



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

2024 Rate Renewal Exclusively for Berrien Springs Public Schools

Quote #: 353085
 MESSA Field Rep: James Baker
 Date Created: 08/07/2023

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 372A - Teacher

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 32	\$848.85 \$1,909.91 \$2,376.78	\$903.26 \$2,032.32 \$2,529.11
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: 6 2-Person: 10 Family: 10	\$720.66 \$1,621.50 \$2,017.86	\$766.85 \$1,725.41 \$2,147.18
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 9 2-Person: 7 Family: 21	\$728.80 \$1,639.81 \$2,040.66	\$775.51 \$1,744.90 \$2,171.44
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: 8	\$553.53 \$1,245.44 \$1,549.90	\$589.01 \$1,325.27 \$1,649.22
Basic Term Life with Medical Volume:	\$5,000	146	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

²Medical Rate includes 1.336% 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 01/01/2024 through 12/31/2024

Quoted Group(s): 372A - Teacher

Ancillary plans with medical - 146 members

Description	Benefits	Enrollment	2023 Rate	2024 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: 41 2-Person: 32 Family: 73	\$14.12 \$26.79 \$50.11	\$14.12 \$26.79 \$50.11
Vision (All)* Plan Year:	VSP 2 Jan-Dec	Single: 51 2-Person: 44 Family: 103	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,980,000	198	\$0.12 \$1.20	\$0.11 \$1.10
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,980,000	198	\$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 \$974,566	198	\$0.35 \$16.60	\$0.35 \$17.23
Total Monthly Rate per Member: Single			\$37.09	\$37.62
Total Monthly Rate per Member: 2-Person			\$55.32	\$55.85
Total Monthly Rate per Member: Family			\$83.92	\$84.45

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 07/31/2023. 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 - 52 members

Description	Benefits	Enrollment	2023 Rate	2024 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: 11 2-Person: 10 Family: 31	\$23.15 \$43.66 \$81.35	\$23.15 \$43.66 \$81.35
Vision (All)* Plan Year:	VSP 2 Jan-Dec	Single: 51 2-Person: 44 Family: 103	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,980,000	198	\$0.12 \$1.20	\$0.11 \$1.10
AD&D Coverage (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,980,000	198	\$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 \$974,566	198	\$0.35 \$16.60	\$0.35 \$17.23
Total Monthly Rate per Member: Single			\$46.12	\$46.65
Total Monthly Rate per Member: 2-Person			\$72.19	\$72.72
Total Monthly Rate per Member: Family			\$115.16	\$115.69

COBRA RATES:

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Quoted Group(s): 372C - Administration

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 3 Family: 10	\$848.85 \$1,909.91 \$2,376.78	\$903.26 \$2,032.32 \$2,529.11
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: 8 2-Person: 4 Family: 9	\$720.66 \$1,621.50 \$2,017.86	\$766.85 \$1,725.41 \$2,147.18
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 5 2-Person: 2 Family: 17	\$728.80 \$1,639.81 \$2,040.66	\$775.51 \$1,744.90 \$2,171.44
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: 4 Family: 5	\$553.53 \$1,245.44 \$1,549.90	\$589.01 \$1,325.27 \$1,649.22
Basic Term Life with Medical Volume:	\$5,000	77	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

²Medical Rate includes 1.336% for federal and state taxes and fees.

COBRA RATES:

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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 372C - Administration

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 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: 24 2-Person: 21 Family: 59	\$27.18 \$51.51 \$94.57	\$27.18 \$51.51 \$94.57
Vision Plan Year:	VSP 3 Jan-Dec	Single: 24 2-Person: 21 Family: 59	\$6.53 \$14.01 \$21.07	\$6.53 \$14.01 \$21.07
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$19,177,000	104	\$0.12 \$22.61	\$0.11 \$20.28
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$19,177,000	104	\$0.03 \$5.65	\$0.03 \$5.53
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 \$548,933	104	\$0.40 \$21.67	\$0.35 \$18.47
Total Monthly Rate per Member: Single			\$83.64	\$77.99
Total Monthly Rate per Member: 2-Person			\$115.45	\$109.80
Total Monthly Rate per Member: Family			\$165.57	\$159.92

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

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 4 Family: 1	\$848.85 \$1,909.91 \$2,376.78	\$903.26 \$2,032.32 \$2,529.11
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: 2 2-Person: 4 Family: 3	\$720.66 \$1,621.50 \$2,017.86	\$766.85 \$1,725.41 \$2,147.18
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 1 Family: 0	\$728.80 \$1,639.81 \$2,040.66	\$775.51 \$1,744.90 \$2,171.44
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: 18 2-Person: 2 Family: 1	\$553.53 \$1,245.44 \$1,549.90	\$589.01 \$1,325.27 \$1,649.22
Basic Term Life with Medical Volume:	\$5,000	44	\$1.50	\$1.50

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²Medical Rate includes 1.336% for federal and state taxes and fees.

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 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: 76 2-Person: 16 Family: 17	\$15.64 \$32.03 \$59.20	\$15.64 \$32.03 \$59.20
Vision Plan Year:	VSP 2 Jan-Dec	Single: 77 2-Person: 15 Family: 17	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$817,500	109	\$0.12 \$0.90	\$0.11 \$0.83
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$817,500	109	\$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 \$286,001	109	\$0.40 \$11.90	\$0.36 \$9.45
Total Monthly Rate per Member: Single			\$33.54	\$31.02
Total Monthly Rate per Member: 2-Person			\$55.49	\$52.97
Total Monthly Rate per Member: Family			\$87.94	\$85.42

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

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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	\$848.85 \$1,909.91 \$2,376.78	\$903.26 \$2,032.32 \$2,529.11
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	\$720.66 \$1,621.50 \$2,017.86	\$766.85 \$1,725.41 \$2,147.18
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$728.80 \$1,639.81 \$2,040.66	\$775.51 \$1,744.90 \$2,171.44
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	\$553.53 \$1,245.44 \$1,549.90	\$589.01 \$1,325.27 \$1,649.22
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 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: 6	\$14.51 \$27.83 \$53.74	\$14.51 \$27.83 \$53.74
Vision Plan Year:	VSP 2 Jan-Dec	Single: 1 2-Person: 3 Family: 6	\$4.87 \$10.43 \$15.71	\$4.87 \$10.43 \$15.71
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$125,000	10	\$0.12 \$1.50	\$0.11 \$1.38
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$125,000	10	\$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 \$30,964	10	\$1.05 \$27.22	\$0.89 \$27.56
Total Monthly Rate per Member: Single			\$48.48	\$48.70
Total Monthly Rate per Member: 2-Person			\$67.36	\$67.58
Total Monthly Rate per Member: Family			\$98.55	\$98.77

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

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ no Discount	2024 Rate ² w/ no Discount
Plan	Essentials by MESSA (EA)			
IN Deductible:	\$375/\$750	Single: 0	\$564.83	\$601.03
IN Coinsurance:	20%	2-Person: 0	\$1,270.86	\$1,352.31
OL/OV/SV Copay:	\$10/\$25/\$50	Family: 0	\$1,581.53	\$1,682.88
UC/ER Copay:	\$50/\$200			
Rx Coverage:	EbM			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	0	\$1.50	\$1.50

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