



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 12/01/2015

Eau Claire Public Schools
6190 W Main Street, Po Box 398
Eau Claire, MI 49111-0398

Group: **473D-Teacher, Counselor**

Employer ID: 473
 MESSA Field Rep: Renee Szurna

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 473D	Counselor - 100002	FT/PT 473D

Plan	Brief Description	Census Used	Rate	MESSA Codes
Sponsored Dependent LMS	Limited Medicare Supplement	Sponsored Dependent:	831.64	37 10JB
		Sponsored Dependents:	1,663.28	10JC

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$200 Single/\$400 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Out-of-Network Ded: \$400 Single/\$800 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single/\$4000 Family Prescription Coverage: MESSA Saver Rx	Single: 11 2-Person: 3 Family: 13	652.35 1,467.78 1,826.56	6N 25JI 25JJ 25JK

Dental	Dent70/70/70/70:1200/1200:2 0488-0011	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 11 2-Person: 4 Family: 12	26.73 52.98 95.30	D0575 25JO 25JP 25JQ
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Vision	VSP 3 Plus	Plan year July to July	Single: 11 2-Person: 4 Family: 12	10.02 21.54 32.43	V3P5 25JX 25JY 25JZ
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Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 27 Volume: 104,767 Rate per 100: 0.40	15.51	LT259H 168X
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PAK Life	\$25,000 PAK Life		Individuals: 27 Volume: 675,000 Rate per 1000: 0.12	3.00	P02501 168Y
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PAK AD&D	\$25,000 PAK AD&D		Individuals: 27 Volume: 675,000 Rate per 1000: 0.03	0.75	K02501 168W
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Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM01 001Z
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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	Dent80/80/80/80:1200/1200:2 0488-0006	Class I: 80%			D0495
		Class II: 80%			
		Class III: 80%			
		Class IV: 80%			
		Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200			
		X-Rays paid under: Class II			
		Adult Orthodontics: No	Single: 2	30.31	25JR
		Sealants: No	2-Person: 1	60.98	25JS
		Cleanings: 2 per year	Family: 4	111.22	25JT
Vision	VSP 3 Plus	Plan year July to July	Single: 2	10.02	V3P2 25K0
			2-Person: 1	21.54	25K1
			Family: 4	32.43	25K2
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67	Individuals: 7	15.51	LT259D 169G
		Maximum Benefit: \$3,000	Volume: 27,162		
		Maximum Monthly Salary: \$4,500	Rate per 100: 0.40		
		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					
PAK Life	\$50,000 PAK Life		Individuals: 7	6.00	P0500B 169H
			Volume: 350,000		
			Rate per 1000: 0.12		
PAK AD&D	\$50,000 PAK AD&D		Individuals: 7	1.50	K0500B 169F
			Volume: 350,000		
			Rate per 1000: 0.03		

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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 In-Network OOP Cap: \$1000 Single Cov; \$2000 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: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 4 2-Person: 8 Family: 10	543.15 1,222.09 1,520.82	7VA 2J5X 2J5Y 2J5Z
Dental	Dent70/70/70/70:1200/1200:2 0488-0011	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 4 2-Person: 8 Family: 10	26.73 52.98 95.30	D0575I 2J60 2J61 2J62
Vision	VSP 3 Plus	Plan year July to July	Single: 4 2-Person: 8 Family: 10	10.02 21.54 32.43	V3PE 2J63 2J64 2J65
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 22 Volume: 85,366 Rate per 100: 0.40	15.51	LT259L 2J66
PAK Life	\$25,000 PAK Life		Individuals: 22 Volume: 550,000 Rate per 1000: 0.12	3.00	P0250H 2J67
PAK AD&D	\$25,000 PAK AD&D		Individuals: 22 Volume: 550,000 Rate per 1000: 0.03	0.75	K0250F 2J68
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

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