

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 ¹ w/ 2% Discount	2022 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: 24 2-Person: 14 Family: 43	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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: 5 2-Person: 4 Family: 6	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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: 8 2-Person: 3 Family: 17	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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: 4 2-Person: 3 Family: 6	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$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.

²Medical 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	A 2 A 7	A C C 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



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 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

COBRA RATES:

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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 ¹ w/ 2% Discount	2022 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: 6 2-Person: 6 Family: 13	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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: 1 2-Person: 2 Family: 7	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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: 4 2-Person: 2 Family: 8	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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: 1 2-Person: 0 Family: 2	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$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.

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

COBRA RATES:

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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 \$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

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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 ¹ w/ 2% Discount	2022 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: 2-Person: Family:	7 3 3	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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-Person: Family:	1 1 1	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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: 2-Person: Family:	1 0 0	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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: 2-Person: Family:	4 0 0	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$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.

²Medical 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): 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	\$0.2
Benefit:	60% Max \$3,000			
	60% Max \$3,000 \$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:

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

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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:

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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): 372H - Food Service Mechanic Support

Medical plans

Description	Benefits	Enrollme	nt	2021 Rate ¹ w/ 2% Discount	2022 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: 2-Person: Family:	1 1 0	\$735.41 \$1,654.68 \$2,059.17	\$775.20 \$1,744.20 \$2,170.56
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-Person: Family:	0 0 0	\$624.36 \$1,404.81 \$1,748.21	\$658.13 \$1,480.80 \$1,842.77
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: 2-Person: Family:	0 0 0	\$637.78 \$1,435.03 \$1,785.80	\$665.57 \$1,497.53 \$1,863.59
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: 2-Person: Family:	0 0 0	\$479.56 \$1,079.01 \$1,342.77	\$505.51 \$1,137.38 \$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.

²Medical 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:

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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 ¹ w/ no Discount	2022 Rate ² w/ no Discount
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: 2-Person: Family:	7 0 0	\$489.35 \$1,101.04 \$1,370.18	\$515.82 \$1,160.59 \$1,444.30
Basic Term Life with Medical Volume:	\$5,000		7	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES: