



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

**2024 Rate Renewal Exclusively for
 Mason Co Eastern Public School**

Quote #: 353118
 MESSA Field Rep: Jacqueline Mast
 Date Created: 08/07/2023

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

Quoted Group(s): 435A - Teacher

Ancillary plans with medical - 10 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00747-10 100% 90% (X-Rays) 90% \$1,500 90% \$2,500 2 Cleanings, Sealants Jan-Dec	Single: 9 2-Person: 5 Family: 8	\$40.09 \$78.33 \$162.10	\$40.09 \$78.33 \$162.10
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 9 2-Person: 5 Family: 8	\$8.64 \$18.55 \$27.93	\$8.64 \$18.55 \$27.93
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$300,000	10	\$0.18 \$5.40	\$0.19 \$5.70
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$300,000	10	\$0.03 \$0.90	\$0.03 \$0.90
Dependent Life (All)* Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$44,000	22	\$0.23 \$0.46	\$0.23 \$0.46
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 \$4,000 \$6,000 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$99,290	22	\$0.76 \$35.21	\$0.71 \$32.04

Total Monthly Rate per Member: Single \$90.70 \$87.83
 Total Monthly Rate per Member: 2-Person \$138.85 \$135.98
 Total Monthly Rate per Member: Family \$232.00 \$229.13

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.

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

Quoted Group(s): 435A - Teacher

Ancillary plans without medical - 12 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00747-10 100% 90% (X-Rays) 90% \$1,500 90% \$2,500 2 Cleanings, Sealants Jan-Dec	Single: 9 2-Person: 5 Family: 8	\$40.09 \$78.33 \$162.10	\$40.09 \$78.33 \$162.10
Vision (All)* Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 9 2-Person: 5 Family: 8	\$8.64 \$18.55 \$27.93	\$8.64 \$18.55 \$27.93
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$480,000	12	\$0.18 \$7.20	\$0.19 \$7.60
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 \$44,000	22	\$0.23 \$0.46	\$0.23 \$0.46
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 \$4,000 \$6,000 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$99,290	22	\$0.76 \$35.21	\$0.71 \$32.04

Total Monthly Rate per Member: Single \$92.80 \$90.03
 Total Monthly Rate per Member: 2-Person \$140.95 \$138.18
 Total Monthly Rate per Member: Family \$234.10 \$231.33

COBRA RATES:

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00747-07 100% 80% (X-Rays) 80% \$1,000 80% \$800 2 Cleanings Jan-Dec	Single: 2 2-Person: 2 Family: 5	\$33.55 \$62.87 \$117.48	\$33.55 \$62.87 \$117.48
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 3 2-Person: 2 Family: 4	\$9.49 \$20.38 \$30.70	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$360,000	9	\$0.18 \$7.20	\$0.19 \$7.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$360,000	9	\$0.03 \$1.20	\$0.03 \$1.20
Dependent Life Volume: Total Volume: Rate/\$1,000: Composite:	\$2,000 \$18,000	9	\$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 \$26,269	9	\$1.39 \$39.85	\$1.29 \$37.65

Total Monthly Rate per Member: Single \$91.75 \$89.95
 Total Monthly Rate per Member: 2-Person \$131.96 \$130.16
 Total Monthly Rate per Member: Family \$196.89 \$195.09

COBRA RATES:

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Quoted Group(s): 435F - Superintendent

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 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	\$31.09 \$58.36 \$117.58
Vision Plan Year:	VSP 3 Plus Jan-Dec	Single: 0 2-Person: 0 Family: 1	\$9.49 \$20.38 \$30.70	\$9.49 \$20.38 \$30.70
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$110,000 \$110,000	1	\$0.18 \$19.80	\$0.19 \$20.90
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	\$0.70 \$26.25	\$0.68 \$25.50

Total Monthly Rate per Member: Single \$90.39 \$90.74
 Total Monthly Rate per Member: 2-Person \$128.55 \$128.90
 Total Monthly Rate per Member: Family \$198.09 \$198.44

COBRA RATES:

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