

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

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

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

#### Quoted Group(s): 372A - Teacher

### **Medical plans**

| Description   | Benefits  | Enrollment                               | 2021 Rate <sup>1</sup><br>w/ 2% Discount | 2022 Rate <sup>2</sup><br>w/ 2% Discount |
|---|---|--|--|--|
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (7B)<br>\$500/\$1000<br>0%<br>\$5/\$5/\$5<br>\$10/\$25<br>Saver Rx<br>None      | Single: 24<br>2-Person: 14<br>Family: 43 | \$735.41<br>\$1,654.68<br>\$2,059.17     | \$775.20<br>\$1,744.20<br>\$2,170.56     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8M)<br>\$1000/\$2000<br>10%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>None | Single: 5<br>2-Person: 4<br>Family: 6    | \$624.36<br>\$1,404.81<br>\$1,748.21     | \$658.13<br>\$1,480.80<br>\$1,842.77     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7V)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>HEQ                   | Single: 8<br>2-Person: 3<br>Family: 17   | \$637.78<br>\$1,435.03<br>\$1,785.80     | \$665.57<br>\$1,497.53<br>\$1,863.59     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EA)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>None | Single: 4<br>2-Person: 3<br>Family: 6    | \$479.56<br>\$1,079.01<br>\$1,342.77     | \$505.51<br>\$1,137.38<br>\$1,415.41     |
| Basic Term Life with Medical Volume:  | \$5,000   | 137                                      | \$1.50                                   | \$1.50                                   |

 $^1\!Medical$  Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### COBRA RATES:



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

### 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                | 00323-01            |                              |                       |                       |
| Diag & Prev:          | 50%                 |                              |                       |                       |
| Basic Services:       | 50% (X-Rays)        |                              |                       |                       |
| Major Services:       | 50%                 | Single: 36                   | \$13.05               | \$14.40               |
| Annual Max:           | \$1,000             | 2-Person: 28                 | \$24.66               | \$27.62               |
| Orthodontics:         | 50%                 | Family: 73                   | \$45.31               | \$52.59               |
| Lifetime Max:         | \$500               |                              |                       |                       |
| Riders:               | 2 Cleanings         |                              |                       |                       |
| Plan Year:            | Jul-Jun             |                              |                       |                       |
| Vision (All)*         | VSP 2               | Single: 44                   | \$5.66                | \$5.39                |
| Plan Year:            | Jul-Jun             | 2-Person: 41                 | \$12.15               | \$11.54               |
|                       |                     | Family: 98                   | \$18.28               | \$17.37               |
| Life Insurance (All)* |                     |                              |                       |                       |
| Volume:               | \$10,000            |                              |                       |                       |
| Total Volume:         | \$1,830,000         | 183                          |                       |                       |
| Rate/\$1,000:         | \$1,000,000         | 100                          | \$0.12                | \$0.13                |
| Composite:            |                     |                              | \$1.20                | \$1.30                |
| AD&D Coverage (All)*  |                     |                              | * -                   | •                     |
| Volume:               | \$10.000            |                              |                       |                       |
| Total Volume:         | \$1,830,000         | 183                          |                       |                       |
| Rate/\$1,000:         | \$1,830,000         | 105                          | \$0.03                | \$0.03                |
| Composite:            |                     |                              | \$0.30                | \$0.03                |
|                       |                     |                              | ψ0.50                 | ψ0.50                 |
| LTD Benefit (All)*    |                     |                              |                       |                       |
| Benefit:              | 66 2/3% Max \$5,000 |                              |                       |                       |
| Max Monthly Salary:   | \$7,500             |                              |                       |                       |
| Waiting Period:       | 90 CDMF             |                              |                       |                       |
| Alcohol/Drug:         | 2 Year Limitation   |                              |                       |                       |
| Mental/Nervous:       | 2 Year Limitation   |                              |                       |                       |
| Soc. Sec. Offset:     | Family              |                              |                       |                       |
| Own-Occupation:       | 2 years             |                              |                       |                       |
| Pre-Exist Cond.:      | Waived              |                              |                       |                       |
| COLA:                 | No                  |                              |                       |                       |
| SS Freeze:            | Yes                 |                              |                       |                       |
| Volume:               | \$817,883           | 183                          | <b>A</b> 2 <b>A</b> 7 | <b>A</b> C <b>C</b> C |
| Rate/\$100:           |                     |                              | \$0.37                | \$0.33                |
| Composite:            |                     |                              | \$15.68               | \$14.75               |
|                       |                     | ly Rate per Member: Single   | \$35.89               | \$36.14               |
|                       |                     | ly Rate per Member: 2-Person | \$53.99               | \$55.51               |
|                       | Total Month         | ly Rate per Member: Family   | \$80.77               | \$86.31               |

#### 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



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

#### Quoted Group(s): 372A - Teacher

### Ancillary plans without medical - 46 members

| Description                           | Benefits                              | Enrollment              | 2021 Rate | 2022 Rate |
|---------------------------------------|---------------------------------------|-------------------------|-----------|-----------|
| Dental                                | 00323-02                              |                         |           |           |
| Diag & Prev:                          | 75%                                   |                         |           |           |
| Basic Services:                       | 75% (X-Rays)                          |                         |           |           |
| Major Services:                       | 50%                                   | Single: 8               | \$22.60   | \$25.21   |
| Annual Max:                           | \$1,000                               | 2-Person: 13            | \$42.18   | \$47.14   |
| Orthodontics:                         | 50%                                   | Family: 25              | \$77.68   | \$87.93   |
| Lifetime Max:                         | \$500                                 |                         |           |           |
| Riders:                               | 2 Cleanings                           |                         |           |           |
| Plan Year:                            | Jul-Jun                               |                         |           |           |
| Vision (All)*                         | VSP 2                                 | Single: 44              | \$5.66    | \$5.39    |
| Plan Year:                            | Jul-Jun                               | 2-Person: 41            | \$12.15   | \$11.54   |
|                                       |                                       | Family: 98              | \$18.28   | \$17.37   |
| Life Insurance (All)*                 |                                       |                         |           |           |
| Volume:                               | \$10,000                              |                         |           |           |
| Total Volume:                         | \$1,830,000                           | 183                     |           |           |
| Rate/\$1,000:                         |                                       |                         | \$0.12    | \$0.13    |
| Composite:                            |                                       |                         | \$1.20    | \$1.30    |
| AD&D Coverage (All)*                  |                                       |                         |           |           |
| Volume:                               | \$10,000                              |                         |           |           |
| Total Volume:                         | \$1,830,000                           | 183                     |           |           |
| Rate/\$1,000:                         |                                       |                         | \$0.03    | \$0.03    |
| Composite:                            |                                       |                         | \$0.30    | \$0.30    |
| LTD Benefit (All)*                    |                                       |                         |           |           |
| Benefit:                              | 66 2/3% Max \$5,000                   |                         |           |           |
| Max Monthly Salary:                   | \$7,500                               |                         |           |           |
| Waiting Period:                       | 90 CDMF                               |                         |           |           |
| Alcohol/Drug:                         | 2 Year Limitation                     |                         |           |           |
| Mental/Nervous:                       | 2 Year Limitation                     |                         |           |           |
| Soc. Sec. Offset:                     | Family                                |                         |           |           |
| Own-Occupation:                       | 2 years                               |                         |           |           |
| Pre-Exist Cond.:                      | Waived                                |                         |           |           |
| COLA:                                 | No                                    |                         |           |           |
| SS Freeze:                            | Yes                                   |                         |           |           |
| Volume:                               | \$817,883                             | 183                     |           |           |
| Rate/\$100:                           | · · · · · · · · · · · · · · · · · · · |                         | \$0.37    | \$0.33    |
| Composite:                            |                                       |                         | \$15.68   | \$14.75   |
| · · · · · · · · · · · · · · · · · · · | Total Monthly Ra                      | te per Member: Single   | \$45.44   | \$46.95   |
|                                       |                                       | te per Member: 2-Person | \$71.51   | \$75.03   |
|                                       | Total Monthly Ra                      | te per Member: Family   | \$113.14  | \$121.65  |

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

#### Quoted Group(s): 372C - Administration

### **Medical plans**

| Description   | Benefits  | Enrollment                             | 2021 Rate <sup>1</sup><br>w/ 2% Discount | 2022 Rate <sup>2</sup><br>w/ 2% Discount |
|---|---|--|--|--|
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (7B)<br>\$500/\$1000<br>0%<br>\$5/\$5/\$5<br>\$10/\$25<br>Saver Rx<br>None      | Single: 6<br>2-Person: 6<br>Family: 13 | \$735.41<br>\$1,654.68<br>\$2,059.17     | \$775.20<br>\$1,744.20<br>\$2,170.56     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8M)<br>\$1000/\$2000<br>10%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>None | Single: 1<br>2-Person: 2<br>Family: 7  | \$624.36<br>\$1,404.81<br>\$1,748.21     | \$658.13<br>\$1,480.80<br>\$1,842.77     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7V)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>HEQ                   | Single: 4<br>2-Person: 2<br>Family: 8  | \$637.78<br>\$1,435.03<br>\$1,785.80     | \$665.57<br>\$1,497.53<br>\$1,863.59     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EA)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>None | Single: 1<br>2-Person: 0<br>Family: 2  | \$479.56<br>\$1,079.01<br>\$1,342.77     | \$505.51<br>\$1,137.38<br>\$1,415.41     |
| Basic Term Life with Medical Volume:  | \$5,000   | 52                                     | \$1.50                                   | \$1.50                                   |

 $^1\!Medical$  Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

### COBRA RATES:



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

#### Quoted Group(s): 372C - Administration

### Ancillary plans with medical - 52 members

| Description   | Benefits   | Enrollment                               | 2021 Rate                       | 2022 Rate                       |
|---|--|--|---------------------------------|---------------------------------|
| Dental<br>Diag & Prev:<br>Basic Services:   | 00323-11<br>80%<br>80% (X-Rays)  |  |                                 |                                 |
| Major Services:<br>Annual Max:<br>Orthodontics:   | 80%<br>\$1,000<br>50%  | Single: 12<br>2-Person: 11<br>Family: 29 | \$26.49<br>\$50.46<br>\$95.08   | \$28.58<br>\$54.55<br>\$101.54  |
| Lifetime Max:<br>Riders:<br>Plan Year:  | \$1,000<br>2 Cleanings<br>Jul-Jun  |  |                                 |                                 |
| <b>Vision (All)*</b><br>Plan Year:  | VSP 3<br>Jul-Jun   | Single:142-Person:15Family:41            | \$7.59<br>\$16.30<br>\$24.52    | \$7.22<br>\$15.49<br>\$23.30    |
| Life Insurance (All)*<br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | 3X Salary (Max of \$225,000)<br>\$13,056,000   | 70                                       | \$0.12<br>\$21.92               | \$0.13<br>\$24.25               |
| AD&D Coverage (All)*<br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | 3X Salary (Max of \$225,000)<br>\$13,056,000   | 70                                       | \$0.03<br>\$5.48                | \$0.03<br>\$5.60                |
| LTD Benefit (All)*<br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze: | 66 2/3% Max \$4,500<br>\$6,750<br>90 CDMF<br>2 Year Limitation<br>2 Year Limitation<br>Primary<br>3 years<br>Waived<br>No<br>Yes |  |                                 |                                 |
| Volume:<br>Rate/\$100:<br>Composite:  | \$375,034  | 70                                       | \$0.48<br>\$25.07               | \$0.43<br>\$23.04               |
|   | Total Monthly Rate per<br>Total Monthly Rate per<br>Total Monthly Rate per   | Member: 2-Person                         | \$86.55<br>\$119.23<br>\$172.07 | \$88.69<br>\$122.93<br>\$177.73 |

