



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

2021 Rate Renewal Exclusively for West Bloomfield Schools

Quote #: 347016
 MESSA Field Rep: Mark Middlewood
 Date Created: 08/03/2020

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

Quoted Group(s): 946E - Instructional Staff

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 32 2-Person: 12 Family: 83	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 12 2-Person: 4 Family: 8	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 20 2-Person: 9 Family: 69	\$675.01 \$1,518.79 \$1,890.03	\$677.02 \$1,523.31 \$1,895.65
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 8 2-Person: 0 Family: 3	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
Basic Term Life with Medical Volume:	\$5,000	260	\$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:

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Quoted Group(s): 946E - Instructional Staff

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:	06327-01 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 66 2-Person: 23 Family: 144	\$36.72 \$70.99 \$137.29	\$36.72 \$70.99 \$137.29
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-05 50% 50% (X-Rays) 50% \$1,500 50% \$2,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 6 Family: 20	\$23.62 \$44.92 \$87.31	\$23.62 \$44.92 \$87.31
Vision Plan Year:	VSP 2 Jul-Jun	Single: 67 2-Person: 30 Family: 163	\$4.80 \$10.31 \$15.51	\$4.97 \$10.67 \$16.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,500,000	350	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,500,000	350	\$0.03 \$1.50	\$0.03 \$1.50
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 \$4,500 \$6,750 365 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$1,716,834	350	\$0.28 \$14.04	\$0.28 \$13.73

The above rates are based on plans and enrollment as of 07/27/2020. 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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Total Monthly Rate per Member: Single	\$61.56	\$61.42
Total Monthly Rate per Member: 2-Person	\$101.34	\$101.39
Total Monthly Rate per Member: Family	\$172.84	\$173.08
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$48.46	\$48.32
Total Monthly Rate per Member: 2-Person	\$75.27	\$75.32
Total Monthly Rate per Member: Family	\$122.86	\$123.10

COBRA RATES:

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Quoted Group(s): 946E - Instructional Staff

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:	06327-06 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 4 2-Person: 5 Family: 20	\$35.69 \$67.98 \$132.12	\$35.69 \$67.98 \$132.12
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-02 50% 50% (X-Rays) 50% \$1,500 50% \$2,000 2 Cleanings Jul-Jun	Single: 11 2-Person: 8 Family: 42	\$17.73 \$34.55 \$72.05	\$17.73 \$34.55 \$72.05
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 15 2-Person: 13 Family: 62	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,500,000	350	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$17,500,000	350	\$0.03 \$1.50	\$0.03 \$1.50
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 \$4,500 \$6,750 365 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$1,716,834	350	\$0.28 \$14.04	\$0.28 \$13.73

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Total Monthly Rate per Member: Single	\$64.27	\$64.25
Total Monthly Rate per Member: 2-Person	\$106.35	\$106.68
Total Monthly Rate per Member: Family	\$179.75	\$180.40
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$46.31	\$46.29
Total Monthly Rate per Member: 2-Person	\$72.92	\$73.25
Total Monthly Rate per Member: Family	\$119.68	\$120.33

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

Quoted Group(s): 946J - Secretary

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 (9Z) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 SRX Mail EA1	Single: 1 2-Person: 1 Family: 4	\$744.28 \$1,674.64 \$2,083.97	\$746.48 \$1,679.61 \$2,090.16
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 0 Family: 0	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 3 2-Person: 5 Family: 8	\$675.01 \$1,518.79 \$1,890.03	\$677.02 \$1,523.31 \$1,895.65
Basic Term Life with Medical Volume:	\$5,000	23	\$1.50	\$1.50

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

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Quoted Group(s): 946J - Secretary

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:	06327-30 80% 80% (X-Rays) 80% \$2,000 60% \$2,000 2 Cleanings Jul-Jun	Single: 3 2-Person: 8 Family: 11	\$51.79 \$98.50 \$177.29	\$51.79 \$98.50 \$177.29
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-32 50% 50% (X-Rays) 50% \$2,000 50% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$30.22 \$57.67 \$105.13	\$30.22 \$57.67 \$105.13
Vision Plan Year:	VSP 2 Jul-Jun	Single: 4 2-Person: 12 Family: 20	\$4.80 \$10.31 \$15.51	\$4.97 \$10.67 \$16.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,080,000	36	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,080,000	36	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$2,500 \$5,000 365 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$98,830	36	\$0.38 \$10.81	\$0.39 \$10.71

