

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

Quoted Group(s): 353A - Administrator

Medical plans

Description	Benefits	Enrollme	ent	2024 Rate ¹ w/ 2% Discount	2025 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)				
IN Deductible:	\$500/\$1000	O's sta	0	*7 05 5 7	* 040 7 0
IN Coinsurance:	0%	Single:	0	\$765.57	\$813.73
TH:24-7/MH/PC Copay:	\$20/\$20/\$20	2-Person:	2	\$1,722.52	\$1,830.91
OV/SV/UC/ER Copay:	\$20/\$20/\$25/\$50	Family:	2	\$2,143.58	\$2,278.46
Rx Coverage:	Saver Rx				
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1650/\$3300				
IN Coinsurance:	0%	Single:	0	\$676.66	\$714.95
TH:24-7/MH/PC Copay:	\$0	2-Person:	0	\$1,522.48	\$1,608.64
OV/SV/UC/ER Copay:	\$0	Family:	1	\$1,894.64	\$2,001.86
Rx Coverage:	ABC Rx	,			
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		5	\$1.50	\$1.50

¹Medical Rate includes 1.336% for federal and state taxes and fees.

²Medical Rate includes 1.424% for federal and state taxes and fees.

COBRA RATES:



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

Quoted Group(s): 353A - Administrator

Ancillary plans with medical - 5 members

Description	Description Benefits Enrollment		2024 Rate	2025 Rate
Dental	00621-07			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$32.61	\$35.05
Annual Max:	\$1,500	2-Person: 2	\$68.56	\$73.69
Orthodontics:	80%	Family: 3	\$136.89	\$147.13
Lifetime Max:	\$2,900			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 3 Plus 200CL	Single: 0	\$8.64	\$8.6
Plan Year:	Jan-Dec	2-Person: 2	\$18.55	\$18.58
		Family: 3	\$27.93	\$27.96
Life Insurance (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$286,000	5		
Rate/\$1,000:	+=00,000		\$0.12	\$0.1
Composite:			\$8.37	\$10.8
AD&D Coverage (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$286,000	5		
Rate/\$1,000:	4200,000	Ŭ	\$0.03	\$0.0
Composite:			\$2.09	\$1.72
LTD Benefit (All)*				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
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:	\$23,818	5		
Rate/\$100:	¥=0,0.0	Ŭ	\$0.49	\$0.55
Composite:			\$26.01	\$26.20
	Total Monthly Rate p	er Member: Single	\$77.72	\$82.49
Total Monthly Rate per Member: 2-Person			\$123.58	\$131.0
	Total Monthly Rate p		\$201.29	\$213.8

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 08/10/2024. 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. If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 800.292.4910.



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

Quoted Group(s): 353A - Administrator

Ancillary plans without medical - 0 members

Description	Benefits Enrollment		2024 Rate	2025 Rate
Dental	00621-08			
Diag & Prev: Basic Services:	100%			
Major Services:	90% (X-Rays) 90%	Single: 0	\$34.73	\$37.33
Annual Max:	\$1,500	2-Person: 0	\$34.73 \$66.25	\$37.33 \$71.21
Orthodontics:	90%	Family: 0	\$138.23	\$71.21 \$148.57
Lifetime Max:	\$3,200	Farmy. 0	\$130.23	φ140.3 <i>1</i>
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 3 Plus 200CL	Single: 0	\$8.64	\$8.65
Plan Year:	Jan-Dec	2-Person: 2	\$18.55	\$18.58
		Family: 3	\$27.93	\$27.96
Life Insurance (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$286,000	5		
Rate/\$1,000:	+,		\$0.12	\$0.19
Composite:			\$8.37	\$10.87
AD&D Coverage (All)*				
Volume:	1X Salary (Max of \$225,000)			
Total Volume:	\$286,000	5		
Rate/\$1,000:	φ200,000	5	\$0.03	\$0.03
Composite:			\$2.09	\$1.72
•			φ2.00	ψ2
LTD Benefit (All)*	000/ Max #5 000			
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
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:	\$23,818	5	* 2.45	\$ \$\$
Rate/\$100:			\$0.49	\$0.55
Composite:			\$26.01	\$26.20
		Total Monthly Rate per Member: Single		
Total Monthly Rate per Member: 2-Pers			\$121.27	\$128.58
	Total Monthly Rate p	er Member: Family	\$202.63	\$215.32

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 08/10/2024. 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. If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 800.292.4910.