### 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



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

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

#### Quoted Group(s): 372C - Administration

### Ancillary plans without medical - 18 members

| Description           | Benefits                     | Enrollment        | 2021 Rate | 2022 Rate         |
|-----------------------|------------------------------|-------------------|-----------|-------------------|
| Dental                | 00323-12                     |                   |           |                   |
| Diag & Prev:          | 80%                          |                   |           |                   |
| Basic Services:       | 80% (X-Rays)                 |                   |           |                   |
| Major Services:       | 80%                          | Single: 2         | \$26.80   | \$29.43           |
| Annual Max:           | \$1,000                      | 2-Person: 4       | \$50.41   | \$55.74           |
| Orthodontics:         | 50%                          | Family: 12        | \$94.69   | \$102.93          |
| Lifetime Max:         | \$1,000                      |                   |           |                   |
| Riders:               | 2 Cleanings                  |                   |           |                   |
| Plan Year:            | Jul-Jun                      |                   |           |                   |
| Vision (All)*         | VSP 3                        | Single: 14        | \$7.59    | \$7.22            |
| Plan Year:            | Jul-Jun                      | 2-Person: 15      | \$16.30   | \$15.49           |
|                       |                              | Family: 41        | \$24.52   | \$23.30           |
|                       |                              |                   | ψ24.32    | ψ20.00            |
| Life Insurance (All)* |                              |                   |           |                   |
| Volume:               | 3X Salary (Max of \$225,000) |                   |           |                   |
| Total Volume:         | \$13,056,000                 | 70                |           |                   |
| Rate/\$1,000:         |                              |                   | \$0.12    | \$0.13            |
| Composite:            |                              |                   | \$21.92   | \$24.25           |
| AD&D Coverage (All)*  |                              |                   |           |                   |
| Volume:               | 3X Salary (Max of \$225,000) |                   |           |                   |
| Total Volume:         | \$13,056,000                 | 70                |           |                   |
| Rate/\$1,000:         |                              |                   | \$0.03    | \$0.03            |
| Composite:            |                              |                   | \$5.48    | \$5.60            |
| LTD Benefit (All)*    |                              |                   |           |                   |
| Benefit:              | 66 2/3% Max \$4,500          |                   |           |                   |
| Max Monthly Salary:   | \$6,750                      |                   |           |                   |
| Waiting Period:       | 90 CDMF                      |                   |           |                   |
| Alcohol/Drug:         | 2 Year Limitation            |                   |           |                   |
| Mental/Nervous:       | 2 Year Limitation            |                   |           |                   |
| Soc. Sec. Offset:     | Primary                      |                   |           |                   |
| Own-Occupation:       | 3 years                      |                   |           |                   |
| Pre-Exist Cond.:      | Waived                       |                   |           |                   |
| COLA:                 | No                           |                   |           |                   |
| SS Freeze:            | Yes                          |                   |           |                   |
| Volume:               | \$375,034                    | 70                |           |                   |
| Rate/\$100:           |                              | ,0                | \$0.48    | \$0.43            |
| Composite:            |                              |                   | \$25.07   | \$0.43<br>\$23.04 |
| Composite.            |                              |                   |           | -                 |
|                       | Total Monthly Rate pe        |                   | \$86.86   | \$89.54           |
|                       | Total Monthly Rate pe        |                   | \$119.18  | \$124.12          |
|                       | Total Monthly Rate pe        | er Member: Family | \$171.68  | \$179.12          |

### 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).

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

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

### **Medical plans**

| Description   | Benefits  | Enrollmer                       | nt          | 2021 Rate <sup>1</sup><br>w/ 2% Discount | 2022 Rate <sup>2</sup><br>w/ 2% Discount |
|---|---|---------------------------------|-------------|--|--|
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (7B)<br>\$500/\$1000<br>0%<br>\$5/\$5/\$5<br>\$10/\$25<br>Saver Rx<br>None      | Single:<br>2-Person:<br>Family: | 7<br>3<br>3 | \$735.41<br>\$1,654.68<br>\$2,059.17     | \$775.20<br>\$1,744.20<br>\$2,170.56     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8M)<br>\$1000/\$2000<br>10%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>None | Single:<br>2-Person:<br>Family: | 1<br>1<br>1 | \$624.36<br>\$1,404.81<br>\$1,748.21     | \$658.13<br>\$1,480.80<br>\$1,842.77     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7V)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>HEQ                   | Single:<br>2-Person:<br>Family: | 1<br>0<br>0 | \$637.78<br>\$1,435.03<br>\$1,785.80     | \$665.57<br>\$1,497.53<br>\$1,863.59     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EA)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>None | Single:<br>2-Person:<br>Family: | 4<br>0<br>0 | \$479.56<br>\$1,079.01<br>\$1,342.77     | \$505.51<br>\$1,137.38<br>\$1,415.41     |
| Basic Term Life with Medical Volume:  | \$5,000   |                                 | 21          | \$1.50                                   | \$1.50                                   |

 $^1\!Medical$  Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

### COBRA RATES:



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

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

## Ancillary plans with medical - 21 members

| Description           | Benefits                   | Enrollment             | 2021 Rate | 2022 Rate    |
|-----------------------|----------------------------|------------------------|-----------|--------------|
| Dental                | 00323-09                   |                        |           |              |
| Diag & Prev:          | 50%                        |                        |           |              |
| Basic Services:       | 50% (X-Rays)               |                        |           |              |
| Major Services:       | 50%                        | Single: 13             | \$16.29   | \$17.44      |
| Annual Max:           | \$1,000                    | 2-Person: 6            | \$31.32   | \$35.50      |
| Orthodontics:         | 50%                        | Family: 2              | \$58.92   | \$65.77      |
| Lifetime Max:         | \$1,000                    |                        |           |              |
| Riders:               | 2 Cleanings                |                        |           |              |
| Plan Year:            | Jul-Jun                    |                        |           |              |
| Vision (All)*         | VSP 2                      | Single: 17             | \$5.66    | \$5.39       |
| Plan Year:            | Jul-Jun                    | 2-Person: 7            | \$12.15   | \$11.54      |
|                       |                            | Family: 4              | \$18.28   | \$17.3       |
| Life Insurance (All)* |                            |                        |           |              |
| Volume:               | \$7,500                    |                        |           |              |
| Total Volume:         | \$210,000                  | 28                     |           |              |
| Rate/\$1,000:         | +=,                        |                        | \$0.12    | \$0.13       |
| Composite:            |                            |                        | \$0.90    | \$0.98       |
| AD&D Coverage (All)*  |                            |                        |           |              |
| Volume:               | \$7,500                    |                        |           |              |
| Total Volume:         | \$210,000                  | 28                     |           |              |
| Rate/\$1,000:         | \$210,000                  | 20                     | \$0.03    | \$0.03       |
| Composite:            |                            |                        | \$0.23    | \$0.23       |
| LTD Benefit (All)*    |                            |                        | ÷0.20     | <b>\$0.2</b> |
| Benefit:              | 60% Max \$3,000            |                        |           |              |
|                       | 60% Max \$3,000<br>\$5,000 |                        |           |              |
| Max Monthly Salary:   | 90 CDMF                    |                        |           |              |
| Waiting Period:       |                            |                        |           |              |
| Alcohol/Drug:         | 2 Year Limitation          |                        |           |              |
| Mental/Nervous:       | 2 Year Limitation          |                        |           |              |
| Soc. Sec. Offset:     | Family                     |                        |           |              |
| Own-Occupation:       | 2 years                    |                        |           |              |
| Pre-Exist Cond.:      | Waived                     |                        |           |              |
| COLA:                 | No                         |                        |           |              |
| SS Freeze:            | Yes                        |                        |           |              |
| Volume:               | \$81,683                   | 28                     |           |              |
| Rate/\$100:           |                            |                        | \$0.56    | \$0.49       |
| Composite:            |                            |                        | \$14.86   | \$14.29      |
|                       |                            | e per Member: Single   | \$37.94   | \$38.33      |
|                       |                            | e per Member: 2-Person | \$59.46   | \$62.54      |
|                       | Total Monthly Rat          | e per Member: Family   | \$93.19   | \$98.64      |

