



1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
 800.292.4910

## Benefit Program Cost Summary

### Effective 01/01/2020

North Dickinson Co Schools  
 W6588- M-69  
 Felch, MI 49831-8890

Group: 480E-APA - UP Tchrs & Admin

Employer ID: 480  
 MESSA Field Rep: RaeAnn Loy

| Job                       | FT/PT Eligibility Rule ID | Job              | FT/PT Eligibility Rule ID |
|---------------------------|---------------------------|------------------|---------------------------|
| Business Manager - 110009 | FT/PT 480E                | Teacher - 100000 | FT/PT 480E                |

| Plan            | Brief Description       | Census Used  | Rate | Rate W/O Tax |
|-----------------|-------------------------|--|------|--------------|
| Negotiated Life | \$5,000 Negotiated Life | Individuals: 14<br>Volume: 70,000<br>Rate per 1000: 0.20 | 0.20 | 0.20         |
| Negotiated AD&D | \$5,000 Negotiated AD&D | Individuals: 14<br>Volume: 70,000<br>Rate per 1000: 0.03 | 0.03 | 0.03         |

| PAK A   | Plan          | Brief Description  | Census Used                           | Rate                           | Rate W/O Tax                   |
|---------|---------------|--|---------------------------------------|--------------------------------|--------------------------------|
| Medical | MESSA Choices | In-Network<br>Deductible: \$1000 Single/\$2000 Family<br>Blue Cross Online Visit Copay: \$20<br>Office Visit Copay: \$20<br>Specialist Visit Copay: \$20<br>Urgent Care Copay: \$25<br>Emergency Room Copay: \$50<br>Medical OOP Max Including IN Ded:<br>\$2000 Single/\$4000 Family<br>Rx OOP Max: \$1000 Single/\$2000 Family<br>Total OOP Max: \$3000 Single/\$6000 Family<br>Out-of-Network<br>Deductible: \$2000 Single/\$4000 Family<br>Coinsurance: 20% of approved amount after deductible<br>Total OOP Max: \$4000 Single/\$8000 Family<br>Prescription Coverage: MESSA Saver Rx | Single: 0<br>2-Person: 0<br>Family: 0 | 660.12<br>1,485.26<br>1,848.32 | 632.61<br>1,423.36<br>1,771.29 |

|        |  |  |                                       |                          |  |
|--------|--|--|---------------------------------------|--------------------------|--|
| Dental | Dent80/80/80/80:2000/1000:2<br>0485-0001 | Class I: 80%<br>Class II: 80%<br>Class III: 80%<br>Class IV: 80%<br>Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$2,000<br>X-Rays paid under: Class II<br>Adult Orthodontics: No<br>Sealants: No<br>Cleanings: 2 per year | Single: 2<br>2-Person: 0<br>Family: 4 | 27.68<br>51.94<br>107.98 |  |
|--------|--|--|---------------------------------------|--------------------------|--|



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|                        |                               |                        |                     |       |       |
|------------------------|-------------------------------|------------------------|---------------------|-------|-------|
| <b>Vision</b>          | VSP 3 Plus                    | Plan year July to July | Single: 2           | 11.05 | 10.66 |
|                        |                               |                        | 2-Person: 0         | 23.72 | 22.88 |
|                        |                               |                        | Family: 4           | 35.73 | 34.46 |
| <b>PAK Life</b>        | \$35,000 PAK Life             |                        | Individuals: 6      | 7.00  | 7.00  |
|                        |                               |                        | Volume: 210,000     |       |       |
|                        |                               |                        | Rate per 1000: 0.20 |       |       |
| <b>PAK AD&amp;D</b>    | \$35,000 PAK AD&D             |                        | Individuals: 6      | 1.05  | 1.05  |
|                        |                               |                        | Volume: 210,000     |       |       |
|                        |                               |                        | Rate per 1000: 0.03 |       |       |
| <b>Basic Term Life</b> | 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.

