



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 10/01/2017

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	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 ABCRx Mandatory Mail Health Savings Account with Health Equity	Single: 11 664.00 2-Person: 9 1,493.99 Family: 22 1,859.19	AE 20Y1 20Y2 20Y3
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: 11 32.60 2-Person: 10 66.85 Family: 21 133.12	D2899 20Y4 20Y5 20Y6
Vision	VSP 3 G	Plan year October to October	Single: 11 6.99 2-Person: 10 15.01 Family: 21 22.56	V3G 20Y7 20Y8 20Y9
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: 42 19.08 Volume: 178,048 Rate per 100: 0.45	LT309 20YA
PAK Life	\$25,000 PAK Life		Individuals: 42 3.00 Volume: 1,050,000 Rate per 1000: 0.12	P02501 20YB
PAK AD&D	\$25,000 PAK AD&D		Individuals: 42 0.75 Volume: 1,050,000 Rate per 1000: 0.03	K02501 20YC
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	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: 3 2-Person: 2 Family: 3	30.04 60.62 125.41	D2899A 2OYD 2OYE 2OYF
Vision	VSP 3 G	Plan year October to October	Single: 3 2-Person: 2 Family: 3	6.99 15.01 22.56	V3G1 2OYG 2OYH 2OYI
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: 8 Volume: 33,914 Rate per 100: 0.45	19.08	LT3092 2OYJ
PAK Life	\$25,000 PAK Life		Individuals: 8 Volume: 200,000 Rate per 1000: 0.12	3.00	P02502 2OYK
PAK AD&D	\$25,000 PAK AD&D		Individuals: 8 Volume: 200,000 Rate per 1000: 0.03	0.75	K02502 2OYL

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PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Medical In-Network OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$2000 Single/\$4000 Family Total IN OOP Max: \$4000 Single/\$8000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4000 Single/\$8000 Family Prescription Coverage: 3-Tier Rx with Mandatory Mail	Single: 0 2-Person: 0 Family: 0	669.04 1,505.35 1,873.32	AW 3FOG 3FOH 3FOI
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: 0 Family: 0	32.60 66.85 133.12	D2899B 3FOJ 3FOK 3FOL
Vision	VSP 3 G	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.99 15.01 22.56	V3G10 3FOM 3FON 3FOO
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: 0 Volume: 0 Rate per 100: 0.45	19.08	LT309B 3FOR
PAK Life	\$25,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	3.00	P0250D 3FOP
PAK AD&D	\$25,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.75	K0250D 3FOQ
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM04 001Z

COBRA RATES:

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