#### 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



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

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

### Ancillary plans without medical - 7 members

| Description           | Benefits          | Enrollment               | 2021 Rate | 2022 Rate |
|-----------------------|-------------------|--------------------------|-----------|-----------|
| Dental                | 00323-10          |                          |           |           |
| Diag & Prev:          | 50%               |                          |           |           |
| Basic Services:       | 50% (X-Rays)      |                          |           |           |
| Major Services:       | 50%               | Single: 4                | \$15.80   | \$14.97   |
| Annual Max:           | \$1,000           | 2-Person: 1              | \$29.80   | \$30.14   |
| Orthodontics:         | 50%               | Family: 2                | \$56.78   | \$58.00   |
| Lifetime Max:         | \$1,000           | ,                        |           |           |
| Riders:               | 2 Cleanings       |                          |           |           |
| Plan Year:            | Jul-Jun           |                          |           |           |
| Vision (All)*         | VSP 2             | Single: 17               | \$5.66    | \$5.39    |
| Plan Year:            | Jul-Jun           | 2-Person: 7              | \$12.15   | \$11.54   |
|                       |                   | Family: 4                | \$18.28   | \$17.37   |
| Life Insurance (All)* |                   |                          |           |           |
| Volume:               | \$7,500           |                          |           |           |
| Total Volume:         | \$210,000         | 28                       |           |           |
| Rate/\$1,000:         |                   |                          | \$0.12    | \$0.13    |
| Composite:            |                   |                          | \$0.90    | \$0.98    |
| AD&D Coverage (All)*  |                   |                          |           |           |
| Volume:               | \$7,500           |                          |           |           |
| Total Volume:         | \$210,000         | 28                       |           |           |
| Rate/\$1,000:         |                   |                          | \$0.03    | \$0.03    |
| Composite:            |                   |                          | \$0.23    | \$0.23    |
| LTD Benefit (All)*    |                   |                          |           |           |
| Benefit:              | 60% Max \$3,000   |                          |           |           |
| Max Monthly Salary:   | \$5,000           |                          |           |           |
| Waiting Period:       | 90 CDMF           |                          |           |           |
| Alcohol/Drug:         | 2 Year Limitation |                          |           |           |
| Mental/Nervous:       | 2 Year Limitation |                          |           |           |
| Soc. Sec. Offset:     | Family            |                          |           |           |
| Own-Occupation:       | 2 years           |                          |           |           |
| Pre-Exist Cond.:      | Waived            |                          |           |           |
| COLA:                 | No                |                          |           |           |
| SS Freeze:            | Yes               |                          |           |           |
| Volume:               | \$81,683          | 28                       |           |           |
| Rate/\$100:           |                   | 20                       | \$0.56    | \$0.49    |
| Composite:            |                   |                          | \$14.86   | \$14.29   |
|                       | Total Monthly R   | ate per Member: Single   | \$37.45   | \$35.86   |
|                       |                   | ate per Member: 2-Person | \$57.94   | \$57.18   |
|                       |                   | ate per Member: Family   | \$91.05   | \$90.87   |