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Total Monthly Rate per Member: Single	\$71.00	\$71.07
Total Monthly Rate per Member: 2-Person	\$123.22	\$123.48
Total Monthly Rate per Member: Family	\$207.21	\$207.66
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$49.43	\$49.50
Total Monthly Rate per Member: 2-Person	\$82.39	\$82.65
Total Monthly Rate per Member: Family	\$135.05	\$135.50

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Quoted Group(s): 946J - Secretary

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:	06327-31 80% 80% (X-Rays) 80% \$2,000 60% \$2,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 0 Family: 2	\$49.31 \$93.39 \$162.41	\$49.31 \$93.39 \$162.41
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-33 50% 50% (X-Rays) 50% \$2,000 50% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 4 Family: 6	\$22.61 \$44.71 \$89.51	\$22.61 \$44.71 \$89.51
Vision Plan Year:	VSP 2 Jul-Jun	Single: 4 2-Person: 12 Family: 20	\$4.80 \$10.31 \$15.51	\$4.97 \$10.67 \$16.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,080,000	36	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,080,000	36	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$2,500 \$5,000 365 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$98,830	36	\$0.38 \$10.81	\$0.39 \$10.71

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Total Monthly Rate per Member: Single	\$68.52	\$68.59
Total Monthly Rate per Member: 2-Person	\$118.11	\$118.37
Total Monthly Rate per Member: Family	\$192.33	\$192.78
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$41.82	\$41.89
Total Monthly Rate per Member: 2-Person	\$69.43	\$69.69
Total Monthly Rate per Member: Family	\$119.43	\$119.88

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Quoted Group(s): 946L - Administrator/TMA

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 2 2-Person: 0 Family: 5	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 1 2-Person: 0 Family: 4	\$675.01 \$1,518.79 \$1,890.03	\$677.02 \$1,523.31 \$1,895.65
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 1	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
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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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:	06327-45 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 1 Family: 10	\$39.22 \$74.60 \$153.19	\$39.22 \$74.60 \$153.19
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 2 2-Person: 2 Family: 15	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$95,000	19	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$95,000	19	\$0.03 \$0.15	\$0.03 \$0.15
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 \$6,000 \$9,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$158,640	19	\$0.41 \$34.28	\$0.43 \$35.90
Total Monthly Rate per Member: Single			\$82.64	\$84.55
Total Monthly Rate per Member: 2-Person			\$127.81	\$130.07
Total Monthly Rate per Member: Family			\$215.66	\$218.24

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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:	06327-46 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 5	\$38.98 \$73.73 \$148.03	\$38.98 \$73.73 \$148.03
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 2 2-Person: 2 Family: 15	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$95,000	19	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$95,000	19	\$0.03 \$0.15	\$0.03 \$0.15
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 \$6,000 \$9,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$158,640	19	\$0.41 \$34.28	\$0.43 \$35.90
Total Monthly Rate per Member: Single			\$82.40	\$84.31
Total Monthly Rate per Member: 2-Person			\$126.94	\$129.20
Total Monthly Rate per Member: Family			\$210.50	\$213.08

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Quoted Group(s): 946M - Admin Supv, Exec, Admin Asst

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 0 Family: 0	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (CX) \$1400/\$2800 0% \$0 \$0 3Tier EA1, HEQ	Single: 0 2-Person: 3 Family: 0	\$683.09 \$1,536.97 \$1,912.65	\$685.12 \$1,541.54 \$1,918.34
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
Basic Term Life with Medical Volume:	\$5,000	4	\$1.50	\$1.50

