



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

**2025 Rate Renewal Exclusively for  
 Bellaire Public Schools**

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

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

Quoted Group(s): 353A - Administrator

**Medical plans**

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

<sup>1</sup>Medical Rate includes 1.336% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.424% 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): 353A - Administrator

### Ancillary plans with medical - 5 members

Description	Benefits	Enrollment	2024 Rate	2025 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-07 80% 80% (X-Rays) 80% \$1,500 80% \$2,900 2 Cleanings Jan-Dec	Single: 0 2-Person: 2 Family: 3	\$32.61 \$68.56 \$136.89	\$35.05 \$73.69 \$147.13
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 0 2-Person: 2 Family: 3	\$8.64 \$18.55 \$27.93	\$8.65 \$18.58 \$27.96
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$286,000	5	\$0.12 \$8.37	\$0.19 \$10.87
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$286,000	5	\$0.03 \$2.09	\$0.03 \$1.72
<b>LTD Benefit (All)*</b> 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:	60% Max \$5,000 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$23,818	5	\$0.49 \$26.01	\$0.55 \$26.20
Total Monthly Rate per Member: Single			\$77.72	\$82.49
Total Monthly Rate per Member: 2-Person			\$123.58	\$131.06
Total Monthly Rate per Member: Family			\$201.29	\$213.88

**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.

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Quoted Group(s): 353A - Administrator

### Ancillary plans without medical - 0 members

Description	Benefits	Enrollment	2024 Rate	2025 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-08 100% 90% (X-Rays) 90% \$1,500 90% \$3,200 2 Cleanings Jan-Dec	Single: 0 2-Person: 0 Family: 0	\$34.73 \$66.25 \$138.23	\$37.33 \$71.21 \$148.57
<b>Vision (All)*</b> Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 0 2-Person: 2 Family: 3	\$8.64 \$18.55 \$27.93	\$8.65 \$18.58 \$27.96
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$286,000	5	\$0.12 \$8.37	\$0.19 \$10.87
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	1X Salary (Max of \$225,000) \$286,000	5	\$0.03 \$2.09	\$0.03 \$1.72
<b>LTD Benefit (All)*</b> 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:	60% Max \$5,000 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$23,818	5	\$0.49 \$26.01	\$0.55 \$26.20
Total Monthly Rate per Member: Single			\$79.84	\$84.77
Total Monthly Rate per Member: 2-Person			\$121.27	\$128.58
Total Monthly Rate per Member: Family			\$202.63	\$215.32

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**Quoted Group(s): 353B - Support Staff**

**Medical plans**

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

<sup>1</sup>Medical Rate includes 1.336% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.424% for federal and state taxes and fees.

**COBRA RATES:**

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**Quoted Group(s): 353B - Support Staff**

**Ancillary plans**

Description	Benefits	Enrollment	2024 Rate	2025 Rate
<b>Dental</b> 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
<b>Vision</b> 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
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$600,000	12	\$0.19 \$9.50	\$0.19 \$9.50
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$600,000	12	\$0.03 \$1.50	\$0.03 \$1.50
<b>LTD Benefit</b> 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 per Member: Single \$97.48 \$108.33  
 Total Monthly Rate per Member: 2-Person \$149.63 \$163.60  
 Total Monthly Rate per Member: Family \$245.75 \$266.17

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**Quoted Group(s): 353C - Teacher**

**Medical plans**

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

<sup>1</sup>Medical Rate includes 1.336% for federal and state taxes and fees.

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Quoted Group(s): 353C - Teacher

### Ancillary plans

Description	Benefits	Enrollment	2024 Rate	2025 Rate
<b>Dental</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00621-09 100% 90% (X-Rays) 90% \$1,500 90% \$3,200 2 Cleanings, Sealants Jan-Dec	Single: 2 2-Person: 4 Family: 16	\$33.85 \$71.07 \$155.71	\$36.38 \$76.39 \$167.36
<b>Vision</b> Plan Year:	VSP 3 Plus 200CL Jan-Dec	Single: 2 2-Person: 4 Family: 16	\$8.64 \$18.55 \$27.93	\$8.65 \$18.58 \$27.96
<b>Life Insurance</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,100,000	22	\$0.12 \$6.00	\$0.19 \$9.50
<b>AD&amp;D Coverage</b> Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$1,100,000	22	\$0.03 \$1.50	\$0.03 \$1.50
<b>LTD Benefit</b> 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:	60% Max \$5,000 \$8,333 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$123,871	22	\$0.33 \$16.53	\$0.33 \$18.58
Total Monthly Rate per Member: Single			\$66.52	\$74.61
Total Monthly Rate per Member: 2-Person			\$113.65	\$124.55
Total Monthly Rate per Member: Family			\$207.67	\$224.90

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