#### 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).

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

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

### **Medical plans**

| Description   | Benefits  | Enrollme                        | nt          | 2021 Rate <sup>1</sup><br>w/ 2% Discount | 2022 Rate <sup>2</sup><br>w/ 2% Discount |
|---|---|---------------------------------|-------------|--|--|
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (7B)<br>\$500/\$1000<br>0%<br>\$5/\$5/\$5<br>\$10/\$25<br>Saver Rx<br>None      | Single:<br>2-Person:<br>Family: | 1<br>1<br>0 | \$735.41<br>\$1,654.68<br>\$2,059.17     | \$775.20<br>\$1,744.20<br>\$2,170.56     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8M)<br>\$1000/\$2000<br>10%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>None | Single:<br>2-Person:<br>Family: | 0<br>0<br>0 | \$624.36<br>\$1,404.81<br>\$1,748.21     | \$658.13<br>\$1,480.80<br>\$1,842.77     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7V)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>HEQ                   | Single:<br>2-Person:<br>Family: | 0<br>0<br>0 | \$637.78<br>\$1,435.03<br>\$1,785.80     | \$665.57<br>\$1,497.53<br>\$1,863.59     |
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EA)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>None | Single:<br>2-Person:<br>Family: | 0<br>0<br>0 | \$479.56<br>\$1,079.01<br>\$1,342.77     | \$505.51<br>\$1,137.38<br>\$1,415.41     |
| Basic Term Life with Medical Volume:  | \$5,000   |                                 | 2           | \$1.50                                   | \$1.50                                   |

 $^1\!Medical$  Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### COBRA RATES:



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

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

# Ancillary plans with medical - 2 members

| Description           | Benefits          | Enrollment              | 2021 Rate | 2022 Rate |
|-----------------------|-------------------|-------------------------|-----------|-----------|
| Dental                | 00323-13          |                         |           |           |
| Diag & Prev:          | 50%               |                         |           |           |
| Basic Services:       | 50% (X-Rays)      |                         |           |           |
| Major Services:       | 50%               | Single: 1               | \$15.62   | \$15.80   |
| Annual Max:           | \$1,000           | 2-Person: 1             | \$30.94   | \$29.9    |
| Orthodontics:         | 50%               | Family: 0               | \$58.09   | \$58.60   |
| Lifetime Max:         | \$1,000           |                         |           |           |
| Riders:               | 2 Cleanings       |                         |           |           |
| Plan Year:            | Jul-Jun           |                         |           |           |
| Vision (All)*         | VSP 2             | Single: 2               | \$5.66    | \$5.3     |
| Plan Year:            | Jul-Jun           | 2-Person: 2             | \$12.15   | \$11.54   |
|                       |                   | Family: 5               | \$18.28   | \$17.3    |
| Life Insurance (All)* |                   |                         |           |           |
| Volume:               | \$12,500          |                         |           |           |
| Total Volume:         | \$112,500         | 9                       |           |           |
| Rate/\$1,000:         | + ,               |                         | \$0.12    | \$0.1     |
| Composite:            |                   |                         | \$1.50    | \$1.6     |
| AD&D Coverage (All)*  |                   |                         |           |           |
| Volume:               | \$12,500          |                         |           |           |
| Total Volume:         | \$112,500         | 9                       |           |           |
| Rate/\$1,000:         | + ,               |                         | \$0.03    | \$0.0     |
| Composite:            |                   |                         | \$0.38    | \$0.3     |
| LTD Benefit (All)*    |                   |                         |           |           |
| Benefit:              | 60% Max \$3,000   |                         |           |           |
| Max Monthly Salary:   | \$5,000           |                         |           |           |
| Waiting Period:       | 90 CDMF           |                         |           |           |
| Alcohol/Drug:         | 2 Year Limitation |                         |           |           |
| Mental/Nervous:       | 2 Year Limitation |                         |           |           |
| Soc. Sec. Offset:     | Family            |                         |           |           |
| Own-Occupation:       | 2 years           |                         |           |           |
| Pre-Exist Cond.:      | Waived            |                         |           |           |
| COLA:                 | No                |                         |           |           |
| SS Freeze:            | Yes               |                         |           |           |
| Volume:               | \$21,570          | 9                       |           |           |
| Rate/\$100:           |                   |                         | \$1.15    | \$1.18    |
| Composite:            |                   |                         | \$27.75   | \$28.2    |
|                       | Total Monthly Rat | te per Member: Single   | \$50.91   | \$51.54   |
|                       |                   | te per Member: 2-Person | \$72.72   | \$71.7    |
|                       |                   | te per Member: Family   | \$106.00  | \$106.2   |