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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:	06327-39 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 3 Family: 0	\$49.39 \$92.47 \$166.40	\$49.39 \$92.47 \$166.40
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 1 2-Person: 4 Family: 0	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.03 \$0.15	\$0.03 \$0.15
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 \$6,000 \$9,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$30,178	5	\$0.87 \$52.47	\$0.74 \$44.66

Total Monthly Rate per Member: Single \$111.00 \$103.48
 Total Monthly Rate per Member: 2-Person \$163.87 \$156.70
 Total Monthly Rate per Member: Family \$247.06 \$240.21

COBRA RATES:

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



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**2021 Rate Renewal Exclusively for
 West Bloomfield Schools**

Quote #: 347016
 MESSA Field Rep: Mark Middlewood
 Date Created: 08/03/2020

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

Quoted Group(s): 946M - Admin Supv, Exec, Admin Asst

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:	06327-40 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$51.41 \$96.81 \$183.42	\$51.41 \$96.81 \$183.42
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 1 2-Person: 4 Family: 0	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$25,000	5	\$0.03 \$0.15	\$0.03 \$0.15
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 \$6,000 \$9,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$30,178	5	\$0.87 \$52.47	\$0.74 \$44.66

Total Monthly Rate per Member: Single \$113.02 \$105.50
 Total Monthly Rate per Member: 2-Person \$168.21 \$161.04
 Total Monthly Rate per Member: Family \$264.08 \$257.23

COBRA RATES:

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



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**2021 Rate Renewal Exclusively for
 West Bloomfield Schools**

Quote #: 347016
 MESSA Field Rep: Mark Middlewood
 Date Created: 08/03/2020

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

Quoted Group(s): 946N - Paraprofessional

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 7 2-Person: 4 Family: 17	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 2 2-Person: 0 Family: 2	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 3 2-Person: 2 Family: 3	\$675.01 \$1,518.79 \$1,890.03	\$677.02 \$1,523.31 \$1,895.65
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 1 2-Person: 0 Family: 2	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
Basic Term Life with Medical Volume:	\$5,000	43	\$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:

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**2021 Rate Renewal Exclusively for
 West Bloomfield Schools**

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 Date Created: 08/03/2020

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

Quoted Group(s): 946N - Paraprofessional

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:	06327-22 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 11 2-Person: 13 Family: 19	\$48.16 \$91.86 \$174.98	\$48.16 \$91.86 \$174.98
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-24 50% 50% (X-Rays) 50% \$3,000 50% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$19.87 \$38.10 \$81.43	\$19.87 \$38.10 \$81.43
Vision Plan Year:	VSP 3 G Jul-Jun	Single: 17 2-Person: 16 Family: 27	\$7.22 \$15.50 \$23.31	\$7.47 \$16.05 \$24.12
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,800,000	60	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,800,000	60	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 365 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$117,782	60	\$0.40 \$8.19	\$0.40 \$7.85

The above rates are based on plans and enrollment as of 07/27/2020. 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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Rates Effective 01/01/2021 through 12/31/2021

Total Monthly Rate per Member: Single	\$67.17	\$67.08
Total Monthly Rate per Member: 2-Person	\$119.15	\$119.36
Total Monthly Rate per Member: Family	\$210.08	\$210.55
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$38.88	\$38.79
Total Monthly Rate per Member: 2-Person	\$65.39	\$65.60
Total Monthly Rate per Member: Family	\$116.53	\$117.00

COBRA RATES:

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 Date Created: 08/03/2020

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

Quoted Group(s): 946N - Paraprofessional

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:	06327-23 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 2 Family: 0	\$44.83 \$87.00 \$151.34	\$44.83 \$87.00 \$151.34
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-25 50% 50% (X-Rays) 50% \$3,000 50% \$3,000 2 Cleanings Jul-Jun	Single: 4 2-Person: 1 Family: 8	\$23.27 \$44.78 \$94.07	\$23.27 \$44.78 \$94.07
Vision Plan Year:	VSP 3 G Jul-Jun	Single: 17 2-Person: 16 Family: 27	\$7.22 \$15.50 \$23.31	\$7.47 \$16.05 \$24.12
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,800,000	60	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,800,000	60	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 365 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$117,782	60	\$0.40 \$8.19	\$0.40 \$7.85

The above rates are based on plans and enrollment as of 07/27/2020. 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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**2021 Rate Renewal Exclusively for
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 Date Created: 08/03/2020

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

Total Monthly Rate per Member: Single	\$63.84	\$63.75
Total Monthly Rate per Member: 2-Person	\$114.29	\$114.50
Total Monthly Rate per Member: Family	\$186.44	\$186.91
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$42.28	\$42.19
Total Monthly Rate per Member: 2-Person	\$72.07	\$72.28
Total Monthly Rate per Member: Family	\$129.17	\$129.64

COBRA RATES:

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**2021 Rate Renewal Exclusively for
 West Bloomfield Schools**

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 Date Created: 08/03/2020

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

Quoted Group(s): 946Q - Board Members

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AR) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 1 Family: 0	\$771.79 \$1,736.56 \$2,161.04	\$774.09 \$1,741.73 \$2,167.46
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$725.28 \$1,631.88 \$2,030.77	\$727.43 \$1,636.74 \$2,036.81
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$650.20 \$1,462.96 \$1,820.55	\$652.13 \$1,467.31 \$1,825.96
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 1	\$688.79 \$1,549.78 \$1,928.60	\$690.83 \$1,554.39 \$1,934.33
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.

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

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.

COBRA RATES:

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**2021 Rate Renewal Exclusively for
 West Bloomfield Schools**

Quote #: 347016
 MESSA Field Rep: Mark Middlewood
 Date Created: 08/03/2020

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

Quoted Group(s): 946R - Central Office Administrators

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 1 Family: 1	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 0	\$675.01 \$1,518.79 \$1,890.03	\$677.02 \$1,523.31 \$1,895.65
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
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.

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

COBRA RATES:

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**2021 Rate Renewal Exclusively for
 West Bloomfield Schools**

Quote #: 347016
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 Date Created: 08/03/2020

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

Quoted Group(s): 946R - Central Office Administrators

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:	06327-43 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 1	\$40.55 \$78.39 \$166.64	\$40.55 \$78.39 \$166.64
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 1 Family: 3	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.03 \$0.15	\$0.03 \$0.15
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 \$8,000 \$12,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$40,916	4	\$0.46 \$47.05	\$0.49 \$50.12
Total Monthly Rate per Member: Single			\$96.74	\$100.10
Total Monthly Rate per Member: 2-Person			\$144.37	\$148.08
Total Monthly Rate per Member: Family			\$241.88	\$245.91

COBRA RATES:

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2021 Rate Renewal Exclusively for West Bloomfield Schools

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 Date Created: 08/03/2020

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

Quoted Group(s): 946R - Central Office Administrators

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:	06327-44 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 2	\$30.40 \$59.19 \$111.31	\$30.40 \$59.19 \$111.31
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 1 Family: 3	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.09 \$0.45	\$0.09 \$0.45
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$20,000	4	\$0.03 \$0.15	\$0.03 \$0.15
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 \$8,000 \$12,000 90 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$40,916	4	\$0.46 \$47.05	\$0.49 \$50.12
Total Monthly Rate per Member: Single			\$86.59	\$89.95
Total Monthly Rate per Member: 2-Person			\$125.17	\$128.88
Total Monthly Rate per Member: Family			\$186.55	\$190.58

COBRA RATES:

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Quote #: 347016
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 Date Created: 08/03/2020

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

Quoted Group(s): 946S - Maintenance Technician

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 0 Family: 2	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 1 Family: 1	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AF) \$1400/\$2800 0% \$0 \$0 ABC Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 0	\$705.41 \$1,587.20 \$1,975.17	\$707.51 \$1,591.93 \$1,981.04
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
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.

COBRA RATES:

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 Date Created: 08/03/2020

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

Quoted Group(s): 946S - Maintenance Technician

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:	06327-34 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 1 2-Person: 1 Family: 1	\$36.56 \$70.57 \$130.31	\$36.56 \$70.57 \$130.31
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-36 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 0 2-Person: 0 Family: 2	\$21.44 \$39.39 \$76.66	\$21.44 \$39.39 \$76.66
Vision Plan Year:	VSP 2 Jul-Jun	Single: 1 2-Person: 2 Family: 3	\$4.80 \$10.31 \$15.51	\$4.97 \$10.67 \$16.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$180,000	6	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$180,000	6	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 365 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$19,470	6	\$0.72 \$24.11	\$0.83 \$26.93

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Total Monthly Rate per Member: Single	\$69.07	\$72.06
Total Monthly Rate per Member: 2-Person	\$108.59	\$111.77
Total Monthly Rate per Member: Family	\$173.53	\$176.90
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$53.95	\$56.94
Total Monthly Rate per Member: 2-Person	\$77.41	\$80.59
Total Monthly Rate per Member: Family	\$119.88	\$123.25

COBRA RATES:

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 Date Created: 08/03/2020

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

Quoted Group(s): 946S - Maintenance Technician

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:	06327-35 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$32.71 \$61.25 \$112.22	\$32.71 \$61.25 \$112.22
Dental - COB Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-37 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings, Adult Ortho Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$18.17 \$34.24 \$65.17	\$18.17 \$34.24 \$65.17
Vision Plan Year:	VSP 2 Jul-Jun	Single: 1 2-Person: 2 Family: 3	\$4.80 \$10.31 \$15.51	\$4.97 \$10.67 \$16.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$180,000	6	\$0.09 \$2.70	\$0.09 \$2.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$180,000	6	\$0.03 \$0.90	\$0.03 \$0.90
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:	50% Max \$5,000 \$10,000 365 CDSW 2 Year Limitation 2 Year Limitation Primary 2 years Waived No No \$19,470	6	\$0.72 \$24.11	\$0.83 \$26.93

The above rates are based on plans and enrollment as of 07/27/2020. 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.

If you have any questions, please contact your MESSA Field Representative, Mark Middlewood, at 800.292.4910.



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**2021 Rate Renewal Exclusively for
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Total Monthly Rate per Member: Single	\$65.22	\$68.21
Total Monthly Rate per Member: 2-Person	\$99.27	\$102.45
Total Monthly Rate per Member: Family	\$155.44	\$158.81
<u>Totals for Dental - COB</u>		
Total Monthly Rate per Member: Single	\$50.68	\$53.67
Total Monthly Rate per Member: 2-Person	\$72.26	\$75.44
Total Monthly Rate per Member: Family	\$108.39	\$111.76

COBRA RATES:

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

Quoted Group(s): 946T - CommEd Childcare

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 6 2-Person: 1 Family: 0	\$725.28 \$1,631.88 \$2,030.77	\$720.16 \$1,620.38 \$2,016.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 9 2-Person: 0 Family: 0	\$650.20 \$1,462.96 \$1,820.55	\$645.61 \$1,452.64 \$1,807.71
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 1 2-Person: 0 Family: 0	\$688.79 \$1,549.78 \$1,928.60	\$683.93 \$1,538.85 \$1,914.99
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 2 2-Person: 0 Family: 0	\$547.99 \$1,232.98 \$1,534.37	\$544.12 \$1,224.29 \$1,523.54
Basic Term Life with Medical Volume:	\$5,000	19	\$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.

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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Quoted Group(s): 946T - CommEd Childcare

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental	06327-38			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 4	\$48.33	\$48.33
Annual Max:	\$1,500	2-Person: 2	\$89.83	\$89.83
Orthodontics:	60%	Family: 4	\$150.92	\$150.92
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jul-Jun			
Vision	VSP 2	Single: 4	\$4.80	\$4.97
Plan Year:	Jul-Jun	2-Person: 3	\$10.31	\$10.67
		Family: 4	\$15.51	\$16.06

Total Monthly Rate per Member: Single	\$53.13	\$53.30
Total Monthly Rate per Member: 2-Person	\$100.14	\$100.50
Total Monthly Rate per Member: Family	\$166.43	\$166.98

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Quoted Group(s): 946V - Private Teacher

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 1 2-Person: 0 Family: 0	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 1 Family: 0	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 0	\$675.01 \$1,518.79 \$1,890.03	\$677.02 \$1,523.31 \$1,895.65
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
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.

