



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

Benefit Program Cost Summary

Effective 01/01/2013

Bellaire Public Schools
204 W Forest Home Ave
Bellaire, MI 49615-9501

Group: **353C-Teacher**

Employer ID: 353
MESSA Field Rep: Carol Barrett

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID			
Teacher - 100000	FT/PT 353C					
PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes	
Medical	MESSA Choices 71453-160	In-Network Ded: \$500 Single/\$1000 Family			7F	
		In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER				
		Out-of-Network Ded: \$1000 Single/\$2000 Family				
		Out-of-Network Coins: 20% of approved amount after deductible				
		Out-of-Network OOP Cap: \$2000 Single/\$4000 Family				
		Prescription Coverage: MESSA Saver Rx				
		Excludes Voluntary Abortion				
			Single:	6	522.04	2374
			2-Person:	3	1,174.59	2375
			Family:	11	1,305.10	2376
Dental	Dent 80/80/80/80:2900(1500) 0621-0003	Class I: 80%			D0338A	
		Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$2,900				
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	6	36.89	2377
		Sealants: No	2-Person:	3	68.88	2378
		Cleanings: 2 per year	Family:	11	128.09	2379
Vision	VSP 3 Plus	Plan year July to July	Single:	6	10.65	V3P1 237D
			2-Person:	3	22.90	237E
			Family:	11	34.47	237F
Negotiated LTD	Neg LTD 60% Max \$5,000	Replacement %: 60.00	Individuals:	20	26.29	LT113 1511
		Maximum Benefit: \$5,000	Volume:	95,616		
		Maximum Monthly Salary: \$8,333	Rate per 100:	0.55		
		Waiting Period: 90 Calendar Days Modified Fill				
		Alcohol/Drug: 2 Year Limitation				
		Mental/Nervous: 2 Year Limitation				
		Social Security Offset: Family				
		Own Occupation: 2 years Minimum Benefit: 5%				
		Survivor Income Benefit: 0 months				
		Pre-Existing Conditions: Waived				
		Freeze on Offsets: Yes COLA: No				
		Educational Supplemental Program: No				
PAK Life	\$45,000 PAK Life		Individuals:	20	6.30	P04502 1512
			Volume:	900,000		
			Rate per 1000:	0.14		
PAK AD&D	\$45,000 PAK AD&D		Individuals:	20	1.35	K04502 1510
			Volume:	900,000		
			Rate per 1000:	0.03		
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	BTLM01 001Z

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above, Medical COBRA rates for PAK A are as follows:

Medical - Single	522.04
Medical - 2-Person	1,174.59
Medical - Family	1,305.10



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PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent 100/90/90/90:3200(1500) 0621-0004	Class I: 100%			D0297A
		Class II: 90%			
		Class III: 90%			
		Class IV: 90%			
		Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$3,200			
		X-Rays paid under: Class II			
		Adult Orthodontics: No	Single: 1	47.06	237A
		Sealants: No	2-Person: 3	87.55	237B
		Cleanings: 2 per year	Family: 4	158.77	237C
Vision	VSP 3 Plus	Plan year July to July	Single: 1	10.65	V3P3 237G
			2-Person: 3	22.90	237H
			Family: 4	34.47	237I
Negotiated LTD	Neg LTD 60% Max \$5,000	Replacement %: 60.00	Individuals: 8	25.05	LT113D 151J
		Maximum Benefit: \$5,000	Volume: 36,431		
		Maximum Monthly Salary: \$8,333	Rate per 100: 0.55		
		Waiting Period: 90 Calendar Days Modified Fill			
		Alcohol/Drug: 2 Year Limitation			
		Mental/Nervous: 2 Year Limitation			
		Social Security Offset: Family			
		Own Occupation: 2 years Minimum Benefit: 5%			
		Survivor Income Benefit: 0 months			
		Pre-Existing Conditions: Waived			
PAK Life	\$50,000 PAK Life	Freeze on Offsets: Yes COLA: No			
		Educational Supplemental Program: No			
PAK AD&D	\$50,000 PAK AD&D		Individuals: 8	7.00	P05002 151K
			Volume: 400,000		
			Rate per 1000: 0.14		
PAK AD&D	\$50,000 PAK AD&D		Individuals: 8	1.50	K05002 151I
			Volume: 400,000		
			Rate per 1000: 0.03		

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.



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PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA ABC Plan 1 71452-161 / 71452-162	In-Network Ded: \$1250 Single Cov; \$2500 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 2-Person & Family Cov Out-of-Network Ded: \$2500 Single Cov; \$5000 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Excludes Voluntary Abortion Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 0	472.23 1,062.52 1,180.58	7V 2MJ7 2MJ8 2MJ9
Dental	Dent 80/80/80/80:2900(1500) 0621-0003	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$2,900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	36.89 68.88 128.09	D0338F 2MJA 2MJB 2MJC
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 0	10.65 22.90 34.47	V3PC 2MJD 2MJE 2MJF
Negotiated LTD	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 0 Volume: 0 Rate per 100: 0.55	26.29	LT113G 2MJG
PAK Life	\$45,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.14	6.20	P0450B 2MJH
PAK AD&D	\$45,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	1.35	K0450B 2MJI
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above, Medical COBRA rates for PAK C are as follows:

Medical - Single	472.23
Medical - 2-Person	1,062.52
Medical - Family	1,180.58

Please refer to plan coverage booklets for a complete description of benefits.