#### 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



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

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

### Ancillary plans without medical - 7 members

| Description           | Benefits          | Enrollment                | 2021 Rate | 2022 Rate |
|-----------------------|-------------------|---------------------------|-----------|-----------|
| Dental                | 00323-14          |                           |           |           |
| Diag & Prev:          | 50%               |                           |           |           |
| Basic Services:       | 50% (X-Rays)      |                           |           |           |
| Major Services:       | 50%               | Single: 1                 | \$14.82   | \$16.02   |
| Annual Max:           | \$1,000           | 2-Person: 1               | \$28.94   | \$29.89   |
| Orthodontics:         | 50%               | Family: 5                 | \$56.12   | \$56.38   |
| Lifetime Max:         | \$1,000           |                           |           |           |
| Riders:               | 2 Cleanings       |                           |           |           |
| Plan Year:            | Jul-Jun           |                           |           |           |
| Vision (All)*         | VSP 2             | Single: 2                 | \$5.66    | \$5.39    |
| Plan Year:            | Jul-Jun           | 2-Person: 2               | \$12.15   | \$11.54   |
|                       |                   | Family: 5                 | \$18.28   | \$17.37   |
| Life Insurance (All)* |                   |                           |           |           |
| Volume:               | \$12,500          |                           |           |           |
| Total Volume:         | \$112,500         | 9                         |           |           |
| Rate/\$1,000:         | ¢,000             | Ĵ,                        | \$0.12    | \$0.13    |
| Composite:            |                   |                           | \$1.50    | \$1.63    |
| AD&D Coverage (All)*  |                   |                           |           |           |
| Volume:               | \$12,500          |                           |           |           |
| Total Volume:         | \$112,500         | 9                         |           |           |
| Rate/\$1,000:         | ψ112,000          | Ű                         | \$0.03    | \$0.03    |
| Composite:            |                   |                           | \$0.38    | \$0.38    |
| LTD Benefit (All)*    |                   |                           |           | · · ·     |
| Benefit:              | 60% Max \$3,000   |                           |           |           |
| Max Monthly Salary:   | \$5,000           |                           |           |           |
| Waiting Period:       | 90 CDMF           |                           |           |           |
| Alcohol/Drug:         | 2 Year Limitation |                           |           |           |
| Mental/Nervous:       | 2 Year Limitation |                           |           |           |
| Soc. Sec. Offset:     | Family            |                           |           |           |
| Own-Occupation:       | 2 years           |                           |           |           |
| Pre-Exist Cond.:      | Waived            |                           |           |           |
| COLA:                 | No                |                           |           |           |
| SS Freeze:            | Yes               |                           |           |           |
| Volume:               | \$21,570          | 9                         |           |           |
| Rate/\$100:           | ψ21,070           | 9                         | \$1.15    | \$1.18    |
| Composite:            |                   |                           | \$27.75   | \$28.28   |
|                       | Total Monthly     | Rate per Member: Single   | \$50.11   | \$51.70   |
|                       |                   | Rate per Member: 2-Person | \$70.72   | \$71.72   |
|                       |                   | 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



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

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

### **Medical plans**

| Description   | Benefits  | Enrollme                        | ent         | 2021 Rate <sup>1</sup><br>w/ no Discount | 2022 Rate <sup>2</sup><br>w/ no Discount |
|---|---|---------------------------------|-------------|--|--|
| Plan<br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EA)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>None | Single:<br>2-Person:<br>Family: | 7<br>0<br>0 | \$489.35<br>\$1,101.04<br>\$1,370.18     | \$515.82<br>\$1,160.59<br>\$1,444.30     |
| Basic Term Life with Medical Volume:  | \$5,000   |                                 | 7           | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.490% for federal and state taxes and fees.

#### COBRA RATES: