



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 07/01/2019

Traverse City Area Schools  
 412 Webster St  
 Traverse City, MI 49686-2669

Group: 242A-Teach, Coun, Soc Worker, Nurs

Employer ID: 242  
 MESSA Field Rep: Viola Collin

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 242A	Counselor - 100002	FT/PT 242A
Social Worker - 100004	FT/PT 242A		

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$300 Single/\$600 Family Blue Cross Online Visit Copay: \$10 Office Visit Copay: \$10 Specialist Visit Copay: \$10 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1300 Single/\$2600 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2300 Single/\$4600 Family Out-of-Network Deductible: \$600 Single/\$1200 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$2600 Single/\$5200 Family Prescription Coverage: MESSA Saver Rx			
			Single: 15	613.63	604.30
			2-Person: 17	1,380.66	1,359.67
			Family: 59	1,718.15	1,692.03
Dental	Dent100X/80S/70/0/0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$ 0 X-Rays paid under: Class I Adult Orthodontics: No Sealants: Yes Cleanings: 2 per year			
			Single: 15	33.15	33.15
			2-Person: 17	61.93	61.93
			Family: 59	110.82	110.82
Vision	VSP 3 G	Plan year July to July			
			Single: 15	6.09	6.03
			2-Person: 17	13.07	12.95
			Family: 59	19.66	19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: 91	20.24	20.24
			Volume: 453,705		
			Rate per 100: 0.40		
PAK Life	\$10,000 PAK Life				
			Individuals: 91	0.90	0.90
			Volume: 910,000		
			Rate per 1000: 0.09		
PAK AD&D	\$10,000 PAK AD&D				
			Individuals: 91	0.30	0.30
			Volume: 910,000		
			Rate per 1000: 0.03		
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

675.81  
 1478.10  
 1458.36  
 1871.57

1.00  
 1.40  
 2.11

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



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 07/01/2019

PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	Dent100X/80S/70/0:0/1500:2 6421-0002	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$ 0 X-Rays paid under: Class I Adult Orthodontics: No Sealants: Yes Cleanings: 2 per year		61.49 97.33 154.72	
			Single: 14 2-Person: 10 Family: 45	32.16 61.02 111.82	32.16 61.02 111.82
Vision	VSP 3 G	Plan year July to July	Single: 14 2-Person: 10 Family: 45	6.09 13.07 19.66	6.03 12.95 19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: 69 Volume: 344,018 Rate per 100: 0.40	20.24	20.24
PAK Life	\$25,000 PAK Life		Individuals: 69 Volume: 1,725,000 Rate per 1000: 0.09	2.25	2.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 69 Volume: 1,725,000 Rate per 1000: 0.03	0.75	0.75

**COBRA RATES:**

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

BEN RATE  
MS HEAD B  
PAK B .65  
↓



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 07/01/2019



PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1350 Single Cov; \$2700 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Person & Family Cov Total OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov Out-of-Network Deductible: \$2700 Single Cov; \$5400 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4700 Single Cov; \$9400 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 48 2-Person: 52 Family: 250	509.63 1,146.67 1,426.96	501.88 1,129.23 1,405.26
Dental	Dent100X/80S/70/0:0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$ 0 X-Rays paid under: Class I Adult Orthodontics: No Sealants: Yes Cleanings: 2 per year	Single: 48 2-Person: 55 Family: 247	33.15 61.93 110.82	33.15 61.93 110.82
Vision	VSP 3 G	Plan year July to July	Single: 48 2-Person: 55 Family: 247	6.09 13.07 19.66	6.03 12.95 19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: 350 Volume: 1,745,021 Rate per 100: 0.40	20.24	20.24
PAK Life	\$10,000 PAK Life		Individuals: 350 Volume: 3,500,000 Rate per 1000: 0.09	0.90	0.90
PAK AD&D	\$10,000 PAK AD&D		Individuals: 350 Volume: 3,500,000 Rate per 1000: 0.03	0.30	0.30
Basic Term Life	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.



