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

Benefit Program Cost Summary

Effective 05/01/2019

Carson City-Crystal Area Sch
115 E Main St
Carson City, MI 48811-0780

Group: **040A-FoodServ & Para under 35 Hrs**

Employer ID: 040
MESSA Field Rep: Abby Zarimba

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Support Staff - 160103	FT/PT 040A		

Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Negotiated Life	\$30,000 Negotiated Life	Individuals: 11 Volume: 330,000 Rate per 1000: 0.14	0.14	0.14
Negotiated AD&D	\$30,000 Negotiated AD&D	Individuals: 11 Volume: 330,000 Rate per 1000: 0.03	0.03	0.03

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



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Benefit Program Cost Summary

Effective 05/01/2019

Carson City-Crystal Area Sch
115 E Main St
Carson City, MI 48811-0780

Group: **040B-Teachers**

Employer ID: 040
 MESSA Field Rep: Abby Zarimba

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 040B		
PAK A	Plan	Brief Description	Census Used Rate Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1350 Single Cov; \$2700 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Person & Family Cov Total OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov Out-of-Network Deductible: \$2700 Single Cov; \$5400 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4700 Single Cov; \$9400 2-Person & Family Cov Prescription Coverage: MESSA ABCRx Mandatory Mail Health Savings Account with Health Equity	Single: 7 679.43 669.10 2-Person: 8 1,528.72 1,505.48 Family: 21 1,902.40 1,873.47
Dental	Dent100X/80/80/80:2500/1500:2 6075-0006	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$2,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 7 34.86 34.86 2-Person: 10 67.82 67.82 Family: 19 137.59 137.59
Vision	VSP 3 G	Plan year July to July	Single: 7 7.63 7.56 2-Person: 10 16.39 16.23 Family: 19 24.63 24.40
Negotiated LTD	Neg LTD 66 2/3% Max \$4,000	Replacement %: 66.67 Maximum Benefit: \$4,000 Maximum Monthly Salary: \$6,000 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: 36 23.18 23.18 Volume: 154,562 Rate per 100: 0.54
PAK Life	\$25,000 PAK Life		Individuals: 36 3.50 3.50 Volume: 900,000 Rate per 1000: 0.14
PAK AD&D	\$25,000 PAK AD&D		Individuals: 36 0.75 0.75 Volume: 900,000 Rate per 1000: 0.03
Basic Term Life	Basic Term Life w/Med \$5,000		1.50 1.50

COBRA RATES:

The COBRA rates for this group are the same as the rates above.



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PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	Dent100X/80/80/80:2500/1500:2 6075-0007	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$2,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 1 2-Person: 3 Family: 3	33.37 65.54 138.91	33.37 65.54 138.91
Vision	VSP 3 G	Plan year July to July	Single: 1 2-Person: 3 Family: 3	7.63 16.39 24.63	7.56 16.23 24.40
Negotiated LTD	Neg LTD 66 2/3% Max \$4,000	Replacement %: 66.67 Maximum Benefit: \$4,000 Maximum Monthly Salary: \$6,000 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: 7 Volume: 30,054 Rate per 100: 0.54	23.18	23.18
PAK Life	\$25,000 PAK Life		Individuals: 7 Volume: 175,000 Rate per 1000: 0.14	3.50	3.50
PAK AD&D	\$25,000 PAK AD&D		Individuals: 7 Volume: 175,000 Rate per 1000: 0.03	0.75	0.75

COBRA RATES:

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PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$2000 Single/\$4000 Family Total OOP Max: \$4000 Single/\$8000 Family Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4000 Single/\$8000 Family Prescription Coverage: 3-Tier Rx with Mandatory Mail	Single: 0 2-Person: 2 Family: 0	684.59 1,540.33 1,916.85	674.18 1,516.91 1,887.70
Dental	Dent100X/80/80/80:2500/1500:2 6075-0006	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$2,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 2 Family: 0	34.86 67.82 137.59	34.86 67.82 137.59
Vision	VSP 3 G	Plan year July to July	Single: 0 2-Person: 2 Family: 0	7.63 16.39 24.63	7.56 16.23 24.40
Negotiated LTD	Neg LTD 66 2/3% Max \$4,000	Replacement %: 66.67 Maximum Benefit: \$4,000 Maximum Monthly Salary: \$6,000 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: 2 Volume: 8,587 Rate per 100: 0.54	23.18	23.18
PAK Life	\$25,000 PAK Life		Individuals: 2 Volume: 50,000 Rate per 1000: 0.14	3.50	3.50
PAK AD&D	\$25,000 PAK AD&D		Individuals: 2 Volume: 50,000 Rate per 1000: 0.03	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

COBRA RATES:

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Carson City-Crystal Area Sch
115 E Main St
Carson City, MI 48811-0780

Group: **040C-Transportation**

Employer ID: 040
 MESSA Field Rep: Abby Zarimba

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Bus Driver/Transportation - 210000	FT/PT 040C		

Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1			
	In-Network			
	Deductible: \$1350 Single Cov; \$2700 2-Person & Family Cov			
	Blue Cross Online Visit Copay: N/A			
	Office Visit Copay: N/A			
	Specialist Visit Copay: N/A			
	Urgent Care Copay: N/A			
	Emergency Room Copay: N/A			
	Medical OOP Max Including IN Ded:			
	\$2350 Single Cov; \$4700 2-Person & Family Cov			
	Total OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov			
	Out-of-Network			
	Deductible: \$2700 Single Cov; \$5400 2-Person & Family Cov			
	Coinsurance: 20% of approved amount after deductible			
	Total OOP Max: \$4700 Single Cov; \$9400 2-Person & Family Cov			
	Prescription Coverage: MESSA ABC Rx			
	Health Savings Account with Health Equity			
		Single: 2	701.92	691.25
		2-Person: 0	1,579.31	1,555.30
		Family: 0	1,965.36	1,935.48
Vision	VSP 3			
	Plan year August to August			
		Single: 2	6.80	6.74
		2-Person: 3	14.63	14.49
		Family: 2	22.00	21.79
Negotiated Life	\$30,000 Negotiated Life			
		Individuals: 7	0.14	0.14
		Volume: 210,000		
		Rate per 1000: 0.14		
Negotiated AD&D	\$30,000 Negotiated AD&D			
		Individuals: 7	0.03	0.03
		Volume: 210,000		
		Rate per 1000: 0.03		
Basic Term Life	Basic Term Life w/Med \$5,000			
			1.50	1.50

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Carson City-Crystal Area Sch
115 E Main St
Carson City, MI 48811-0780

Group: **040D-SuppStaff FT or Bef 1/11**

Employer ID: 040
 MESSA Field Rep: Abby Zarimba

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Paraprofessional - 200013	FT/PT 040D	Secretary - 190022	FT/PT 040D
Food Service Worker - 130005	FT/PT 040D	Custodian - 120000	FT/PT 040D

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1350 Single Cov; \$2700 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Person & Family Cov Total OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov Out-of-Network Deductible: \$2700 Single Cov; \$5400 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4700 Single Cov; \$9400 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 5 2-Person: 3 Family: 5	687.88 1,547.72 1,926.05	677.42 1,524.19 1,896.76
Dental	Dent80/80/80/80:3000/2000:2 6075-0008	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$3,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 5 2-Person: 3 Family: 5	32.88 62.72 130.36	32.88 62.72 130.36
Vision	VSP 3	Plan year July to July	Single: 5 2-Person: 3 Family: 5	6.80 14.63 22.00	6.74 14.49 21.79
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 Waiting Period: 90 Calendar Days Straight Wait 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: 13 Volume: 27,327 Rate per 100: 1.82	38.26	38.26
PAK Life	\$25,000 PAK Life		Individuals: 13 Volume: 325,000 Rate per 1000: 0.14	3.50	3.50
PAK AD&D	\$25,000 PAK AD&D		Individuals: 13 Volume: 325,000 Rate per 1000: 0.03	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