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

Quoted Group(s): 353B - Support Staff

Medical plans

Description	Benefits	Enrollme	ent	2024 Rate ¹ w/ 2% Discount	2025 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)				
IN Deductible:	\$500/\$1000				
IN Coinsurance:	0%	Single:	3	\$765.57	\$813.73
TH:24-7/MH/PC Copay:	\$20/\$20/\$20	2-Person:	1	\$1,722.52	\$1,830.91
OV/SV/UC/ER Copay:	\$20/\$20/\$25/\$50	Family:	0	\$2,143.58	\$2,278.46
Rx Coverage:	Saver Rx	-			
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1650/\$3300				
IN Coinsurance:	0%	Single:	0	\$676.66	\$714.95
TH:24-7/MH/PC Copay:	\$0	2-Person:	0	\$1,522.48	\$1,608.64
OV/SV/UC/ER Copay:	\$0	Family:	1	\$1,894.64	\$2,001.86
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		5	\$1.50	\$1.50

¹Medical Rate includes 1.336% for federal and state taxes and fees.

²Medical Rate includes 1.424% for federal and state taxes and fees.

COBRA RATES:



2025 Rate Renewal Exclusively for Bellaire Public Schools

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

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

Quoted Group(s): 353B - Support Staff

Ancillary plans

Description	Benefits	Enrollment	2024 Rate	2025 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-06 100% 100% (X-Rays) 100% \$3,000 80% UCR 2 Cleanings Jan-Dec	Single: 6 2-Person: 3 Family: 3	\$39.72 \$81.18 \$167.23	\$42.69 \$87.25 \$179.74
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 5 2-Person: 4 Family: 3	\$9.31 \$20.00 \$30.07	\$9.32 \$20.03 \$30.11
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$600,000	12	\$0.19 \$9.50	\$0.19 \$9.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$600,000	12	\$0.03 \$1.50	\$0.03 \$1.50
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:	70% Max \$5,000 \$7,143 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$29,397	12	\$1.97 \$37.45	\$1.85 \$45.32
· · ·	Total Monthly Rate	Total Monthly Rate per Member: Single Total Monthly Rate per Member: 2-Person Total Monthly Rate per Member: Family		

COBRA RATES:



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

Quoted Group(s): 353C - Teacher

Medical plans

Description	Benefits	Enrollme	ent	2024 Rate ¹ w/ 2% Discount	2025 Rate ² w/ 2% Discount
Plan	MESSA Choices (7F)				
IN Deductible:	\$500/\$1000				
IN Coinsurance:	0%	Single:	2	\$765.57	\$813.73
TH:24-7/MH/PC Copay:	\$20/\$20/\$20	2-Person:	2	\$1,722.52	\$1,830.91
OV/SV/UC/ER Copay:	\$20/\$20/\$25/\$50	Family:	7	\$2,143.58	\$2,278.46
Rx Coverage:	Saver Rx				
Riders:	None				
Plan	MESSA ABC Plan 1 (7V)				
IN Deductible:	\$1650/\$3300				
IN Coinsurance:	0%	Single:	1	\$676.66	\$714.95
TH:24-7/MH/PC Copay:	\$0	2-Person:	1	\$1,522.48	\$1,608.64
OV/SV/UC/ER Copay:	\$0	Family:	9	\$1,894.64	\$2,001.86
Rx Coverage:	ABC Rx				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		22	\$1.50	\$1.50

¹Medical Rate includes 1.336% for federal and state taxes and fees.

²Medical Rate includes 1.424% for federal and state taxes and fees.

COBRA RATES:



2025 Rate Renewal Exclusively for Bellaire Public Schools

Quote #: 355521 MESSA Field Rep: Viola Collin Date Created: 08/13/2024

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

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

Quoted Group(s): 353C - Teacher

Ancillary plans

Description	Benefits	Enrollment	2024 Rate	2025 Rate
Dental	00621-09			
Diag & Prev:	100%			
Basic Services:	90% (X-Rays)			
Major Services:	90%	Single: 2	\$33.85	\$36.38
Annual Max:	\$1,500	2-Person: 4	\$71.07	\$76.39
Orthodontics:	90%	Family: 16	\$155.71	\$167.36
Lifetime Max:	\$3,200	-		
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 3 Plus 200CL	Single: 2	\$8.64	\$8.65
Plan Year:	Jan-Dec	2-Person: 4	\$18.55	\$18.58
		Family: 16	\$27.93	\$27.96
Life Insurance				
Volume:	\$50,000			
Total Volume:	\$1,100,000	22		
Rate/\$1,000:			\$0.12	\$0.19
Composite:			\$6.00	\$9.50
AD&D Coverage				
Volume:	\$50,000			
Total Volume:	\$1,100,000	22		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.50	\$1.50
LTD Benefit				
Benefit:	60% Max \$5,000			
Max Monthly Salary:	\$8,333			
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:	\$123,871	22		
Rate/\$100:	+		\$0.33	\$0.33
Composite:			\$16.53	\$18.58
	Total Monthly Rate	e per Member: Single	\$66.52	\$74.61
		e per Member: 2-Person	\$113.65	\$124.55
		e per Member: Family	\$207.67	\$224.90

COBRA RATES: