



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

**2021 Rate Renewal Exclusively for
 Fowler Public Schools**

Quote #: 346865
 MESSA Field Rep: Abby Zarimba
 Date Created: 08/03/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 526A - Administration

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$797.34 \$1,794.00 \$2,232.53	\$845.78 \$1,903.00 \$2,368.19
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: 1 Family: 2	\$754.88 \$1,698.48 \$2,113.67	\$800.75 \$1,801.69 \$2,242.10
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

²Medical Rate includes 1.547% 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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Quoted Group(s): 526A - Administration

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-03 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 2	\$51.88 \$90.89 \$167.63	\$51.88 \$90.89 \$167.63
Vision Plan Year:	VSP 3 Jul-Jun	Single: 0 2-Person: 1 Family: 3	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.14 \$3.50	\$0.16 \$4.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$13,936	4	\$1.15 \$40.07	\$1.18 \$41.11

Total Monthly Rate per Member: Single \$103.79 \$105.33
 Total Monthly Rate per Member: 2-Person \$151.51 \$153.05
 Total Monthly Rate per Member: Family \$236.47 \$238.01

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Quoted Group(s): 526A - Administration

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-04 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$46.87 \$96.52 \$187.77	\$46.87 \$96.52 \$187.77
Vision Plan Year:	VSP 3 Jul-Jun	Single: 0 2-Person: 1 Family: 3	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.14 \$3.50	\$0.16 \$4.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$13,936	4	\$1.15 \$40.07	\$1.18 \$41.11

Total Monthly Rate per Member: Single \$98.78 \$100.32
 Total Monthly Rate per Member: 2-Person \$157.14 \$158.68
 Total Monthly Rate per Member: Family \$256.61 \$258.15

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Quoted Group(s): 526C - Maintenance & Office Personnel

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 0 2-Person: 1 Family: 0	\$797.34 \$1,794.00 \$2,232.53	\$845.78 \$1,903.00 \$2,368.19
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	\$754.88 \$1,698.48 \$2,113.67	\$800.75 \$1,801.69 \$2,242.10
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

¹Medical Rate includes 4.349% for federal and state taxes and fees.

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Quoted Group(s): 526C - Maintenance & Office Personnel

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-05 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$43.89 \$89.60 \$161.23	\$43.89 \$89.60 \$161.23
Vision Plan Year:	VSP 3 Jul-Jun	Single: 0 2-Person: 2 Family: 1	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$75,000	3	\$0.14 \$3.50	\$0.16 \$4.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$75,000	3	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$5,625	3	\$2.29 \$42.94	\$2.31 \$43.31
Total Monthly Rate per Member: Single			\$98.67	\$99.54
Total Monthly Rate per Member: 2-Person			\$153.09	\$153.96
Total Monthly Rate per Member: Family			\$232.94	\$233.81

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Quoted Group(s): 526C - Maintenance & Office Personnel

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-06 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 1	\$51.86 \$97.38 \$184.74	\$51.86 \$97.38 \$184.74
Vision Plan Year:	VSP 3 Jul-Jun	Single: 0 2-Person: 2 Family: 1	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$75,000	3	\$0.14 \$3.50	\$0.16 \$4.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$75,000	3	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$5,625	3	\$2.29 \$42.94	\$2.31 \$43.31
Total Monthly Rate per Member: Single			\$106.64	\$107.51
Total Monthly Rate per Member: 2-Person			\$160.87	\$161.74
Total Monthly Rate per Member: Family			\$256.45	\$257.32

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Quoted Group(s): 526E - Full & Part Time Teachers

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ 2% Discount	2021 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail None	Single: 0 2-Person: 2 Family: 3	\$751.28 \$1,690.37 \$2,103.57	\$796.92 \$1,793.08 \$2,231.39
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (7X) \$2000/\$4000 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$706.47 \$1,589.56 \$1,978.12	\$749.40 \$1,686.14 \$2,098.31
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: 6	\$567.61 \$1,277.11 \$1,589.30	\$602.10 \$1,354.72 \$1,685.87
Basic Term Life with Medical Volume:	\$5,000	12	\$1.50	\$1.50

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Quoted Group(s): 526E - Full & Part Time Teachers

Ancillary plans with medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-01 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 2 Family: 10	\$46.71 \$86.55 \$159.24	\$46.71 \$86.55 \$159.24
Vision Plan Year:	VSP 3 Jul-Jun	Single: 9 2-Person: 5 Family: 12	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$650,000	26	\$0.14 \$3.50	\$0.16 \$4.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$650,000	26	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$111,580	26	\$0.55 \$23.15	\$0.56 \$24.03
Total Monthly Rate per Member: Single			\$81.70	\$83.08
Total Monthly Rate per Member: 2-Person			\$130.25	\$131.63
Total Monthly Rate per Member: Family			\$211.16	\$212.54

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Quoted Group(s): 526E - Full & Part Time Teachers

Ancillary plans without medical

Description	Benefits	Enrollment	2020 Rate	2021 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-02 100% 100% (X-Rays) 50% \$1,500 50% \$1,000 2 Cleanings Jul-Jun	Single: 9 2-Person: 3 Family: 2	\$41.93 \$77.08 \$145.31	\$41.93 \$77.08 \$145.31
Vision Plan Year:	VSP 3 Jul-Jun	Single: 9 2-Person: 5 Family: 12	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$650,000	26	\$0.14 \$3.50	\$0.16 \$4.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$650,000	26	\$0.03 \$0.75	\$0.03 \$0.75
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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$111,580	26	\$0.55 \$23.15	\$0.56 \$24.03
Total Monthly Rate per Member: Single			\$76.92	\$78.30
Total Monthly Rate per Member: 2-Person			\$120.78	\$122.16
Total Monthly Rate per Member: Family			\$197.23	\$198.61

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