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PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:3000/2000:2 6075-0009	Class I: 80%			
		Class II: 80%			
		Class III: 80%			
		Class IV: 80%			
		Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$3,000			
		X-Rays paid under: Class II			
		Adult Orthodontics: No	Single: 0	31.32	31.32
		Sealants: No	2-Person: 0	62.57	62.57
		Cleanings: 2 per year	Family: 1	135.93	135.93
Vision	VSP 3	Plan year July to July	Single: 0	6.80	6.74
			2-Person: 0	14.63	14.49
			Family: 1	22.00	21.79
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals: 1	38.26	38.26
		Maximum Benefit: \$2,500	Volume: 2,102		
		Maximum Monthly Salary: \$3,750	Rate per 100: 1.82		
		Waiting Period: 90 Calendar Days Straight Wait			
		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	\$25,000 PAK Life		Individuals: 1	3.50	3.50
			Volume: 25,000		
			Rate per 1000: 0.14		
PAK AD&D	\$25,000 PAK AD&D		Individuals: 1	0.75	0.75
			Volume: 25,000		
			Rate per 1000: 0.03		

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Carson City-Crystal Area Sch
115 E Main St
Carson City, MI 48811-0780

Group: **040I-Administrators**

Employer ID: 040
 MESSA Field Rep: Abby Zarimba

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Administrator - 110000	FT/PT 040I			
PAK A	Plan	Brief Description	Census Used Rate Rate W/O Tax	
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1350 Single Cov; \$2700 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Person & Family Cov Total OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov Out-of-Network Deductible: \$2700 Single Cov; \$5400 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4700 Single Cov; \$9400 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 2 687.88 2-Person: 1 1,547.72 Family: 2 1,926.05	677.42 1,524.19 1,896.76
Dental	Dent80/80/80/80:2000/1000:2 6075-0010	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$2,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 30.94 2-Person: 1 58.43 Family: 2 115.26	30.94 58.43 115.26
Vision	VSP 3	Plan year July to July	Single: 2 6.80 2-Person: 1 14.63 Family: 2 22.00	6.74 14.49 21.79
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Replacement %: 66.67 Maximum Benefit: \$6,000 Maximum Monthly Salary: \$9,000 Waiting Period: 90 Calendar Days Straight Wait 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: 5 30.87 Volume: 25,724 Rate per 100: 0.60	30.87
PAK Life	\$30,000 PAK Life		Individuals: 5 4.20 Volume: 150,000 Rate per 1000: 0.14	4.20
PAK AD&D	\$30,000 PAK AD&D		Individuals: 5 0.90 Volume: 150,000 Rate per 1000: 0.03	0.90
Basic Term Life	Basic Term Life w/Med \$5,000			1.50 1.50

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PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:2000/1000:2 6075-0011	Class I: 80%			
		Class II: 80%			
		Class III: 80%			
		Class IV: 80%			
		Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$2,000			
		X-Rays paid under: Class II			
		Adult Orthodontics: No	Single: 0	29.70	29.70
		Sealants: No	2-Person: 0	63.24	63.24
		Cleanings: 2 per year	Family: 2	124.12	124.12
Vision	VSP 3	Plan year July to July	Single: 0	6.80	6.74
			2-Person: 0	14.63	14.49
			Family: 2	22.00	21.79
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Replacement %: 66.67	Individuals: 2	30.87	30.87
		Maximum Benefit: \$6,000	Volume: 10,290		
		Maximum Monthly Salary: \$9,000	Rate per 100: 0.60		
		Waiting Period: 90 Calendar Days Straight Wait			
		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	\$30,000 PAK Life		Individuals: 2	4.20	4.20
			Volume: 60,000		
			Rate per 1000: 0.14		
PAK AD&D	\$30,000 PAK AD&D		Individuals: 2	0.90	0.90
			Volume: 60,000		
			Rate per 1000: 0.03		

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