| PAK B                     | Plan                                     | Brief Description  | Census Used  | Rate                     | Rate W/O Tax            |
|---------------------------|--|--|--|--------------------------|-------------------------|
| <b>Dental</b>             | Dent80/80/80/80:2000/1000:2<br>0485-0002 | Class I: 80%<br>Class II: 80%<br>Class III: 80%<br>Class IV: 80%<br>Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$2,000<br>X-Rays paid under: Class II<br>Adult Orthodontics: No<br>Sealants: No<br>Cleanings: 2 per year | Single: 0<br>2-Person: 2<br>Family: 4                    | 30.35<br>57.34<br>117.83 |                         |
| <b>Vision</b>             | VSP 3 Plus                               | Plan year July to July   | Single: 0<br>2-Person: 2<br>Family: 4                    | 11.05<br>23.72<br>35.73  | 10.66<br>22.88<br>34.46 |
| <b>PAK Life</b>           | \$50,000 PAK Life                        |  | Individuals: 6<br>Volume: 300,000<br>Rate per 1000: 0.20 | 10.00                    | 10.00                   |
| <b>PAK AD&amp;D</b>       | \$50,000 PAK AD&D                        |  | Individuals: 6<br>Volume: 300,000<br>Rate per 1000: 0.03 | 1.50                     | 1.50                    |
| <b>PAK Dependent Life</b> | \$2,000/2,000 PAK Dep Life               |  | Individuals: 6<br>Volume: 12,000<br>Rate per 1000: 0.23  | 0.46                     | 0.46                    |

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### Effective 01/01/2020

| PAK C           | Plan                                     | Brief Description   | Census Used  | Rate                           | Rate W/O Tax                   |
|-----------------|--|---|--|--------------------------------|--------------------------------|
| Medical         | MESSA ABC Plan 1                         | In-Network<br>Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov<br>Blue Cross Online Visit Copay: N/A<br>Office Visit Copay: N/A<br>Specialist Visit Copay: N/A<br>Urgent Care Copay: N/A<br>Emergency Room Copay: N/A<br>Medical OOP Max Including IN Ded:<br>\$2400 Single Cov; \$4800 2-Person & Family Cov<br>Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov<br>Out-of-Network<br>Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov<br>Coinsurance: 20% of approved amount after deductible<br>Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov<br>Prescription Coverage: MESSA ABC Rx<br>Health Savings Account with Health Equity | Single: 0<br>2-Person: 0<br>Family: 0                    | 624.97<br>1,406.18<br>1,749.91 | 598.92<br>1,347.57<br>1,676.98 |
| Dental          | Dent80/80/80/80:2000/1000:2<br>0485-0001 | Class I: 80%<br>Class II: 80%<br>Class III: 80%<br>Class IV: 80%<br>Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$2,000<br>X-Rays paid under: Class II<br>Adult Orthodontics: No<br>Sealants: No<br>Cleanings: 2 per year  | Single: 0<br>2-Person: 0<br>Family: 4                    | 27.68<br>51.94<br>107.98       |                                |
| Vision          | VSP 3 Plus                               | Plan year July to July  | Single: 0<br>2-Person: 0<br>Family: 4                    | 11.05<br>23.72<br>35.73        | 10.66<br>22.88<br>34.46        |
| PAK Life        | \$35,000 PAK Life                        |   | Individuals: 4<br>Volume: 140,000<br>Rate per 1000: 0.20 | 7.00                           | 7.00                           |
| PAK AD&D        | \$35,000 PAK AD&D                        |   | Individuals: 4<br>Volume: 140,000<br>Rate per 1000: 0.03 | 1.05                           | 1.05                           |
| Basic Term Life | Basic Term Life w/Med \$5,000            |   |  | 1.50                           | 1.50                           |

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| PAK D                  | Plan                                     | Brief Description   | Census Used  | Rate                           | Rate W/O Tax                   |
|------------------------|--|---|--|--------------------------------|--------------------------------|
| <b>Medical</b>         | MESSA Choices                            | In-Network<br>Deductible: \$500 Single/\$1000 Family<br>Blue Cross Online Visit Copay: \$20<br>Office Visit Copay: \$20<br>Specialist Visit Copay: \$20<br>Urgent Care Copay: \$25<br>Emergency Room Copay: \$50<br>Medical OOP Max Including IN Ded:<br>\$1500 Single/\$3000 Family<br>Rx OOP Max: \$1000 Single/\$2000 Family<br>Total OOP Max: \$2500 Single/\$5000 Family<br>Out-of-Network<br>Deductible: \$1000 Single/\$2000 Family<br>Coinsurance: 20% of approved amount after deductible<br>Total OOP Max: \$3000 Single/\$6000 Family<br>Prescription Coverage: MESSA Saver Rx | Single: 0<br>2-Person: 0<br>Family: 0              | 700.01<br>1,575.03<br>1,960.04 | 670.84<br>1,509.39<br>1,878.35 |
| <b>Dental</b>          | Dent80/80/80/80:2000/1000:2<br>0485-0001 | Class I: 80%<br>Class II: 80%<br>Class III: 80%<br>Class IV: 80%<br>Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$2,000<br>X-Rays paid under: Class II<br>Adult Orthodontics: No<br>Sealants: No<br>Cleanings: 2 per year  | Single: 0<br>2-Person: 0<br>Family: 0              | 27.68<br>51.94<br>107.98       |                                |
| <b>Vision</b>          | VSP 3 Plus                               | Plan year July to July  | Single: 0<br>2-Person: 0<br>Family: 0              | 11.05<br>23.72<br>35.73        | 10.66<br>22.88<br>34.46        |
| <b>PAK Life</b>        | \$35,000 PAK Life                        |   | Individuals: 0<br>Volume: 0<br>Rate per 1000: 0.20 | 7.00                           | 7.00                           |
| <b>PAK AD&amp;D</b>    | \$35,000 PAK AD&D                        |   | Individuals: 0<br>Volume: 0<br>Rate per 1000: 0.03 | 1.05                           | 1.05                           |
| <b>Basic Term Life</b> | Basic Term Life w/Med \$5,000            |   |  | 1.50                           | 1.50                           |

