



1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800-292-4910

Field Benefit Summary

Effective 02/01/2025

Watervliet Public Schools
450 E Red Arrow Highway
Watervliet, MI 49098-9300

Group: **261A-Administrators, 261J-Superintendent,
261K-Superintendent (EOI)**
NOTE: **Rates and Volumes given below are based on the combined
enrollment from all of the groups listed above.**

Employer ID: 261
MESSA Field Rep: Jim Gleason

Job	Census	FT/PT	Eligibility Rule ID	Job	Census	FT/PT	Eligibility Rule ID
Principal - 110004	5	FT/PT	261A	Business Manager - 110009	2	FT/PT	261A
Curriculum Director - 110057	1	FT/PT	261A	Instructional Technology - 110138	1	FT/PT	261A

Medical	Plan	Brief Description	Census Used	Rate	MESSA Codes	Rate w/o Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Teladoc Health: 24/7 Care & Mental Health Copay: \$20 Virtual Primary Care Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Coinsurance: 10% of approved amount after deductible Medical OOP Max Including IN Ded: \$3000 Single/\$6000 Family Rx OOP Max: \$2000 Single/\$4000 Family Total OOP Max: \$5000 Single/\$10000 Family Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 30% of approved amount after deductible Total OOP Max: \$6000 Single/\$12000 Family Prescription Coverage: 3-Tier Rx with Mandatory Mail	Single: 1 2-Person: 0 Family: 0	943.32 2,122.46 2,641.29	AYC	930.08 2,092.66 2,604.21
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM03	1.50
Medical	MESSA ABC Plan 2	In-Network Deductible: \$2000 Single Cov; \$4000 2-Person & Family Cov Teladoc Health: 24/7 Care & Mental Health Copay: \$0 Virtual Primary Care Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 Medical OOP Max Including IN Ded: \$4000 Single Cov; \$8000 2-Person & Family Cov Total OOP Max: \$4000 Single Cov; \$8000 2-Person & Family Cov Out-of-Network Deductible: \$4000 Single Cov; \$8000 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$8000 Single Cov; \$16000 2-Person & Family Cov Prescription Coverage: 3-Tier Rx with Mandatory Mail Health Savings Account with Health Equity	Single: 2 2-Person: 1 Family: 3	887.14 1,996.05 2,483.98	CBD	874.68 1,968.03 2,449.10
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM14	1.50



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Medical	MESSA ABC Plan 2	In-Network Deductible: \$2000 Single Cov; \$4000 2-Person & Family Cov Teladoc Health: 24/7 Care & Mental Health Copay: \$0 Virtual Primary Care Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 Coinsurance: 10% of approved amount after deductible Medical OOP Max Including IN Ded: \$5000 Single Cov; \$8300 2-Person & Family Cov Total OOP Max: \$5000 Single Cov; \$8300 2-Person & Family Cov Out-of-Network Deductible: \$4000 Single Cov; \$8000 2-Person & Family Cov Coinsurance: 30% of approved amount after deductible Total OOP Max: \$10000 Single Cov; \$20000 2-Person & Family Cov Prescription Coverage: 3-Tier Rx with Mandatory Mail Health Savings Account with Health Equity	CFC
		Single: 0 822.55 811.00 2-Person: 0 1,850.75 1,824.77 Family: 0 2,303.16 2,270.82	
Basic Term Life	Basic Term Life w/Med \$5,000	1.50	BTLM06 1.50

Ancillary plans				MESSA Codes	
	Plan	Brief Description	Census Used	Rate	Rate w/o Tax
Dental	Dent80/80/80/80:1800/1200:2 06035-0009	Diagnostic & Preventive Services: 80% Basic Services: 80% Major Services: 80% Orthodontics: 80% Annual Max: \$1,200, Lifetime Max: \$1,800 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 3 35.48 2-Person: 1 65.32 Family: 4 128.22		D0262D
Vision	VSP 2 S	Plan year January to January	Single: 3 5.48 2-Person: 1 11.72 Family: 4 17.66		V2S3 5.43 11.62 17.50
Negotiated Life	\$40,000 Negotiated Life		Individuals: 8 11.90 Volume: 680,000 Rate per 1000: 0.14		N04001 11.90
Negotiated AD&D	\$40,000 Negotiated AD&D		Individuals: 8 2.55 Volume: 680,000 Rate per 1000: 0.03		A04001 2.55
Negotiated LTD	Neg LTD 66 2/3% Max \$7,500	Replacement %: 66.67 Maximum Benefit: \$7,500 Maximum Monthly Salary: \$11,250 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness 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 47.33 Volume: 67,619 Rate per 100: 0.56		LTB59 47.33

COBRA RATES:

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



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REPORT SUMMARY:

Medical Members Total	7
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