 2-Person: 1 Family: 2	\$32.80 \$63.79 \$116.34	\$32.80 \$63.79 \$116.34
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 12 2-Person: 4 Family: 3	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$342,000	19	\$0.10 \$1.80	\$0.11 \$1.98
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$342,000	19	\$0.03 \$0.54	\$0.03 \$0.54
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 \$2,500 \$3,750 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$50,096	19	\$1.76 \$44.93	\$1.85 \$48.78

Total Monthly Rate per Member: Single \$86.43 \$90.46
 Total Monthly Rate per Member: 2-Person \$124.69 \$128.72
 Total Monthly Rate per Member: Family \$184.15 \$188.18

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Quoted Group(s): 686G - FT Secretaries

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 Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2 2-Person: 1 Family: 1	\$698.94 \$1,572.61 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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: 0 Family: 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000	4	\$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): 686G - FT Secretaries

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:	06503-07 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 2 2-Person: 1 Family: 1	\$35.63 \$69.93 \$122.25	\$35.63 \$69.93 \$122.25
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 3 Family: 1	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$120,000	6	\$0.10 \$2.00	\$0.11 \$2.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$120,000	6	\$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:	66 2/3% Max \$2,500 \$3,750 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$16,308	6	\$1.24 \$27.07	\$1.54 \$41.86
Total Monthly Rate per Member: Single			\$71.66	\$86.65
Total Monthly Rate per Member: 2-Person			\$113.23	\$128.22
Total Monthly Rate per Member: Family			\$172.46	\$187.45

COBRA RATES:

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Quoted Group(s): 686G - FT Secretaries

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:	06503-08 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$48.99 \$92.11 \$158.80	\$48.99 \$92.11 \$158.80
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 3 Family: 1	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$120,000	6	\$0.10 \$2.00	\$0.11 \$2.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$120,000	6	\$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:	66 2/3% Max \$2,500 \$3,750 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$16,308	6	\$1.24 \$27.07	\$1.54 \$41.86

Total Monthly Rate per Member: Single \$85.02 \$100.01
 Total Monthly Rate per Member: 2-Person \$135.41 \$150.40
 Total Monthly Rate per Member: Family \$209.01 \$224.00

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Quoted Group(s): 686J - Full Time Food Service

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 Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2 2-Person: 0 Family: 0	\$698.94 \$1,572.61 \$1,957.03	\$715.18 \$1,609.16 \$2,002.52
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$659.10 \$1,482.97 \$1,845.48	\$674.41 \$1,517.43 \$1,888.37
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: 0 Family: 0	\$624.01 \$1,404.01 \$1,747.22	\$638.51 \$1,436.65 \$1,787.82
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$534.16 \$1,201.84 \$1,495.63	\$546.56 \$1,229.77 \$1,530.39
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

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

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

Quoted Group(s): 686J - Full Time Food Service

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:	06503-10 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 2 2-Person: 0 Family: 0	\$36.31 \$73.24 \$130.13	\$36.31 \$73.24 \$130.13
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 0 Family: 0	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$36,000	2	\$0.10 \$1.80	\$0.11 \$1.98
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$36,000	2	\$0.03 \$0.54	\$0.03 \$0.54
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 \$2,500 \$3,750 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$3,284	2	\$2.75 \$45.16	\$2.70 \$44.33

Total Monthly Rate per Member: Single \$90.17 \$89.52
 Total Monthly Rate per Member: 2-Person \$134.37 \$133.72
 Total Monthly Rate per Member: Family \$198.17 \$197.52

COBRA RATES:

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



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

**2021 Rate Renewal Exclusively for
 Madison District Public School**

Quote #: 346933
 MESSA Field Rep: Mark Middlewood
 Date Created: 08/03/2020

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

Quoted Group(s): 686J - Full Time Food Service

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:	06503-09 100% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings, Sealants Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$34.92 \$65.44 \$122.65	\$34.92 \$65.44 \$122.65
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 0 Family: 0	\$6.36 \$13.63 \$20.54	\$6.36 \$13.63 \$20.54
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$36,000	2	\$0.10 \$1.80	\$0.11 \$1.98
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$18,000 \$36,000	2	\$0.03 \$0.54	\$0.03 \$0.54
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 \$2,500 \$3,750 90 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$3,284	2	\$2.75 \$45.16	\$2.70 \$44.33
Total Monthly Rate per Member: Single			\$88.78	\$88.13
Total Monthly Rate per Member: 2-Person			\$126.57	\$125.92
Total Monthly Rate per Member: Family			\$190.69	\$190.04

COBRA RATES:

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