



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

**2022 Rate Renewal Exclusively for
 Berrien Springs Public Schools**

Quote #: 349027
 MESSA Field Rep: Jacqueline Mast
 Date Created: 08/16/2021

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

Quoted Group(s): 372A - 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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 24 2-Person: 14 Family: 43	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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: 5 2-Person: 4 Family: 6	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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: 3 Family: 17	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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: 4 2-Person: 3 Family: 6	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$1,415.41
Basic Term Life with Medical Volume:	\$5,000	137	\$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:

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



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

Quoted Group(s): 372A - Teacher

Ancillary plans with medical - 137 members

Description	Benefits	Enrollment	2021 Rate	2022 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 Jul-Jun	Single: 36 2-Person: 28 Family: 73	\$13.05 \$24.66 \$45.31	\$14.40 \$27.62 \$52.59
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 44 2-Person: 41 Family: 98	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,830,000	183	\$0.12 \$1.20	\$0.13 \$1.30
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,830,000	183	\$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 \$817,883	183	\$0.37 \$15.68	\$0.33 \$14.75
Total Monthly Rate per Member: Single			\$35.89	\$36.14
Total Monthly Rate per Member: 2-Person			\$53.99	\$55.51
Total Monthly Rate per Member: Family			\$80.77	\$86.31

COBRA RATES:

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

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Quoted Group(s): 372A - Teacher

Ancillary plans without medical - 46 members

Description	Benefits	Enrollment	2021 Rate	2022 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 Jul-Jun	Single: 8 2-Person: 13 Family: 25	\$22.60 \$42.18 \$77.68	\$25.21 \$47.14 \$87.93
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 44 2-Person: 41 Family: 98	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,830,000	183	\$0.12 \$1.20	\$0.13 \$1.30
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,830,000	183	\$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 \$817,883	183	\$0.37 \$15.68	\$0.33 \$14.75
Total Monthly Rate per Member: Single			\$45.44	\$46.95
Total Monthly Rate per Member: 2-Person			\$71.51	\$75.03
Total Monthly Rate per Member: Family			\$113.14	\$121.65

COBRA RATES:

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Quoted Group(s): 372C - Administration

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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 6 2-Person: 6 Family: 13	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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: 7	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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: 4 2-Person: 2 Family: 8	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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: 1 2-Person: 0 Family: 2	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$1,415.41
Basic Term Life with Medical Volume:	\$5,000	52	\$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): 372C - Administration

Ancillary plans with medical - 52 members

Description	Benefits	Enrollment	2021 Rate	2022 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 Jul-Jun	Single: 12 2-Person: 11 Family: 29	\$26.49 \$50.46 \$95.08	\$28.58 \$54.55 \$101.54
Vision (All)* Plan Year:	VSP 3 Jul-Jun	Single: 14 2-Person: 15 Family: 41	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$13,056,000	70	\$0.12 \$21.92	\$0.13 \$24.25
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$13,056,000	70	\$0.03 \$5.48	\$0.03 \$5.60
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 \$4,500 \$6,750 90 CDMF 2 Year Limitation 2 Year Limitation Primary 3 years Waived No Yes \$375,034	70	\$0.48 \$25.07	\$0.43 \$23.04

Total Monthly Rate per Member: Single \$86.55 \$88.69
 Total Monthly Rate per Member: 2-Person \$119.23 \$122.93
 Total Monthly Rate per Member: Family \$172.07 \$177.73

COBRA RATES:

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Quoted Group(s): 372C - Administration

Ancillary plans without medical - 18 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-12 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 4 Family: 12	\$26.80 \$50.41 \$94.69	\$29.43 \$55.74 \$102.93
Vision (All)* Plan Year:	VSP 3 Jul-Jun	Single: 14 2-Person: 15 Family: 41	\$7.59 \$16.30 \$24.52	\$7.22 \$15.49 \$23.30
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$13,056,000	70	\$0.12 \$21.92	\$0.13 \$24.25
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$13,056,000	70	\$0.03 \$5.48	\$0.03 \$5.60
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 \$4,500 \$6,750 90 CDMF 2 Year Limitation 2 Year Limitation Primary 3 years Waived No Yes \$375,034	70	\$0.48 \$25.07	\$0.43 \$23.04
Total Monthly Rate per Member: Single			\$86.86	\$89.54
Total Monthly Rate per Member: 2-Person			\$119.18	\$124.12
Total Monthly Rate per Member: Family			\$171.68	\$179.12

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

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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 7 2-Person: 3 Family: 3	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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: 1 Family: 1	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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: 1 2-Person: 0 Family: 0	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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: 4 2-Person: 0 Family: 0	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$1,415.41
Basic Term Life with Medical Volume:	\$5,000	21	\$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.

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

Ancillary plans with medical - 21 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-09 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 13 2-Person: 6 Family: 2	\$16.29 \$31.32 \$58.92	\$17.44 \$35.50 \$65.77
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 17 2-Person: 7 Family: 4	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$210,000	28	\$0.12 \$0.90	\$0.13 \$0.98
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$210,000	28	\$0.03 \$0.23	\$0.03 \$0.23
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$81,683	28	\$0.56 \$14.86	\$0.49 \$14.29
Total Monthly Rate per Member: Single			\$37.94	\$38.33
Total Monthly Rate per Member: 2-Person			\$59.46	\$62.54
Total Monthly Rate per Member: Family			\$93.19	\$98.64

COBRA RATES:

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

Ancillary plans without medical - 7 members

Description	Benefits	Enrollment	2021 Rate	2022 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 Jul-Jun	Single: 4 2-Person: 1 Family: 2	\$15.80 \$29.80 \$56.78	\$14.97 \$30.14 \$58.00
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 17 2-Person: 7 Family: 4	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$210,000	28	\$0.12 \$0.90	\$0.13 \$0.98
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$210,000	28	\$0.03 \$0.23	\$0.03 \$0.23
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$81,683	28	\$0.56 \$14.86	\$0.49 \$14.29
Total Monthly Rate per Member: Single			\$37.45	\$35.86
Total Monthly Rate per Member: 2-Person			\$57.94	\$57.18
Total Monthly Rate per Member: Family			\$91.05	\$90.87

COBRA RATES:

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

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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 1 2-Person: 1 Family: 0	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$1,415.41
Basic Term Life with Medical Volume:	\$5,000	2	\$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.

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

Ancillary plans with medical - 2 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00323-13 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 1 Family: 0	\$15.62 \$30.94 \$58.09	\$15.86 \$29.92 \$58.60
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 2 2-Person: 2 Family: 5	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$112,500	9	\$0.12 \$1.50	\$0.13 \$1.63
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$112,500	9	\$0.03 \$0.38	\$0.03 \$0.38
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$21,570	9	\$1.15 \$27.75	\$1.18 \$28.28
Total Monthly Rate per Member: Single			\$50.91	\$51.54
Total Monthly Rate per Member: 2-Person			\$72.72	\$71.75
Total Monthly Rate per Member: Family			\$106.00	\$106.26

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

Ancillary plans without medical - 7 members

Description	Benefits	Enrollment	2021 Rate	2022 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 Jul-Jun	Single: 1 2-Person: 1 Family: 5	\$14.82 \$28.94 \$56.12	\$16.02 \$29.89 \$56.38
Vision (All)* Plan Year:	VSP 2 Jul-Jun	Single: 2 2-Person: 2 Family: 5	\$5.66 \$12.15 \$18.28	\$5.39 \$11.54 \$17.37
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$112,500	9	\$0.12 \$1.50	\$0.13 \$1.63
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$112,500	9	\$0.03 \$0.38	\$0.03 \$0.38
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$21,570	9	\$1.15 \$27.75	\$1.18 \$28.28
Total Monthly Rate per Member: Single			\$50.11	\$51.70
Total Monthly Rate per Member: 2-Person			\$70.72	\$71.72
Total Monthly Rate per Member: Family			\$104.03	\$104.04

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 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.

If you have any questions, please contact your MESSA Field Representative, Jacqueline Mast, at 800.292.4910.



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

**2022 Rate Renewal Exclusively for
 Berrien Springs Public Schools**

Quote #: 349027
 MESSA Field Rep: Jacqueline Mast
 Date Created: 08/16/2021

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

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

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no Discount
Plan	Essentials by MESSA (EA)			
IN Deductible:	\$375/\$750	Single: 7	\$489.35	\$515.82
IN Coinsurance:	20%	2-Person: 0	\$1,101.04	\$1,160.59
OL/OV/SV Copay:	\$10/\$25/\$50	Family: 0	\$1,370.18	\$1,444.30
UC/ER Copay:	\$50/\$200			
Rx Coverage:	EbM			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	7	\$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:

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