



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

**2021 Rate Renewal Exclusively for
 Berrien Springs Public Schools**

Quote #: 346796
 MESSA Field Rep: Jacqueline Mast
 Date Created: 08/03/2020

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

Quoted Group(s): 372A - Teacher

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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 23 2-Person: 16 Family: 39	\$715.39 \$1,609.64 \$2,003.11	\$735.41 \$1,654.68 \$2,059.17
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: 3 2-Person: 3 Family: 5	\$607.36 \$1,366.56 \$1,700.61	\$624.36 \$1,404.81 \$1,748.21
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: 9 2-Person: 3 Family: 14	\$620.42 \$1,395.95 \$1,737.19	\$637.78 \$1,435.03 \$1,785.80
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: 3 2-Person: 3 Family: 9	\$466.51 \$1,049.64 \$1,306.22	\$479.56 \$1,079.01 \$1,342.77
Basic Term Life with Medical Volume:	\$5,000	130	\$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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Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): 372A - Teacher

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:	00323-01 50% 50% (X-Rays) 50% \$1,000 50% \$500 2 Cleanings Jul-Jun	Single: 34 2-Person: 28 Family: 68	\$13.05 \$24.66 \$45.31	\$13.05 \$24.66 \$45.31
Vision Plan Year:	VSP 2 Jul-Jun	Single: 39 2-Person: 40 Family: 92	\$3.73 \$8.01 \$12.05	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,710,000	171	\$0.12 \$1.20	\$0.12 \$1.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,710,000	171	\$0.03 \$0.30	\$0.03 \$0.30
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 \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$724,661	171	\$0.38 \$15.40	\$0.37 \$15.68
Total Monthly Rate per Member: Single			\$33.68	\$35.89
Total Monthly Rate per Member: 2-Person			\$49.57	\$53.99
Total Monthly Rate per Member: Family			\$74.26	\$80.77

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

Quoted Group(s): 372A - Teacher

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:	00323-02 75% 75% (X-Rays) 50% \$1,000 50% \$500 2 Cleanings Jul-Jun	Single: 5 2-Person: 12 Family: 24	\$22.60 \$42.18 \$77.68	\$22.60 \$42.18 \$77.68
Vision Plan Year:	VSP 2 Jul-Jun	Single: 39 2-Person: 40 Family: 92	\$3.73 \$8.01 \$12.05	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,710,000	171	\$0.12 \$1.20	\$0.12 \$1.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$10,000 \$1,710,000	171	\$0.03 \$0.30	\$0.03 \$0.30
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 \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$724,661	171	\$0.38 \$15.40	\$0.37 \$15.68
Total Monthly Rate per Member: Single			\$43.23	\$45.44
Total Monthly Rate per Member: 2-Person			\$67.09	\$71.51
Total Monthly Rate per Member: Family			\$106.63	\$113.14

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

Quoted Group(s): 372C - 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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 8 2-Person: 5 Family: 14	\$715.39 \$1,609.64 \$2,003.11	\$735.41 \$1,654.68 \$2,059.17
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: 3 2-Person: 1 Family: 7	\$607.36 \$1,366.56 \$1,700.61	\$624.36 \$1,404.81 \$1,748.21
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: 3 2-Person: 2 Family: 7	\$620.42 \$1,395.95 \$1,737.19	\$637.78 \$1,435.03 \$1,785.80
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: 3	\$466.51 \$1,049.64 \$1,306.22	\$479.56 \$1,079.01 \$1,342.77
Basic Term Life with Medical Volume:	\$5,000	53	\$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.

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Quoted Group(s): 372C - 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:	00323-11 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 12 2-Person: 10 Family: 31	\$26.49 \$50.46 \$95.08	\$26.49 \$50.46 \$95.08
Vision Plan Year:	VSP 3 Jul-Jun	Single: 13 2-Person: 13 Family: 44	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$12,788,000	70	\$0.12 \$20.56	\$0.12 \$21.92
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$12,788,000	70	\$0.03 \$5.14	\$0.03 \$5.48
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 \$4,500 \$6,750 90 CDMF 2 Year Limitation 2 Year Limitation Primary 3 years Waived No Yes \$365,583	70	\$0.49 \$23.79	\$0.48 \$25.07
Total Monthly Rate per Member: Single			\$83.57	\$86.55
Total Monthly Rate per Member: 2-Person			\$116.25	\$119.23
Total Monthly Rate per Member: Family			\$169.09	\$172.07

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Quoted Group(s): 372C - 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:	00323-12 80% 80% (X-Rays) 80% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 3 Family: 13	\$26.80 \$50.41 \$94.69	\$26.80 \$50.41 \$94.69
Vision Plan Year:	VSP 3 Jul-Jun	Single: 13 2-Person: 13 Family: 44	\$7.59 \$16.30 \$24.52	\$7.59 \$16.30 \$24.52
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$12,788,000	70	\$0.12 \$20.56	\$0.12 \$21.92
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	3X Salary (Max of \$225,000) \$12,788,000	70	\$0.03 \$5.14	\$0.03 \$5.48
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 \$4,500 \$6,750 90 CDMF 2 Year Limitation 2 Year Limitation Primary 3 years Waived No Yes \$365,583	70	\$0.49 \$23.79	\$0.48 \$25.07
Total Monthly Rate per Member: Single			\$83.88	\$86.86
Total Monthly Rate per Member: 2-Person			\$116.20	\$119.18
Total Monthly Rate per Member: Family			\$168.70	\$171.68

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

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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 6 2-Person: 3 Family: 3	\$715.39 \$1,609.64 \$2,003.11	\$735.41 \$1,654.68 \$2,059.17
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: 1 Family: 1	\$607.36 \$1,366.56 \$1,700.61	\$624.36 \$1,404.81 \$1,748.21
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: 1 2-Person: 0 Family: 0	\$620.42 \$1,395.95 \$1,737.19	\$637.78 \$1,435.03 \$1,785.80
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: 5 2-Person: 0 Family: 0	\$466.51 \$1,049.64 \$1,306.22	\$479.56 \$1,079.01 \$1,342.77
Basic Term Life with Medical Volume:	\$5,000	21	\$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.

