

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

Rates Effective 01/01/2025 through 12/31/2025

Quote #: 355565 MESSA Field Rep: Jacqui Mast Date Created: 08/14/2024

# Quoted Group(s): 435A - Teacher

#### Ancillary plans with medical - 9 members Description **Benefits Enrollment** 2024 Rate 2025 Rate Dental (All)\* 00747-10 Diag & Prev: 100% 90% (X-Rays) **Basic Services:** Major Services: 90% Single: 7 \$40.09 \$42.96 Annual Max: \$1,500 2-Person: 6 \$78.33 \$83.93 Orthodontics: 90% Family: \$162.10 \$173.69 8 Lifetime Max: \$2.500 Riders: 2 Cleanings, Sealants Plan Year: Jan-Dec Vision (All)\* VSP 3 Plus 200CL 7 \$8.64 \$8.65 Single: Plan Year: Jan-Dec 2-Person: 6 \$18.55 \$18.58 \$27.93 \$27.96 Family: 8 Life Insurance Volume: \$30,000 Total Volume: \$270,000 9 Rate/\$1,000: \$0.19 \$0.22 Composite: \$5.70 \$6.60 **AD&D Coverage** Volume: \$30,000 Total Volume: \$270,000 9 Rate/\$1,000: \$0.03 \$0.03 Composite: \$0.90 \$0.90 Dependent Life (All)\* Volume: \$2,000 Total Volume: \$42,000 21 Rate/\$1,000: \$0.23 \$0.23 Composite: \$0.46 \$0.46 LTD Benefit (All)\* Benefit: 66 2/3% Max \$4,000 Max Monthly Salary: \$6,000 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: Nο SS Freeze: Yes Volume: \$96.297 21 Rate/\$100: \$0.71 \$0.75 \$34.39 Composite: \$32.04 Total Monthly Rate per Member: Single \$87.83 \$93.96

#### Total Monthly Rate per Member: 2-Person \$135.98 \$144.86 Total Monthly Rate per Member: Family \$229.13 \$244.00

#### **COBRA RATES:**

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

<sup>\*</sup> Indicates total ancillary plan enrollment and volume for quoted group(s).



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Quoted Group(s): 435A - Teacher

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MESSA Field Rep: Jacqui Mast 08/14/2024 Date Created:

355565

Quote #:

## Ancillary plans without medical - 12 members

Description	Benefits	Enrollment	2024 Rate	2025 Rate
Dental (All)* Diag & Prev: Basic Services:	00747-10 100% 90% (X-Rays)			
Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	90% \$1,500 90% \$2,500 2 Cleanings, Sealants Jan-Dec	Single: 7 2-Person: 6 Family: 8	\$40.09 \$78.33 \$162.10	\$42.96 \$83.93 \$173.69
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 7 2-Person: 6 Family: 8	\$8.64 \$18.55 \$27.93	\$8.69 \$18.58 \$27.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$480,000	12	\$0.19 \$7.60	\$0.22 \$8.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$480,000	12	\$0.03 \$1.20	\$0.03 \$1.20
Dependent Life (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$42,000	21	\$0.23 \$0.46	\$0.2: \$0.4
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 \$4,000 \$6,000 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$96,297	21	\$0.71 \$32.04	\$0.7: \$34.3:

Total Monthly Rate per Member: Family

**COBRA RATES:** 

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

\$246.50

\$231.33

<sup>\*</sup> Indicates total ancillary plan enrollment and volume for quoted group(s).



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Quote #: 355565 MESSA Field Rep: Jacqui Mast 08/14/2024 Date Created:

Quoted Group(s): 435B - Administrators&NonUnionEmp

#### **Ancillary plans**

Description	Benefits	Enrollment	2024 Rate	2025 Rate
Dental	00747-07			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 1	\$33.55	\$36.06
Annual Max:	\$1,000	2-Person: 4	\$62.87	\$67.57
Orthodontics:	80%	Family: 4	\$117.48	\$126.27
Lifetime Max:	\$800	r army.	Ψ117.40	Ψ120.21
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
			4	
Vision	VSP 3 Plus	Single: 2	\$9.49	\$9.50
Plan Year:	Jan-Dec	2-Person: 4	\$20.38	\$20.40
		Family: 3	\$30.70	\$30.73
Life Insurance				
Volume:	\$40,000			
Total Volume:	\$360,000	9		
Rate/\$1,000:			\$0.19	\$0.22
Composite:			\$7.60	\$8.80
AD&D Coverage				
Volume:	\$40,000			
Total Volume:	\$360,000	9		
Rate/\$1,000:	\$300,000	9	\$0.03	\$0.03
Composite:			\$1.20	\$1.20
·			Ψ1.20	Ψ1.20
Dependent Life				
Volume:	\$2,000	_		
Total Volume:	\$18,000	9		
Rate/\$1,000:			\$0.23	\$0.23
Composite:			\$0.46	\$0.46
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	Yes			
SS Freeze:	Yes			
Volume:	\$26,269	9		
Rate/\$100:	<del></del>		\$1.29	\$1.29
Composite:			\$37.65	\$37.65
1	T	a nan Marahan Ci		
Total Monthly Rate per Member: Sing		e per iviember: Single	\$89.95	\$93.67

Total Monthly Rate per Member: 2-Person \$130.16 \$136.08 Total Monthly Rate per Member: Family \$195.09 \$205.11

#### **COBRA RATES:**

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Quoted Group(s): 435F - Superintendent

MESSA Field Rep: Jacqui Mast 08/14/2024 Date Created:

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Quote #:

Rates Effective 01/01/2025 through 12/31/2025

## **Ancillary plans**

Description	Benefits	Enrollment	2024 Rate	2025 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00747-08 100% 80% (X-Rays) 80% \$1,000 80% \$800 2 Cleanings Jan-Dec	Single: 0 2-Person: 0 Family: 1	\$31.09 \$58.36 \$117.58	\$33.42 \$62.73 \$126.37
<b>Vision</b> Plan Year:	VSP 3 Plus Jan-Dec	Single: 0 2-Person: 0 Family: 1	\$9.49 \$20.38 \$30.70	\$9.50 \$20.40 \$30.73
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$110,000 \$110,000	1	\$0.19 \$20.90	\$0.22 \$24.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$110,000 \$110,000	1	\$0.03 \$3.30	\$0.03 \$3.30
Dependent Life Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$2,000	1	\$0.23 \$0.46	\$0.23 \$0.46
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$2,500 \$3,750 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived Yes Yes \$3,750	1	\$0.68 \$25.50	\$0.69 \$25.88

#### **COBRA RATES:**

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\$210.94

\$198.44

Total Monthly Rate per Member: Family