

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

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686A - FT Teachers

Medical plans

Description	Benefits	Enrollme	nt	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	7 2 4	\$826.44 \$1,859.50 \$2,314.05	\$862.41 \$1,940.41 \$2,414.73
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	5 4 6	\$779.34 \$1,753.51 \$2,182.14	\$813.25 \$1,829.81 \$2,277.09
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	8 0 5	\$730.46 \$1,643.55 \$2,045.32	\$762.25 \$1,715.07 \$2,134.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	8 6 7	\$625.27 \$1,406.87 \$1,750.77	\$652.49 \$1,468.09 \$1,826.96
Basic Term Life with Medical Volume:	\$5,000		62	\$1.50	\$1.50

 $^1\!Medical$ Rate includes 1.335% for federal and state taxes and fees.

²Medical Rate includes 1.336% for federal and state taxes and fees.

COBRA RATES:



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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686A - FT Teachers

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06503-01			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 31	\$34.08	\$34.08
Annual Max:	\$1,000	2-Person: 16	\$66.25	\$66.25
Orthodontics:	80%	Family: 26	\$127.21	\$127.21
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 31	\$5.47	\$5.47
Plan Year:	Jan-Dec	2-Person: 16	\$11.71	\$11.71
		Family: 26	\$17.64	\$17.64
Life Insurance				
Volume:	\$40,000			
Total Volume:	\$2,920,000	73		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$4.00	\$4.40
AD&D Coverage				
Volume:	\$40,000			
Total Volume:	\$2,920,000	73		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.20	\$1.20
LTD Benefit				
Benefit:	66 2/3% Max \$4,000			
Max Monthly Salary:	\$6,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$339,085	73		
Rate/\$100:		-	\$0.43	\$0.37
Composite:			\$17.19	\$17.19
	Total Monthly Rat	e per Member: Single	\$61.94	\$62.34
		e per Member: 2-Person	\$100.35	\$100.75
	Total Monthly Rat	e per Member: Family	\$167.24	\$167.64

COBRA RATES:



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

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686D - FT Admin & Principals

Medical plans

Description	Benefits	Enrollmen	nt	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	4 1 1	\$826.44 \$1,859.50 \$2,314.05	\$862.41 \$1,940.41 \$2,414.73
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	1 0 3	\$779.34 \$1,753.51 \$2,182.14	\$813.25 \$1,829.81 \$2,277.09
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$730.46 \$1,643.55 \$2,045.32	\$762.25 \$1,715.07 \$2,134.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	2 0 0	\$625.27 \$1,406.87 \$1,750.77	\$652.49 \$1,468.09 \$1,826.96
Basic Term Life with Medical Volume:	\$5,000		12	\$1.50	\$1.50

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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686D - FT Admin & Principals

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06503-03			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 9	\$34.75	\$34.75
Annual Max:	\$1,000	2-Person: 2	\$64.85	\$64.85
Orthodontics:	80%	Family: 4	\$122.37	\$122.37
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 9	\$5.47	\$5.47
Plan Year:	Jan-Dec	2-Person: 2	\$11.71	\$11.71
		Family: 4	\$17.64	\$17.64
Life Insurance				
Volume:	\$100,000			
Total Volume:	\$1,500,000	15		
Rate/\$1,000:	+ ,	_	\$0.10	\$0.11
Composite:			\$10.00	\$11.00
AD&D Coverage				
Volume:	\$100,000			
Total Volume:	\$1,500,000	15		
Rate/\$1,000:	+ · · · · · · · · · · · · · · · · · · ·		\$0.03	\$0.03
Composite:			\$3.00	\$3.00
LTD Benefit				
Benefit:	66 2/3% Max \$4,000			
Max Monthly Salary:	\$6,000			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$80,009	14		
Rate/\$100:	φ00,000	14	\$0.64	\$0.59
Composite:			\$31.09	\$33.72
Composite.			-	
		e per Member: Single	\$84.31	\$87.94
		e per Member: 2-Person	\$120.65	\$124.28
		e per Member: Family	\$184.10	\$187

COBRA RATES:



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

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686F - FT Custodian/Bus Driver

Medical plans

Description	Benefits	Enrolime	nt	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	4 2 0	\$826.44 \$1,859.50 \$2,314.05	\$862.41 \$1,940.41 \$2,414.73
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	2 2 1	\$779.34 \$1,753.51 \$2,182.14	\$813.25 \$1,829.81 \$2,277.09
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$730.46 \$1,643.55 \$2,045.32	\$762.25 \$1,715.07 \$2,134.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	4 0 0	\$625.27 \$1,406.87 \$1,750.77	\$652.49 \$1,468.09 \$1,826.96
Basic Term Life with Medical Volume:	\$5,000		15	\$1.50	\$1.50

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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686F - FT Custodian/Bus Driver