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

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:	00323-09 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 13 2-Person: 4 Family: 4	\$16.29 \$31.32 \$58.92	\$16.29 \$31.32 \$58.92
Vision Plan Year:	VSP 2 Jul-Jun	Single: 15 2-Person: 5 Family: 6	\$3.73 \$8.01 \$12.05	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$195,000	26	\$0.12 \$0.90	\$0.12 \$0.90
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$195,000	26	\$0.03 \$0.23	\$0.03 \$0.23
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$69,015	26	\$1.15 \$23.83	\$0.56 \$14.86
Total Monthly Rate per Member: Single			\$44.98	\$37.94
Total Monthly Rate per Member: 2-Person			\$64.29	\$59.46
Total Monthly Rate per Member: Family			\$95.93	\$93.19

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

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:	00323-10 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 1 Family: 2	\$15.80 \$29.80 \$56.78	\$15.80 \$29.80 \$56.78
Vision Plan Year:	VSP 2 Jul-Jun	Single: 15 2-Person: 5 Family: 6	\$3.73 \$8.01 \$12.05	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$195,000	26	\$0.12 \$0.90	\$0.12 \$0.90
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$7,500 \$195,000	26	\$0.03 \$0.23	\$0.03 \$0.23
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$69,015	26	\$1.15 \$23.83	\$0.56 \$14.86
Total Monthly Rate per Member: Single			\$44.49	\$37.45
Total Monthly Rate per Member: 2-Person			\$62.77	\$57.94
Total Monthly Rate per Member: Family			\$93.79	\$91.05

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

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

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 (7B) \$500/\$1000 0% \$5/\$5/\$5 \$10/\$25 Saver Rx None	Single: 1 2-Person: 1 Family: 1	\$715.39 \$1,609.64 \$2,003.11	\$735.41 \$1,654.68 \$2,059.17
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: 0 2-Person: 0 Family: 0	\$607.36 \$1,366.56 \$1,700.61	\$624.36 \$1,404.81 \$1,748.21
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	\$620.42 \$1,395.95 \$1,737.19	\$637.78 \$1,435.03 \$1,785.80
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: 0	\$466.51 \$1,049.64 \$1,306.22	\$479.56 \$1,079.01 \$1,342.77
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.

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

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:	00323-13 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 1 Family: 1	\$15.62 \$30.94 \$58.09	\$15.62 \$30.94 \$58.09
Vision Plan Year:	VSP 2 Jul-Jun	Single: 2 2-Person: 3 Family: 6	\$3.73 \$8.01 \$12.05	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$137,500	11	\$0.12 \$1.50	\$0.12 \$1.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$137,500	11	\$0.03 \$0.38	\$0.03 \$0.38
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$26,539	11	\$1.43 \$32.58	\$1.15 \$27.75
Total Monthly Rate per Member: Single			\$53.81	\$50.91
Total Monthly Rate per Member: 2-Person			\$73.41	\$72.72
Total Monthly Rate per Member: Family			\$104.60	\$106.00

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

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:	00323-14 50% 50% (X-Rays) 50% \$1,000 50% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 2 Family: 5	\$14.82 \$28.94 \$56.12	\$14.82 \$28.94 \$56.12
Vision Plan Year:	VSP 2 Jul-Jun	Single: 2 2-Person: 3 Family: 6	\$3.73 \$8.01 \$12.05	\$5.66 \$12.15 \$18.28
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$137,500	11	\$0.12 \$1.50	\$0.12 \$1.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$12,500 \$137,500	11	\$0.03 \$0.38	\$0.03 \$0.38
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:	60% Max \$3,000 \$5,000 90 CDMF 2 Year Limitation 2 Year Limitation Family 2 years Waived No Yes \$26,539	11	\$1.43 \$32.58	\$1.15 \$27.75
Total Monthly Rate per Member: Single			\$53.01	\$50.11
Total Monthly Rate per Member: 2-Person			\$71.41	\$70.72
Total Monthly Rate per Member: Family			\$102.63	\$104.03

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

Medical plans

Description	Benefits	Enrollment	2020 Rate ¹ w/ no Discount	2021 Rate ² w/ no Discount
Plan	Essentials by MESSA (EA)			
IN Deductible:	\$375/\$750	Single: 6	\$476.03	\$489.35
IN Coinsurance:	20%	2-Person: 0	\$1,071.06	\$1,101.04
OL/OV/SV Copay:	\$10/\$25/\$50	Family: 0	\$1,332.88	\$1,370.18
UC/ER Copay:	\$50/\$200			
Rx Coverage:	EbM			
Riders:	None			
Basic Term Life with Medical				
Volume:	\$5,000	6	\$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:

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