



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

**2023 Rate Renewal Exclusively for
 Berrien Springs Public Schools**

Quote #: 350947
 MESSA Field Rep: James Baker
 Date Created: 08/04/2022

Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 372A - Teacher

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 18 2-Person: 10 Family: 34	\$775.20 \$1,744.20 \$2,170.56	\$848.85 \$1,909.91 \$2,376.78
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8M) \$1000/\$2000 10% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 9 2-Person: 12 Family: 7	\$658.13 \$1,480.80 \$1,842.77	\$720.66 \$1,621.50 \$2,017.86
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 10 2-Person: 6 Family: 20	\$665.57 \$1,497.53 \$1,863.59	\$728.80 \$1,639.81 \$2,040.66
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: 5 2-Person: 3 Family: 6	\$505.51 \$1,137.38 \$1,415.41	\$553.53 \$1,245.44 \$1,549.90
Basic Term Life with Medical Volume:	\$5,000	140	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

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Rates Effective 01/01/2023 through 12/31/2023

Quoted Group(s): 372A - Teacher

Ancillary plans with medical - 140 members

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-01 50% 50% (X-Rays) 50% \$1,000 50% \$500 2 Cleanings Jan-Dec	Single: 37 2-Person: 31 Family: 72	\$14.40 \$27.62 \$52.59	\$14.12 \$26.79 \$50.11
Vision (All)* Plan Year:	VSP 2 Jan-Dec	Single: 45 2-Person: 45 Family: 99	\$5.39 \$11.54 \$17.37	\$4.87 \$10.43 \$15.71
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,890,000	189	\$0.13 \$1.30	\$0.12 \$1.20
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,890,000	189	\$0.03 \$0.30	\$0.03 \$0.30
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 \$896,475	189	\$0.33 \$14.75	\$0.35 \$16.60
Total Monthly Rate per Member: Single			\$36.14	\$37.09
Total Monthly Rate per Member: 2-Person			\$55.51	\$55.32
Total Monthly Rate per Member: Family			\$86.31	\$83.92

COBRA RATES:

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

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

The above rates are based on plans and enrollment as of 08/02/2022. 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, James Baker, at 800.292.4910.



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Quoted Group(s): 372A - Teacher

Ancillary plans without medical - 49 members

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-02 75% 75% (X-Rays) 50% \$1,000 50% \$500 2 Cleanings Jan-Dec	Single: 9 2-Person: 12 Family: 28	\$25.21 \$47.14 \$87.93	\$23.15 \$43.66 \$81.35
Vision (All)* Plan Year:	VSP 2 Jan-Dec	Single: 45 2-Person: 45 Family: 99	\$5.39 \$11.54 \$17.37	\$4.87 \$10.43 \$15.71
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,890,000	189	\$0.13 \$1.30	\$0.12 \$1.20
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,890,000	189	\$0.03 \$0.30	\$0.03 \$0.30
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 \$896,475	189	\$0.33 \$14.75	\$0.35 \$16.60
Total Monthly Rate per Member: Single			\$46.95	\$46.12
Total Monthly Rate per Member: 2-Person			\$75.03	\$72.19
Total Monthly Rate per Member: Family			\$121.65	\$115.16

COBRA RATES:

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

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Quoted Group(s): 372C - Administration

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 5 2-Person: 5 Family: 11	\$775.20 \$1,744.20 \$2,170.56	\$848.85 \$1,909.91 \$2,376.78
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8M) \$1000/\$2000 10% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 4 2-Person: 4 Family: 11	\$658.13 \$1,480.80 \$1,842.77	\$720.66 \$1,621.50 \$2,017.86
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 3 2-Person: 2 Family: 11	\$665.57 \$1,497.53 \$1,863.59	\$728.80 \$1,639.81 \$2,040.66
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: 3 2-Person: 0 Family: 3	\$505.51 \$1,137.38 \$1,415.41	\$553.53 \$1,245.44 \$1,549.90
Basic Term Life with Medical Volume:	\$5,000	62	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

²Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

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Quoted Group(s): 372C - Administration

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-11 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings Jan-Dec	Single: 19 2-Person: 14 Family: 49	\$28.58 \$54.55 \$101.54	\$27.18 \$51.51 \$94.57
Vision Plan Year:	VSP 3 Jan-Dec	Single: 19 2-Person: 14 Family: 49	\$7.22 \$15.49 \$23.30	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$15,453,000	82	\$0.13 \$24.25	\$0.12 \$22.61
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$15,453,000	82	\$0.03 \$5.60	\$0.03 \$5.65
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 90 CDMF 2 Year Limitation 2 Year Limitation Primary 3 years Waived No Yes \$444,324	82	\$0.43 \$23.04	\$0.40 \$21.67
Total Monthly Rate per Member: Single			\$88.69	\$83.64
Total Monthly Rate per Member: 2-Person			\$122.93	\$115.45
Total Monthly Rate per Member: Family			\$177.73	\$165.57

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Quoted Group(s): 372D - FT Maint, Parapro, & Secretary

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 7 2-Person: 5 Family: 2	\$775.20 \$1,744.20 \$2,170.56	\$848.85 \$1,909.91 \$2,376.78
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8M) \$1000/\$2000 10% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 1 2-Person: 2 Family: 5	\$658.13 \$1,480.80 \$1,842.77	\$720.66 \$1,621.50 \$2,017.86
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 2 2-Person: 0 Family: 0	\$665.57 \$1,497.53 \$1,863.59	\$728.80 \$1,639.81 \$2,040.66
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: 12 2-Person: 3 Family: 0	\$505.51 \$1,137.38 \$1,415.41	\$553.53 \$1,245.44 \$1,549.90
Basic Term Life with Medical Volume:	\$5,000	39	\$1.50	\$1.50

¹Medical Rate includes 1.490% for federal and state taxes and fees.

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Quoted Group(s): 372D - FT Maint, Parapro, & Secretary

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-10 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jan-Dec	Single: 33 2-Person: 14 Family: 10	\$14.97 \$30.14 \$58.00	\$15.64 \$32.03 \$59.20
Vision Plan Year:	VSP 2 Jan-Dec	Single: 34 2-Person: 13 Family: 10	\$5.39 \$11.54 \$17.37	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$427,500	57	\$0.13 \$0.98	\$0.12 \$0.90
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$427,500	57	\$0.03 \$0.23	\$0.03 \$0.23
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$169,531	57	\$0.49 \$14.29	\$0.40 \$11.90
Total Monthly Rate per Member: Single			\$35.86	\$33.54
Total Monthly Rate per Member: 2-Person			\$57.18	\$55.49
Total Monthly Rate per Member: Family			\$90.87	\$87.94

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Quoted Group(s): 372H - Food Service Mechanic Support

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ 2% Discount	2023 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 1 2-Person: 1 Family: 0	\$775.20 \$1,744.20 \$2,170.56	\$848.85 \$1,909.91 \$2,376.78
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8M) \$1000/\$2000 10% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$658.13 \$1,480.80 \$1,842.77	\$720.66 \$1,621.50 \$2,017.86
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1500/\$3000 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$665.57 \$1,497.53 \$1,863.59	\$728.80 \$1,639.81 \$2,040.66
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: 0 2-Person: 0 Family: 0	\$505.51 \$1,137.38 \$1,415.41	\$553.53 \$1,245.44 \$1,549.90
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

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²Medical Rate includes 1.335% for federal and state taxes and fees.

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Quoted Group(s): 372H - Food Service Mechanic Support

Ancillary plans

Description	Benefits	Enrollment	2022 Rate	2023 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-14 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jan-Dec	Single: 1 2-Person: 3 Family: 4	\$15.86 \$29.89 \$56.38	\$14.51 \$27.83 \$53.74
Vision Plan Year:	VSP 2 Jan-Dec	Single: 1 2-Person: 3 Family: 4	\$5.39 \$11.54 \$17.37	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$100,000	8	\$0.13 \$1.63	\$0.12 \$1.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$100,000	8	\$0.03 \$0.38	\$0.03 \$0.38
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$20,739	8	\$1.18 \$28.28	\$1.05 \$27.22

Total Monthly Rate per Member: Single \$51.54 \$48.48
 Total Monthly Rate per Member: 2-Person \$71.72 \$67.36
 Total Monthly Rate per Member: Family \$104.04 \$98.55

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Quoted Group(s): 372J - ACA Eligible Employees

Medical plans

Description	Benefits	Enrollment	2022 Rate ¹ w/ no Discount	2023 Rate ² w/ no Discount
Plan	Essentials by MESSA (EA)			
IN Deductible:	\$375/\$750	Single: 1	\$515.82	\$564.83
IN Coinsurance:	20%	2-Person: 0	\$1,160.59	\$1,270.86
OL/OV/SV Copay:	\$10/\$25/\$50	Family: 0	\$1,444.30	\$1,581.53
UC/ER Copay:	\$50/\$200			
Rx Coverage:	EbM			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	1	\$1.50	\$1.50

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²Medical Rate includes 1.335% for federal and state taxes and fees.

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