



Good health. Good business. Great schools.
 1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

Benefit Program Cost Summary Effective 07/01/2017

Sand Creek Community Schools
 6850 Sand Creek Highway
 Sand Creek, MI 49279-9705

Group: **002A-LCC Teach/Admin/Cust/NonHeadst, 132I-LCC LIEA, LVEA Employer ID: 216 Teach, NonUnion, 150C-LCC Teachers, 216A-LCC Admin, Food MESSA Field Rep: Julie Berryman Adams Service, Maint, 216C-LCC Teachers, 298M-LCC Teacher, Couns, Admin, 308A-LCC FT Teach, Cust, Mtc, 377A-LCC Teacher/Cust/Admin, 411A-LCC Admin, Teach, Support**

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Principal - 110004	FT/PT 216A	Food Service Worker - 130005	FT/PT 216A
Facilities Maint Worker - 180003	FT/PT 216A	Custodian - 180014	FT/PT 216A
Secretary - 190022	FT/PT 216A		

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Medical In-Network OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total IN OOP Max: \$2500 Single/\$5000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 106 2-Person: 78 Family: 273	676.31 1,521.71 1,893.67	6Z 20FU 20FV 20FW
Dental	Dent100/80/80/80:1500/1500:2 6492-0023	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 104 2-Person: 84 Family: 269	34.55 69.08 130.64	D0052 20FX 20FY 20FZ
Vision	VSP 2 S	Plan year July to July	Single: 103 2-Person: 84 Family: 270	5.92 12.70 19.12	V2S 20G3 20G4 20G5
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 Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 457 Volume: 2,091,561 Rate per 100: 0.59	27.10	LT768 2D6M
PAK Life	\$45,000 PAK Life		Individuals: 457 Volume: 20,565,000 Rate per 1000: 0.10	4.50	P04501 2D6I
PAK AD&D	\$45,000 PAK AD&D		Individuals: 457 Volume: 20,565,000 Rate per 1000: 0.03	1.35	K04501 2D6K
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM01 001Z

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	MESSA Codes
Dental	Dent100/80/80/80:1500/1500:2 6492-0024	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 31 2-Person: 51 Family: 172	34.34 69.20 133.18	D0052A 20G0 20G1 20G2
Vision	VSP 2 S	Plan year July to July	Single: 31 2-Person: 51 Family: 172	5.92 12.70 19.12	V2SA 20G6 20G7 20G8
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 Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 254 Volume: 1,162,487 Rate per 100: 0.59	27.10	LT768A 2D6N
PAK Life	\$50,000 PAK Life		Individuals: 254 Volume: 12,700,000 Rate per 1000: 0.10	5.00	P05001 2D6J
PAK AD&D	\$50,000 PAK AD&D		Individuals: 253 Volume: 12,650,000 Rate per 1000: 0.03	1.50	K05001 2D6L

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Benefit Program Cost Summary

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PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov Medical In-Network OOP Max Including IN Ded: \$2300 Single Cov; \$4600 2-Person & Family Cov Total IN OOP Max: \$2300 Single Cov; \$4600 2-Person & Family Cov Out-of-Network Ded: \$2600 Single Cov; \$5200 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4600 Single Cov; \$9200 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 41 2-Person: 35 Family: 126	603.81 1,358.60 1,690.68	7U 2O4S 2O4T 2O4U
Dental	Dent100/80/80/80:1500/1500:2 6492-0023	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 40 2-Person: 35 Family: 126	34.55 69.08 130.64	D0052B 2O4V 2O4W 2O4X
Vision	VSP 2 S	Plan year July to July	Single: 40 2-Person: 35 Family: 126	5.92 12.70 19.12	V2SI 2O4Y 2O4Z 2O50
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 Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 201 Volume: 919,921 Rate per 100: 0.59	27.10	LT768B 2O51
PAK Life	\$45,000 PAK Life		Individuals: 201 Volume: 9,045,000 Rate per 1000: 0.10	4.50	P0450B 2O52
PAK AD&D	\$45,000 PAK AD&D		Individuals: 201 Volume: 9,045,000 Rate per 1000: 0.03	1.35	K0450C 2O53
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM10 001Z

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PAK D	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA ABC Plan 2	In-Network Ded: \$2000 Single Cov; \$4000 2-Person & Family Cov In-Network Coins: 10% of approved amount after deductible Medical In-Network OOP Max Including IN Ded: \$4000 Single Cov; \$6550 2-Person & Family Cov Total IN OOP Max: \$4000 Single Cov; \$6550 2-Person & Family Cov Out-of-Network Ded: \$4000 Single Cov; \$8000 2-Person & Family Cov Out-of-Network Coins: 30% of approved amount after deductible Out-of-Network OOP Cap: \$8000 Single Cov; \$16000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 13 2-Person: 5 Family: 28	527.75 1,187.46 1,477.71	9I 2O54 2O55 2O56
Dental	Dent100/80/80/80:1500/1500:2 6492-0023	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 13 2-Person: 9 Family: 24	34.55 69.08 130.64	D0052C 2O57 2O58 2O59
Vision	VSP 2 S	Plan year July to July	Single: 13 2-Person: 9 Family: 24	5.92 12.70 19.12	V2SJ 2O5A 2O5B 2O5C
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 Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 46 Volume: 210,529 Rate per 100: 0.59	27.10	LT768C 2O5D
PAK Life	\$45,000 PAK Life		Individuals: 46 Volume: 2,070,000 Rate per 1000: 0.10	4.50	P0450D 2O5E
PAK AD&D	\$45,000 PAK AD&D		Individuals: 46 Volume: 2,070,000 Rate per 1000: 0.03	1.35	K0450E 2O5F
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM11 001Z

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PAK E	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network Coins: 20% of approved amount after deductible Medical In-Network OOP Max Including IN Ded: \$2500 Single/\$5000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total IN OOP Max: \$3500 Single/\$7000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 40% of approved amount after deductible Out-of-Network OOP Cap: \$5000 Single/\$10000 Family Prescription Coverage: MESSA SaverRx Mandatory Mail Includes EA1 Rider	Single: 11 2-Person: 16 Family: 40	596.80 1,342.80 1,671.03	9X 34Q8 34Q9 34QA
Dental	Dent100/80/80/80:1500/1500:2 6492-0023	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 13 2-Person: 15 Family: 39	34.55 69.08 130.64	D0052H 34QB 34QC 34QD
Vision	VSP 2 S	Plan year July to July	Single: 13 2-Person: 15 Family: 39	5.92 12.70 19.12	V2SD 34QE 34QF 34QG
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 Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 67 Volume: 306,640 Rate per 100: 0.59	27.10	LT768H 34QH
PAK Life	\$45,000 PAK Life		Individuals: 67 Volume: 3,015,000 Rate per 1000: 0.10	4.50	P0450G 34QI
PAK AD&D	\$45,000 PAK AD&D		Individuals: 67 Volume: 3,015,000 Rate per 1000: 0.03	1.35	K0450G 34QJ
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM06 001Z

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

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