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### Effective 01/01/2020

| PAK E                  | Plan                                     | Brief Description  | Census Used  | Rate                           | Rate W/O Tax                   |
|------------------------|--|--|--|--------------------------------|--------------------------------|
| <b>Medical</b>         | MESSA ABC Plan 2                         | In-Network<br>Deductible: \$2000 Single Cov; \$4000 2-Person & Family Cov<br>Blue Cross Online Visit Copay: N/A<br>Office Visit Copay: N/A<br>Specialist Visit Copay: N/A<br>Urgent Care Copay: N/A<br>Emergency Room Copay: N/A<br>Coinsurance: 20% of approved amount after deductible<br>Medical OOP Max Including IN Ded:<br>\$4000 Single Cov; \$6900 2-Person & Family Cov<br>Total OOP Max: \$4000 Single Cov; \$6900 2-Person & Family Cov<br>Out-of-Network<br>Deductible: \$4000 Single Cov; \$8000 2-Person & Family Cov<br>Coinsurance: 40% of approved amount after deductible<br>Total OOP Max: \$8000 Single Cov; \$16000 2-Person & Family Cov<br>Prescription Coverage: MESSA ABC Rx<br>Health Savings Account with Health Equity | Single: 0<br>2-Person: 0<br>Family: 0              | 534.98<br>1,203.69<br>1,497.93 | 512.68<br>1,153.52<br>1,435.50 |
| <b>Dental</b>          | Dent80/80/80/80:2000/1000:2<br>0485-0001 | Class I: 80%<br>Class II: 80%<br>Class III: 80%<br>Class IV: 80%<br>Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$2,000<br>X-Rays paid under: Class II<br>Adult Orthodontics: No<br>Sealants: No<br>Cleanings: 2 per year   | Single: 0<br>2-Person: 0<br>Family: 0              | 27.68<br>51.94<br>107.98       |                                |
| <b>Vision</b>          | VSP 3 Plus                               | Plan year July to July   | Single: 0<br>2-Person: 0<br>Family: 0              | 11.05<br>23.72<br>35.73        | 10.66<br>22.88<br>34.46        |
| <b>PAK Life</b>        | \$35,000 PAK Life                        |  | Individuals: 0<br>Volume: 0<br>Rate per 1000: 0.20 | 7.00                           | 7.00                           |
| <b>PAK AD&amp;D</b>    | \$35,000 PAK AD&D                        |  | Individuals: 0<br>Volume: 0<br>Rate per 1000: 0.03 | 1.05                           | 1.05                           |
| <b>Basic Term Life</b> | 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.

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



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## Benefit Program Cost Summary Effective 01/01/2020

**North Dickinson Co Schools**  
**W6588- M-69**  
**Felch, MI 49831-8890**

Group: **480D-APA - UP Support Staff**

Employer ID: 480  
 MESSA Field Rep: RaeAnn Loy

| Job                                | FT/PT Eligibility Rule ID | Job                                | FT/PT Eligibility Rule ID |
|------------------------------------|---------------------------|------------------------------------|---------------------------|
| Bus Driver/Transportation - 210000 | FT/PT 480D                | Coordinator - 200074               | FT/PT 480D                |
| Teaching Assistant - 200014        | FT/PT 480D                | Secretary - 190022                 | FT/PT 480D                |
| Custodian - 180014                 | FT/PT 480D                | Service Cook/Food Prepare - 130002 | FT/PT 480D                |

**Standard Hours:** 20.00 hours to 40.00 hours.

| Medical | Plan             | Brief Description   | Census Used                           | Rate                           | Rate W/O Tax                   |
|---------|------------------|---|---------------------------------------|--------------------------------|--------------------------------|
|         | MESSA Choices    | In-Network<br>Deductible: \$500 Single/\$1000 Family<br>Blue Cross Online Visit Copay: \$20<br>Office Visit Copay: \$20<br>Specialist Visit Copay: \$20<br>Urgent Care Copay: \$25<br>Emergency Room Copay: \$50<br>Medical OOP Max Including IN Ded:<br>\$1500 Single/\$3000 Family<br>Rx OOP Max: \$1000 Single/\$2000 Family<br>Total OOP Max: \$2500 Single/\$5000 Family<br>Out-of-Network<br>Deductible: \$1000 Single/\$2000 Family<br>Coinsurance: 20% of approved amount after deductible<br>Total OOP Max: \$3000 Single/\$6000 Family<br>Prescription Coverage: MESSA Saver Rx   | Single: 0<br>2-Person: 0<br>Family: 0 | 714.30<br>1,607.17<br>2,000.04 | 684.53<br>1,540.19<br>1,916.68 |
|         | MESSA ABC Plan 1 | In-Network<br>Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov<br>Blue Cross Online Visit Copay: N/A<br>Office Visit Copay: N/A<br>Specialist Visit Copay: N/A<br>Urgent Care Copay: N/A<br>Emergency Room Copay: N/A<br>Medical OOP Max Including IN Ded:<br>\$2400 Single Cov; \$4800 2-Person & Family Cov<br>Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov<br>Out-of-Network<br>Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov<br>Coinsurance: 20% of approved amount after deductible<br>Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov<br>Prescription Coverage: MESSA ABC Rx<br>Health Savings Account with Health Equity | Single: 0<br>2-Person: 1<br>Family: 0 | 637.72<br>1,434.87<br>1,785.62 | 611.14<br>1,375.07<br>1,711.20 |



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|                        |                               |  |             |          |          |
|------------------------|-------------------------------|--|-------------|----------|----------|
| <b>Medical</b>         | MESSA Choices                 | In-Network<br>Deductible: \$1000 Single/\$2000 Family<br>Blue Cross Online Visit Copay: \$20<br>Office Visit Copay: \$20<br>Specialist Visit Copay: \$20<br>Urgent Care Copay: \$25<br>Emergency Room Copay: \$50<br>Medical OOP Max Including IN Ded:<br>\$2000 Single/\$4000 Family<br>Rx OOP Max: \$1000 Single/\$2000 Family<br>Total OOP Max: \$3000 Single/\$6000 Family<br><br>Out-of-Network<br>Deductible: \$2000 Single/\$4000 Family<br>Coinsurance: 20% of approved amount after deductible<br>Total OOP Max: \$4000 Single/\$8000 Family<br>Prescription Coverage: MESSA Saver Rx   |             |          |          |
|                        |                               |  | Single: 0   | 673.59   | 645.52   |
|                        |                               |  | 2-Person: 4 | 1,515.57 | 1,452.40 |
|                        |                               |  | Family: 0   | 1,886.04 | 1,807.43 |
| <b>Medical</b>         | MESSA ABC Plan 2              | In-Network<br>Deductible: \$2000 Single Cov; \$4000 2-Person & Family Cov<br>Blue Cross Online Visit Copay: N/A<br>Office Visit Copay: N/A<br>Specialist Visit Copay: N/A<br>Urgent Care Copay: N/A<br>Emergency Room Copay: N/A<br>Coinsurance: 20% of approved amount after deductible<br>Medical OOP Max Including IN Ded:<br>\$4000 Single Cov; \$6900 2-Person & Family Cov<br>Total OOP Max: \$4000 Single Cov; \$6900 2-Person & Family Cov<br><br>Out-of-Network<br>Deductible: \$4000 Single Cov; \$8000 2-Person & Family Cov<br>Coinsurance: 40% of approved amount after deductible<br>Total OOP Max: \$8000 Single Cov; \$16000 2-Person & Family Cov<br>Prescription Coverage: MESSA ABC Rx<br>Health Savings Account with Health Equity |             |          |          |
|                        |                               |  | Single: 0   | 545.90   | 523.15   |
|                        |                               |  | 2-Person: 0 | 1,228.25 | 1,177.06 |
|                        |                               |  | Family: 0   | 1,528.50 | 1,464.80 |
| <b>Basic Term Life</b> | Basic Term Life w/Med \$5,000 |  |             | 1.50     | 1.50     |
| <b>Basic Term Life</b> | Basic Term Life w/Med \$5,000 |  |             | 1.50     | 1.50     |
| <b>Basic Term Life</b> | Basic Term Life w/Med \$5,000 |  |             | 1.50     | 1.50     |
| <b>Basic Term Life</b> | 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.

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