

# **Benefit Program Cost Summary** Effective 05/01/2019

Carson City-Crystal Area Sch Group: 040A-FoodServ & Para under 35 Hrs Employer ID: 040 MESSA Field Rep: Abby Zarimba

115 E Main St Carson City, MI 48811-0780

<b>Job</b> Support Staff - 160103	FT/PT Eligibility Rule IDJob0103FT/PT 040A		FT/PT Eligibility Rule ID				
	Plan	Brief De	scription	Census Us	ed	Rate	Rate W/O Tax
Negotiated Life	\$30,000 Negotiated Life			Individuals:	11	0.14	0.14
				Volume:	330,0	000	
				Rate per 1000:	0.14		
Negotiated AD&D	\$30,000 Negotiated AD&D			Individuals:	11	0.03	0.03
-	-			Volume:	330,0	000	
				Rate per 1000:	0.03		



Carson City-Crystal Area Sch

Carson City, MI 48811-0780

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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

Group: 040B-Teachers

Employer ID: 040 MESSA Field Rep: Abby Zarimba

Job Teacher - 100000	FT/PT Eligibility F FT/PT 040B	lule ID Job	FT/PT Eligibility Rule I	FT/PT Eligibility Rule ID				
ΡΑΚ Α	Plan	Brief Description	Census Used Rate	Rate W/O Tax				
PAK A Medical	Plan MESSA ABC Plan 1	In-Network Deductible: \$1350 Single Cov; \$2 Blue Cross Online Visit Copay: N 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 D \$2350 Single Cov; \$4700 2 Total OOP Max: \$2350 Single Cov Out-of-Network Deductible: \$2700 Single Cov; \$4 Coinsurance: 20% of approved a	2700 2-Person & Family Cov /A Ped: 2-Person & Family Cov ov; \$4700 2-Person & Family Cov 6400 2-Person & Family Cov mount after deductible ov; \$9400 2-Person & Family Cov & Mandatory Mail	Rate W/O Tax				
			Single: 7 679.43 2-Person: 8 1,528.72 Family: 21 1,902.40	669.10 1,505.48 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, Lifet X-Rays paid under: Class I Adult Orthodontics: No Sealants: No		34.86 67.82				
Vision	VSP 3 G	Cleanings: 2 per year Plan year July to July	Family: 19 137.59   Single: 7 7.63   2-Person: 10 16.39	137.59 7.56 16.23				
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 Mod Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Survivor Income Benefit: 0 months	Family: 19 24.63   Individuals: 36 23.18   Volume: 154,562   Rate per 100: 0.54	24.40 23.18				
PAK Life	\$25.000 PAK Life	Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: N Educational Supplemental Program: No		3.50				
			Volume: 900,000 Rate per 1000: 0.14					
PAK AD&D	\$25,000 PAK AD&D		Individuals: 36 0.75 Volume: 900,000 Rate per 1000: 0.03	0.75				
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	1.50				

### COBRA RATES:



## Benefit Program Cost Summary Effective 05/01/2019

PAK B	Plan	Brief Description	Census Us	sed R	ate	Rate W/O Tax
Dental	Dent100X/80/80/80:2500/1500:2	Class I: 100%				
	6075-0007	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	Single:	1	33.37	33.37
		Sealants: No	2-Person:	3	65.54	65.54
		Cleanings: 2 per year	Family:	3	138.91	138.91
Vision	VSP 3 G	Plan year July to July	Single:	1	7.63	7.56
			2-Person:	3	16.39	16.23
			Family:	3	24.63	24.40
Negotiated LTD	Neg LTD 66 2/3% Max \$4,000	Replacement %: 66.67	Individuals:	-	23.18	23.18
		Maximum Benefit: \$4,000	Volume:	,		
		Maximum Monthly Salary: \$6,000	Rate per 100:	0.54		
		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	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:		3.50	3.50
			Volume:	,	)	
			Rate per 1000:			
PAK AD&D	\$25,000 PAK AD&D		Individuals:		0.75	0.75
			Volume:	,	)	
			Rate per 1000:	0.03		

### COBRA RATES:



## Benefit Program Cost Summary Effective 05/01/2019

PAK C	Plan	Brief Description	Census U	sed	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/\$4000 Family Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount aft Total OOP Max: \$4000 Single/\$8000 Family	ily er deductible ily			
		Prescription Coverage: 3-Tier Rx with Mandatory	Single:	0	684.59	674.18
			2-Person: Family:	2	1,540.33 1,916.85	1,516.91
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 ( X-Rays paid under: Class I Adult Orthodontics: No	Class IV: \$2,500 Single:	0	34.86	34.86
		Sealants: No	2-Person:	2	67.82	67.82
		Cleanings: 2 per year	Family:	0	137.59	137.59
Vision	VSP 3 G	Plan year July to July	Single: 2-Person: Family:	0 2 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: § Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	2 8,587	23.18	23.18
PAK Life	\$25,000 PAK Life		Individuals: Volume: Rate per 1000:	50,000	3.50 )	3.50
PAK AD&D	\$25,000 PAK AD&D		Individuals: Volume: Rate per 1000:	2 50,000	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000		Nale per 1000.	0.05	1.50	1.50

### COBRA RATES:

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



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# Benefit Program Cost Summary Effective 05/01/2019