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 07/01/2019

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	<p>In-Network</p> <p>Deductible: \$1350 Single Cov; \$2700 2-Person &amp; Family Cov            Blue Cross Online Visit Copay: N/A            Office Visit Copay: N/A            Specialist Visit Copay: N/A            Urgent Care Copay: N/A            Emergency Room Copay: N/A            Coinsurance: 20% of approved amount after deductible            Medical OOP Max Including IN Ded:                \$3350 Single Cov; \$6700 2-Person &amp; Family Cov            Total OOP Max: \$3350 Single Cov; \$6700 2-Person &amp; Family Cov</p> <p>Out-of-Network</p> <p>Deductible: \$2700 Single Cov; \$5400 2-Person &amp; Family Cov            Coinsurance: 40% of approved amount after deductible            Total OOP Max: \$6700 Single Cov; \$13400 2-Person &amp; Family Cov</p> <p>Prescription Coverage: MESSA ABCRx Mandatory Mail            Health Savings Account with Health Equity</p>	<p>Single: 0</p> <p>2-Person: 0</p> <p>Family: 0</p>	<p>456.17</p> <p>1,026.38</p> <p>1,277.26</p>	<p>449.23</p> <p>1,010.77</p> <p>1,257.84</p>
<b>Dental</b>	Dent100X/80S/70/0:0/1500:2 6421-0001	<p>Class I: 100%</p> <p>Class II: 80%</p> <p>Class III: 70%</p> <p>Class IV: 0%</p> <p>Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$ 0            X-Rays paid under: Class I            Adult Orthodontics: No            Sealants: Yes            Cleanings: 2 per year</p>	<p>Single: 0</p> <p>2-Person: 0</p> <p>Family: 0</p>	<p>33.15</p> <p>61.93</p> <p>110.82</p>	<p>33.15</p> <p>61.93</p> <p>110.82</p>
<b>Vision</b>	VSP 3 G	Plan year July to July	<p>Single: 0</p> <p>2-Person: 0</p> <p>Family: 0</p>	<p>6.09</p> <p>13.07</p> <p>19.66</p>	<p>6.03</p> <p>12.95</p> <p>19.47</p>
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$5,000	<p>Replacement %: 66.67</p> <p>Maximum Benefit: \$5,000</p> <p>Maximum Monthly Salary: \$7,500</p> <p>Waiting Period: 90 Calendar Days Modified Fill</p> <p>Alcohol/Drug: 2 Year Limitation</p> <p>Mental/Nervous: 2 Year Limitation</p> <p>Social Security Offset: Family</p> <p>Own Occupation: 2 years Minimum Benefit: 5%</p> <p>Survivor Income Benefit: 0 months</p> <p>Pre-Existing Conditions: Waived</p> <p>Freeze on Offsets: Yes COLA: No</p> <p>Educational Supplemental Program: No</p>	<p>Individuals: 0</p> <p>Volume: 0</p> <p>Rate per 100: 0.40</p>	<p>20.24</p>	<p>20.24</p>
<b>PAK Life</b>	\$10,000 PAK Life		<p>Individuals: 0</p> <p>Volume: 0</p> <p>Rate per 1000: 0.09</p>	<p>0.90</p>	<p>0.90</p>
<b>PAK AD&amp;D</b>	\$10,000 PAK AD&D		<p>Individuals: 0</p> <p>Volume: 0</p> <p>Rate per 1000: 0.03</p>	<p>0.30</p>	<p>0.30</p>
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			<p>1.50</p>	<p>1.50</p>

**COBRA RATES:**

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



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 07/01/2019

PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Coinsurance: 20% of approved amount after deductible Medical OOP Max Including IN Ded: \$3000 Single/\$6000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$4000 Single/\$8000 Family Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$6000 Single/\$12000 Family Prescription Coverage: MESSA Saver Rx	Single: 0 2-Person: 0 Family: 0	485.77 1,092.98 1,360.15	478.38 1,076.36 1,339.47
Dental	Dent100X/80S/70/0:0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$ 0 X-Rays paid under: Class I Adult Orthodontics: No Sealants: Yes Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	33.15 61.93 110.82	33.15 61.93 110.82
Vision	VSP 3 G	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.09 13.07 19.66	6.03 12.95 19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: 0 Volume: 0 Rate per 100: 0.40	20.24	20.24
PAK Life	\$10,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.09	0.90	0.90
PAK AD&D	\$10,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.30	0.30
Basic Term Life	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.



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 07/01/2019

PAK F	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx	Single: 0 2-Person: 0 Family: 0	570.83 1,284.36 1,598.31	562.15 1,264.83 1,574.01
<b>Dental</b>	Dent100X/80S/70/0/0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$ 0 X-Rays paid under: Class I Adult Orthodontics: No Sealants: Yes Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	33.15 61.93 110.82	33.15 61.93 110.82
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.09 13.07 19.66	6.03 12.95 19.47
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: 0 Volume: 0 Rate per 100: 0.40	20.24	20.24
<b>PAK Life</b>	\$10,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.09	0.90	0.90
<b>PAK AD&amp;D</b>	\$10,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.30	0.30
<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.



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 07/01/2019

PAK G	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$300 Single/\$600 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1300 Single/\$2600 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2300 Single/\$4600 Family Out-of-Network Deductible: \$600 Single/\$1200 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$2600 Single/\$5200 Family Prescription Coverage: MESSA Saver Rx	Single: 0 2-Person: 0 Family: 0	602.57 1,355.79 1,687.19	593.41 1,335.17 1,661.54
Dental	Dent100X/80S/70/0:0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$ 0 X-Rays paid under: Class I Adult Orthodontics: No Sealants: Yes Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	33.15 61.93 110.82	33.15 61.93 110.82
Vision	VSP 3 G	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.09 13.07 19.66	6.03 12.95 19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: 0 Volume: 0 Rate per 100: 0.40	20.24	20.24
PAK Life	\$10,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.09	0.90	0.90
PAK AD&D	\$10,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.30	0.30
Basic Term Life	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.