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

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Quoted Group(s): 946V - Private Teacher

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:	06327-41 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$42.24 \$78.97 \$142.84	\$42.24 \$78.97 \$142.84
Vision Plan Year:	VSP 2 Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$4.80 \$10.31 \$15.51	\$4.97 \$10.67 \$16.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.09 \$0.09	\$0.09 \$0.09
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.03 \$0.03	\$0.03 \$0.03

Total Monthly Rate per Member: Single \$47.16 \$47.33
 Total Monthly Rate per Member: 2-Person \$89.40 \$89.76
 Total Monthly Rate per Member: Family \$158.47 \$159.02

COBRA RATES:

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Quoted Group(s): 946V - Private Teacher

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:	06327-42 80% 80% (X-Rays) 80% \$1,500 60% \$2,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$33.52 \$63.71 \$129.00	\$33.52 \$63.71 \$129.00
Vision Plan Year:	VSP 2 Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$4.80 \$10.31 \$15.51	\$4.97 \$10.67 \$16.06
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.09 \$0.09	\$0.09 \$0.09
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$1,000 \$2,000	2	\$0.03 \$0.03	\$0.03 \$0.03

Total Monthly Rate per Member: Single	\$38.44	\$38.61
Total Monthly Rate per Member: 2-Person	\$74.14	\$74.50
Total Monthly Rate per Member: Family	\$144.63	\$145.18

COBRA RATES:

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Quoted Group(s): 946Y - Community Education Supervisor

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 (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$710.78 \$1,599.25 \$1,990.16	\$712.88 \$1,604.01 \$1,996.08
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (BB) \$1000/\$2000 20% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$637.20 \$1,433.70 \$1,784.15	\$639.09 \$1,437.97 \$1,789.45
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1400/\$2800 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 2 Family: 0	\$675.01 \$1,518.79 \$1,890.03	\$677.02 \$1,523.31 \$1,895.65
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$537.03 \$1,208.33 \$1,503.69	\$538.63 \$1,211.93 \$1,508.16
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.

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

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Quoted Group(s): 946Y - Community Education Supervisor

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:	06327-47 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$40.79 \$79.68 \$149.81	\$40.79 \$79.68 \$149.81
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 2 Family: 1	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$150,000	3	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$150,000	3	\$0.03 \$1.50	\$0.03 \$1.50
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 \$6,000 365 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$12,485	3	\$0.61 \$25.39	\$0.64 \$26.63
Total Monthly Rate per Member: Single			\$80.72	\$82.25
Total Monthly Rate per Member: 2-Person			\$129.40	\$131.28
Total Monthly Rate per Member: Family			\$208.79	\$210.99

COBRA RATES:

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Quoted Group(s): 946Y - Community Education Supervisor

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:	06327-48 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$40.14 \$77.42 \$175.76	\$40.14 \$77.42 \$175.76
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 2 Family: 1	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$150,000	3	\$0.09 \$4.50	\$0.09 \$4.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$150,000	3	\$0.03 \$1.50	\$0.03 \$1.50
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 \$6,000 365 CDSW 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$12,485	3	\$0.61 \$25.39	\$0.64 \$26.63
Total Monthly Rate per Member: Single			\$80.07	\$81.60
Total Monthly Rate per Member: 2-Person			\$127.14	\$129.02
Total Monthly Rate per Member: Family			\$234.74	\$236.94

COBRA RATES:

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Quoted Group(s): 946Z - Superintendent

Ancillary plans

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06327-49 80% 80% (X-Rays) 80% \$3,000 60% \$3,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$52.37 \$97.84 \$174.43	\$52.37 \$97.84 \$174.43
Vision Plan Year:	VSP 3 Plus 200CL Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$8.54 \$18.33 \$27.59	\$8.83 \$18.97 \$28.55
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 \$9,500 \$14,250 90 CDSW 2 Year Limitation 2 Year Limitation Family 3 years Waived No Yes \$14,250	1	\$0.44	\$0.40 \$57.00

COBRA RATES:

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