Group: 040C-Transportation

Employer ID: 040 MESSA Field Rep: Abby Zarimba

FT/PT Eligibility Rule ID Job Job FT/PT Eligibility Rule ID Bus Driver/Transportation - 210000 FT/PT 040C Rate W/O Tax **Brief Description** Plan Census Used Rate 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 0 2-Person: 1,579.31 1,555.30 Family: 0 1,965.36 1,935.48 VSP 3 Vision Plan year August to August 2 6.74 Single: 6.80 2-Person: 3 14.63 14.49 Family: 2 22.00 21.79 \$30,000 Negotiated Life **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

#### COBRA RATES:

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



# **Benefit Program Cost Summary** Effective 05/01/2019

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

Employer ID: 040 MESSA Field Rep: Abby Zarimba

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

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 Us	sed	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network				
		Deductible: \$1350 Single Cov; \$2700 2-P	erson & Family C	ov		
		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				
		Total OOP Max: \$2350 Single Cov; \$4700	) 2-Person & Fan	nily Cov		
		Out-of-Network				
		Deductible: \$2700 Single Cov; \$5400 2-P		OV		
		Coinsurance: 20% of approved amount af				
		Total OOP Max: \$4700 Single Cov; \$9400	2-Person & Fan	nily Cov		
		Prescription Coverage: MESSA ABC Rx				
		Health Savings Account with Health Equity	Cinala	F	607.00	677.42
			Single: 2-Person:	5 3	687.88 1,547.72	1,524.19
			Family:		1,926.05	1,896.76
Dental	Dent80/80/80/80:3000/2000:2	Class I: 80%	r anniy.	5	1,920.00	1,030.70
Dental	6075-0008	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:	5	32.88	32.88
		Sealants: No	2-Person:	3	62.72	62.72
		Cleanings: 2 per year	Family:	5	130.36	130.36
Vision	VSP 3	Plan year July to July	Single:	5	6.80	6.74
			2-Person:	3	14.63	14.49
			Family:	5	22.00	21.79
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals:	-	38.26	38.26
		Maximum Benefit: \$2,500	Volume:	-	7	
		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:	E0/			
		Own Occupation: 2 years Minimum Benefit: Survivor Income Benefit: 0 months	3%			
		Pre-Existing Conditions: Waived				
		Freeze on Offsets: Yes COLA: No				
		Educational Supplemental Program: No				
PAK Life	\$25,000 PAK Life		Individuals:	13	3.50	3.50
	φ <b>20,000</b> Γ / ΙΙ ζ ΕΙΙΟ		Volume:	-		5.00
			Rate per 1000:			
PAK AD&D	\$25,000 PAK AD&D		Individuals:		0.75	0.75
			Volume:			
			Rate per 1000:	0.03		
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

### COBRA RATES:



## Benefit Program Cost Summary Effective 05/01/2019

ΡΑΚ Β	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:3000/2000:2	Class I: 80%				
	6075-0009	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$2,000, Lifetime Max C	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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# Benefit Program Cost Summary Effective 05/01/2019

Group: 040I-Administrators

Employer ID: 040 MESSA Field Rep: Abby Zarimba

<b>Job</b> Administrator - 110000	FT/PT Eligibility Rule ID FT/PT 0401		Job FT/PT Eligibil				ility Rule ID		
PAK A Medical	Plan MESSA ABC Plan 1	Brief Descr	iption	Census U	sed	Rate	Rate W/O Tax		
Medical	MESSA ABC Plan 1	In-Network Deduc Blue C Office Specia Urgen Emerg Medic Total C Out-of-Netw Deduc Coinse Total C Prescription	tible: \$1350 Single Cov; \$2700 2-F Cross Online Visit Copay: N/A Visit Copay: N/A alist Visit Copay: N/A t Care Copay: N/A gency Room Copay: N/A al OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Persor DOP Max: \$2350 Single Cov; \$470	Person & Family C n & Family Cov 10 2-Person & Far Person & Family C líter deductible	Cov nily Cov Cov nily Cov		677.42		
				2-Person: Family:		1,547.72 1,926.05	1,524.19 1,896.76		
Dental	Dent80/80/80/80:2000/1000:2 6075-0010		% % Class I, II, III: \$1,000, Lifetime Max under: Class II łontics: No	Single:	2 1 2	30.94 58.43 115.26	30.94 58.43 115.26		
Vision	VSP 3	Plan year Ju		Single: 2-Person:	2 1	6.80 14.63	6.74 14.49 21.79		
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Maximum M Waiting Peri Alcohol/Drug Mental/Nerv Social Secur Own Occupa Survivor Ince	It %: 66.67 enefit: \$6,000 onthly Salary: \$9,000 od: 90 Calendar Days Straight Wai g: 2 Year Limitation ous: 2 Year Limitation rity Offset: Family ation: 2 years Minimum Benefit ome Benefit: 0 months Conditions: Waived		5 25,724	<u>22.00</u> 30.87 4	30.87		
PAK Life	\$30.000 PAK Life	Freeze on O		Individuals:	5	4.20	4.20		
				Volume: Rate per 1000:	150,00		4.20		
PAK AD&D	\$30,000 PAK AD&D			Individuals: Volume: Rate per 1000:	5 150,00	0.90 00	0.90		
Basic Term Life	Basic Term Life w/Med \$5,000			•		1.50	1.50		

### COBRA RATES:



## Benefit Program Cost Summary Effective 05/01/2019

РАК В	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:2000/1000:2	Class I: 80%				
	6075-0011	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	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		

### COBRA RATES:

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