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06503-06			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 12	\$42.37	\$42.37
Annual Max:	\$1,000	2-Person: 5	\$80.96	\$80.96
Orthodontics:	80%	Family: 3	\$146.84	\$146.84
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 12	\$5.47	\$5.47
Plan Year:	Jan-Dec	2-Person: 5	\$11.71	\$11.71
		Family: 3	\$17.64	\$17.64
Life Insurance				
Volume:	\$18,000			
Total Volume:	\$360,000	20		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$1.80	\$1.98
AD&D Coverage				
Volume:	\$18,000			
Total Volume:	\$360,000	20		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.54	\$0.54
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$60,404	20		
Rate/\$100:	+	20	\$2.08	\$1.50
Composite:			\$52.80	\$45.30
	Total Monthly Rate	e per Member: Single	\$102.98	\$95.66
		e per Member: 2-Person	\$147.81	\$140.49
		e per Member: Family	\$219.62	\$212.30

COBRA RATES:



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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686G - FT Secretaries, Parapros

Medical plans

Description	Benefits	Enrollme	nt	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 1 1	\$826.44 \$1,859.50 \$2,314.05	\$862.41 \$1,940.41 \$2,414.73
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 0 1	\$779.34 \$1,753.51 \$2,182.14	\$813.25 \$1,829.81 \$2,277.09
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$730.46 \$1,643.55 \$2,045.32	\$762.25 \$1,715.07 \$2,134.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	1 0 0	\$625.27 \$1,406.87 \$1,750.77	\$652.49 \$1,468.09 \$1,826.96
Basic Term Life with Medical Volume:	\$5,000		4	\$1.50	\$1.50

 $^1\!Medical$ Rate includes 1.335% for federal and state taxes and fees.

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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686G - FT Secretaries, Parapros

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06503-07			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 6	\$37.77	\$37.77
Annual Max:	\$1,000	2-Person: 2	\$78.39	\$78.39
Orthodontics:	80%	Family: 3	\$138.29	\$138.29
Lifetime Max:	\$1,000	,		
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 6	\$5.47	\$5.47
Plan Year:	Jan-Dec	2-Person: 2	\$11.71	\$11.71
		Family: 3	\$17.64	\$17.64
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$220,000	11		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$2.00	\$2.20
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$220,000	11		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$34,006	11		
Rate/\$100:			\$1.07	\$0.83
Composite:			\$27.72	\$25.66
		e per Member: Single	\$73.56	\$71.70
		e per Member: 2-Person	\$120.42	\$118.56
	Total Monthly Rat	e per Member: Family	\$186.25	\$184.39

COBRA RATES:



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

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686J - Full Time Food Service

Medical plans

Description	Benefits	Enrollme	nt	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	0 2 0	\$826.44 \$1,859.50 \$2,314.05	\$862.41 \$1,940.41 \$2,414.73
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8C) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx None	Single: 2-Person: Family:	1 0 0	\$779.34 \$1,753.51 \$2,182.14	\$813.25 \$1,829.81 \$2,277.09
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1600/\$3200 0% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$730.46 \$1,643.55 \$2,045.32	\$762.25 \$1,715.07 \$2,134.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (9H) \$2000/\$4000 20% \$0 \$0 ABC Rx HEQ	Single: 2-Person: Family:	0 0 0	\$625.27 \$1,406.87 \$1,750.77	\$652.49 \$1,468.09 \$1,826.96
Basic Term Life with Medical Volume:	\$5,000		3	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686J - Full Time Food Service

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental	06503-09			
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 1	\$35.72	\$35.72
Annual Max:	\$1,000	2-Person: 2	\$66.78	\$66.78
Orthodontics:	80%	Family: 0	\$122.15	\$122.15
Lifetime Max:	\$1,000			
Riders:	2 Cleanings, Sealants			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 1	\$5.47	\$5.47
Plan Year:	Jan-Dec	2-Person: 2	\$11.71	\$11.71
		Family: 0	\$17.64	\$17.64
Life Insurance				
Volume:	\$18,000			
Total Volume:	\$54,000	3		
Rate/\$1,000:	+- /		\$0.10	\$0.11
Composite:			\$1.80	\$1.98
AD&D Coverage				
Volume:	\$18,000			
Total Volume:	\$54,000	3		
Rate/\$1,000:	+,		\$0.03	\$0.03
Composite:			\$0.54	\$0.54
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$8,841	3		
Rate/\$100:	+-,		\$2.33	\$1.78
Composite:			\$47.54	\$52.46
	Total Monthly Rate	per Member: Single	\$91.07	\$96.17
		per Member: 2-Person	\$128.37	\$133.47
		, per Member: Family	\$189.67	\$194.77

COBRA RATES:



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

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686M - Part Time Custodian

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Life Insurance				
Volume:	\$14,000			
Total Volume:	\$14,000	1	Aa (a	Aa <i>i i</i>
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$1.40	\$1.54
AD&D Coverage				
Volume:	\$14,000			
Total Volume:	\$14,000	1		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.42	\$0.42
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$3,030	1		
Rate/\$100:			\$1.73	\$1.09
Composite:			\$32.18	\$33.03



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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): 686O - Part Time Food Service

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Life Insurance				
Volume:	\$14,000			
Total Volume:	\$14,000	1		
Rate/\$1,000:			\$0.10	\$0.11
Composite:			\$1.40	\$1.54
AD&D Coverage				
Volume:	\$14,000			
Total Volume:	\$14,000	1		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.42	\$0.42
LTD Benefit				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDSW			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	No			
Volume:	\$2,606	1		
Rate/\$100:			\$2.91	\$2.17
Composite:			\$40.57	\$56.55