



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 01/01/2017

East Jackson Community Schools
 1404 North Sutton Road
 Jackson, MI 49202-2822

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 060
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 10000	FT/PT 060A			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 2-Person: 33 1,321.36 Family: 117 1,644.34	5F 1WAN 1WAO 1WAP
Dental	Dent80/80/80/80:1000/1200:2 6497-0057	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 2-Person: 35 61.18 Family: 116 110.60	D0942 1WAQ 1WAR 1WAS
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 2-Person: 35 12.96 Family: 116 19.52	V2SA 1WAW 1WAX 1WAY
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 Volume: 956,767 Rate per 100: 0.49	LT875 11FK
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 Volume: 5,580,000 Rate per 1000: 0.10	P03001 11FL
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 Volume: 5,580,000 Rate per 1000: 0.03	K03002 11FJ
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0058	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213B 1WAT 1WAU 1WAV
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2S 1WAZ 1WB0 1WB1
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 11FQ
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03501 11FR
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03501 11FP

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2S6N 2S6O 2S6P
Dental	Dent80/80/80/80:1000/1200:2 6497-0057	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942B 2S6Q 2S6R 2S6S
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SE 2S6T 2S6U 2S6V
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2S6W
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300B 2S6X
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K03001 2S6Y
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 2S6Z 2S70 2S71
Dental	Dent80/80/80/80:1000/1200:2 6497-0057	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942C 2S72 2S73 2S74
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SF 2S75 2S76 2S77
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2S78
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300C 2S79
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300B 2S7A
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8F 353U 353V 353W
Dental	Dent80/80/80/80:1000/1200:2 6497-0057	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942A 353X 353Y 353Z
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2SB 3540 3541 3542
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875H 3543
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300G 3544
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300G 3545
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.



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Benefit Program Cost Summary

Effective 01/01/2017

Michigan Center Schools
 400 South State Street
 Michigan Center, MI 49254-1217

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 153
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 10000	FT/PT 153H			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 2-Person: 33 1,321.36 Family: 117 1,644.34	5F 1YNF 1YNG 1YNH
Dental	Dent80/80/80/80:1000/1200:2 6497-0035	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 2-Person: 35 61.18 Family: 116 110.60	D0942 1YNI 1YNJ 1YNK
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 2-Person: 35 12.96 Family: 116 19.52	V2SA 1YNO 1YNP 1YNQ
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 Volume: 956,767 Rate per 100: 0.49	LT875 12NG
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 Volume: 5,580,000 Rate per 1000: 0.10	P0300D 12NH
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 Volume: 5,580,000 Rate per 1000: 0.03	K0300D 12NF
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	BTLM01 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0036	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213G 1YNL 1YNM 1YNN
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SI 1YNR 1YNS 1YNT
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875M 12NY
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P0350B 12NZ
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K0350B 12NX

COBRA RATES:

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Benefit Program Cost Summary Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2S7Z 2S80 2S81
Dental	Dent80/80/80/80:1000/1200:2 6497-0035	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2S82 2S83 2S84
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SJ 2S85 2S86 2S87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2S88
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300E 2S89
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300E 2S8A
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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 East Lansing, MI 48826-2560
 800.292.4910

Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 2S8B 2S8C 2S8D
Dental	Dent80/80/80/80:1000/1200:2 6497-0035	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 2S8E 2S8F 2S8G
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SK 2S8H 2S8I 2S8J
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2S8K
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300F 2S8L
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300F 2S8M
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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 East Lansing, MI 48826-2560
 800.292.4910

Benefit Program Cost Summary

Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8FA 39FC 39FD 39FE
Dental	Dent80/80/80/80:1000/1200:2 6497-0035	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942D 39FF 39FG 39FH
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2S10 39FI 39FJ 39FK
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875A 39FN
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P03002 39FL
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K03002 39FM
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM11 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

Springport Public Schools
 300 W Main, PO Box 100
 Springport, MI 49284-0100

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 227
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 10000	FT/PT 227G	Counselor - 100002	FT/PT 227G
Coordinator - 100028	FT/PT 227G		

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 2-Person: 33 Family: 117	587.26 1,321.36 1,644.34	5FB 39FO 39FP 39FQ
Dental	Dent80/80/80/80:1000/1200:2 6497-0069	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 2-Person: 35 Family: 116	30.86 61.18 110.60	D0942D 39FR 39FS 39FT
Vision	VSP 2 S	Plan year July to July	Single: 35 2-Person: 35 Family: 116	6.03 12.96 19.52	V2S13 39FU 39FV 39FW
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 Volume: 956,767 Rate per 100: 0.49	25.21	LT875H 39FZ
PAK Life	\$30,000 PAK Life		Individuals: 186 Volume: 5,580,000 Rate per 1000: 0.10	3.00	P0300A 39FX
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 Volume: 5,580,000 Rate per 1000: 0.03	0.90	K0300A 39FY
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM18 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0070	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213 20X3 20X4 20X5
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SA 20X9 20XA 20XB
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 13UV
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P0350A 13UW
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K0350A 13UU

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2TLO 2TLP 2TLQ
Dental	Dent80/80/80/80:1000/1200:2 6497-0069	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2TLR 2TLS 2TLT
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SB 2TLU 2TLV 2TLW
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2TLX
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300C 2TLY
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300C 2TLZ
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 2TM0 2TM1 2TM2
Dental	Dent80/80/80/80:1000/1200:2 6497-0069	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 2TM3 2TM4 2TM5
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SC 2TM6 2TM7 2TM8
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2TM9
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300D 2TMA
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300D 2TMB
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8FB 39G0 39G1 39G2
Dental	Dent80/80/80/80:1000/1200:2 6497-0069	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942E 39G3 39G4 39G5
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2S14 39G6 39G7 39G8
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875L 39GB
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300B 39G9
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300B 39GA
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM19 001Z

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 01/01/2017

Vandercook Lake Schools
 1000 East Golf Avenue
 Jackson, MI 49203-5795

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 253
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 253G	Counselor - 100002	FT/PT 253G

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 2-Person: 33 Family: 117	587.26 1,321.36 1,644.34	5FE 21HL 21HM 21HN
Dental	Dent80/80/80/80:1000/1200:2 6497-0079	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 2-Person: 35 Family: 116	30.86 61.18 110.60	D0942J 21HO 21HP 21HQ
Vision	VSP 2 S	Plan year July to July	Single: 35 2-Person: 35 Family: 116	6.03 12.96 19.52	V2S2 21HU 21HV 21HW
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 Volume: 956,767 Rate per 100: 0.49	25.21	LT875H 1C31
PAK Life	\$30,000 PAK Life		Individuals: 186 Volume: 5,580,000 Rate per 1000: 0.10	3.00	P0300B 1C32
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 Volume: 5,580,000 Rate per 1000: 0.03	0.90	K0300D 1C33
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0080	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213C 21HR 21HS 21HT
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SM 21HX 21HY 21HZ
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875I 1C34
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03501 1C47
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03502 1C48

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6ZB 2T89 2T8A 2T8B
Dental	Dent80/80/80/80:1000/1200:2 6497-0079	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942K 2T8C 2T8D 2T8E
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SK 2T8F 2T8G 2T8H
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875J 2T8I
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300I 2T8J
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300I 2T8K
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7UE 2T8L 2T8M 2T8N
Dental	Dent80/80/80/80:1000/1200:2 6497-0079	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942L 2T8O 2T8P 2T8Q
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SL 2T8R 2T8S 2T8T
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875K 2T8U
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300J 2T8V
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300J 2T8W
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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



1475 Kendale Boulevard, PO Box 2560
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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8FB 35JV 35JW 35JX
Dental	Dent80/80/80/80:1000/1200:2 6497-0079	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942N 35JY 35JZ 35K0
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2SO 35K1 35K2 35K3
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875M 35K4
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300L 35K5
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300L 35K6
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM24 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

Concord Community Schools
Po Box 338
Concord, MI 49237-0338

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 430
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 430A	Counselor - 100002	FT/PT 430A

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 2-Person: 33 Family: 117	587.26 1,321.36 1,644.34	5FA 24Z8 24Z9 24ZA
Dental	Dent80/80/80/80:1000/1200:2 6497-0125	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 2-Person: 35 Family: 116	30.86 61.18 110.60	D0942 24ZB 24ZC 24ZD
Vision	VSP 2 S	Plan year July to July	Single: 35 2-Person: 35 Family: 116	6.03 12.96 19.52	V2SE 24ZH 24ZI 24ZJ
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 Volume: 956,767 Rate per 100: 0.49	25.21	LT875 15YL
PAK Life	\$30,000 PAK Life		Individuals: 186 Volume: 5,580,000 Rate per 1000: 0.10	3.00	P03001 15YM
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 Volume: 5,580,000 Rate per 1000: 0.03	0.90	K03001 15YK
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0126	Class I: 80%			D0213C
		Class II: 80%			
		Class III: 80%			
		Class IV: 80%			
		Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300			
		X-Rays paid under: Class II			
		Adult Orthodontics: No	Single: 17	28.25	24ZE
		Sealants: No	2-Person: 26	56.77	24ZF
		Cleanings: 2 per year	Family: 140	107.43	24ZG
Vision	VSP 2 S	Plan year July to July	Single: 17	6.03	V2SF 24ZK
			2-Person: 26	12.96	24ZL
			Family: 140	19.52	24ZM
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals: 183	25.21	LT875A 15YX
		Maximum Benefit: \$7,000	Volume: 941,335		
		Maximum Monthly Salary: \$10,500	Rate per 100: 0.49		
		Waiting Period: 90 Calendar Days Modified Fill			
		Alcohol/Drug: Same as any other illness			
		Mental/Nervous: Same as any other illness			
		Social Security Offset: Primary			
		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	\$35,000 PAK Life		Individuals: 183	3.50	P03502 15YY
			Volume: 6,405,000		
			Rate per 1000: 0.10		
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183	1.05	K03502 15YW
			Volume: 6,405,000		
			Rate per 1000: 0.03		

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6ZA 2XOZ 2XP0 2XP1
Dental	Dent80/80/80/80:1000/1200:2 6497-0125	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2XP2 2XP3 2XP4
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SG 2XP5 2XP6 2XP7
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2XP8
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P03002 2XP9
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K03002 2XPA
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM11 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7UB 2XPB 2XPC 2XPD
Dental	Dent80/80/80/80:1000/1200:2 6497-0125	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942E 2XPE 2XPF 2XPG
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SM 2XPH 2XPI 2XPJ
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2XPX
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300B 2XPL
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300B 2XPM
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM12 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8F 351H 351I 351J
Dental	Dent80/80/80/80:1000/1200:2 6497-0125	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942B 351K 351L 351M
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2SH 351N 351O 351P
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875L 351Q
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300C 351R
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300D 351S
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM04 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0064	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213 255E 255F 255G
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SF 255N 255O 255P
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 1619
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03501 161A
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03501 1618

COBRA RATES:

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



1475 Kendale Boulevard, PO Box 2560
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Benefit Program Cost Summary Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2558 2559 255A
Dental	Dent80/80/80/80:1000/1200:2 6497-0063	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 255H 255I 255J
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SG 255Q 255R 255S
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 1G45
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300B 1G43
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300B 1G44
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 2T9C 2T9D 2T9E
Dental	Dent80/80/80/80:1000/1200:2 6497-0063	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 2T9F 2T9G 2T9H
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SH 2T9I 2T9J 2T9K
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2T9L
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300C 2T9M
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300C 2T9N
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8F 37VT 37VU 37VV
Dental	Dent80/80/80/80:1000/1200:2 6497-0063	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942C 37VW 37VX 37VY
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2SD 37VZ 37W0 37W1
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875L 37W2
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300J 37W3
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300J 37W4
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM23 001Z

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 01/01/2017

Jackson College
 2111 Emmons Rd
 Jackson, MI 49201-8395

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 498
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Faculty Member - 100041	FT/PT 498A			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 2-Person: 33 1,321.36 Family: 117 1,644.34	5F 2XXW 2XXX 2XXY
Dental	Dent80/80/80/80:1000/1200:2 6497-0143	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 2-Person: 35 61.18 Family: 116 110.60	D0942 2XXZ 2XY0 2XY1
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 2-Person: 35 12.96 Family: 116 19.52	V2S 2XY2 2XY3 2XY4
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 Volume: 956,767 Rate per 100: 0.49	LT875 2XY7
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 Volume: 5,580,000 Rate per 1000: 0.10	P03001 2XY5
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 Volume: 5,580,000 Rate per 1000: 0.03	K03001 2XY6
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0144	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213 2XY8 2XY9 2XYA
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2S1 2XYB 2XYC 2XYD
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 2XYG
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03501 2XYE
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03501 2XYF

COBRA RATES:

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Benefit Program Cost Summary Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2YT0 2YT1 2YT2
Dental	Dent80/80/80/80:1000/1200:2 6497-0143	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2YT3 2YT4 2YT5
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2S2 2YT6 2YT7 2YT8
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2YT9
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P03002 2YTB
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K03002 2YTC
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 3AK1 3AK2 3AK3
Dental	Dent80/80/80/80:1000/1200:2 6497-0143	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 3AK4 3AK5 3AK6
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2S10 3AK7 3AK8 3AK9
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 3AKC
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300A 3AKA
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300A 3AKB
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8F 3AKD 3AKE 3AKF
Dental	Dent80/80/80/80:1000/1200:2 6497-0143	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942C 3AKG 3AKH 3AKI
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2S11 3AKJ 3AKK 3AKL
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875D 3AKO
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300B 3AKM
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300B 3AKN
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM04 001Z

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 01/01/2017

Grass Lake Community Schools
 899 S Union St
 Grass Lake, MI 49240-9708

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 563
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 10000	FT/PT 563C		
PAK A	Plan	Brief Description	Census Used Rate MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 26YA 2-Person: 33 1,321.36 26YB Family: 117 1,644.34 26YC
Dental	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 26YG 2-Person: 35 61.18 26YH Family: 116 110.60 26YI
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 V2S 26YP 2-Person: 35 12.96 26YQ Family: 116 19.52 26YR
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 LT875 16SQ Volume: 956,767 Rate per 100: 0.49
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 P03001 16SR Volume: 5,580,000 Rate per 1000: 0.10
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 K03001 16SP Volume: 5,580,000 Rate per 1000: 0.03
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0110	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213 26YJ 26YK 26YL
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SA 26YS 26YT 26YU
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 16T2
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03501 16T3
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03501 16T1

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2WPW 2WPX 2WPY
Dental	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2WPZ 2WQ0 2WQ1
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SB 2WQ2 2WQ3 2WQ4
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2WQ5
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300F 2WQ6
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300F 2WQ7
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM08 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7UA 2WQ8 2WQ9 2WQA
Dental	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 2WQB 2WQC 2WQD
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SC 2WQE 2WQF 2WQG
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2WQH
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300G 2WQI
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300G 2WQJ
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM09 001Z

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8FA 36YX 36YY 36YZ
Dental	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942N 36Z0 36Z1 36Z2
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2S12 36Z3 36Z4 36Z5
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875M 36Z6
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300C 36Z7
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300C 36Z8
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM32 001Z

COBRA RATES:

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

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Benefit Program Cost Summary

Effective 01/01/2017

Hanover-Horton School District
10400 Moscow Road
Horton, MI 49246

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 572
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 10000	FT/PT 572A			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 2-Person: 33 1,321.36 Family: 117 1,644.34	5F 270D 270E 270F
Dental	Dent80/80/80/80:1000/1200:2 6497-0003	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 2-Person: 35 61.18 Family: 116 110.60	D0942 270G 270H 270I
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 2-Person: 35 12.96 Family: 116 19.52	V2SN 270M 270N 270O
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 Volume: 956,767 Rate per 100: 0.49	LT875 16TC
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 Volume: 5,580,000 Rate per 1000: 0.10	P03002 16TD
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 Volume: 5,580,000 Rate per 1000: 0.03	K03002 16TB
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0004	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213B 270J 270K 270L
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SO 270P 270Q 270R
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 16TI
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03501 16TJ
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03501 16TH

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2TEW 2TEX 2TEY
Dental	Dent80/80/80/80:1000/1200:2 6497-0003	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2TEZ 2TF0 2TF1
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2S8 2TF2 2TF3 2TF4
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2TF5
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P03001 2TF6
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K03001 2TF7
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 2TF8 2TF9 2TFA
Dental	Dent80/80/80/80:1000/1200:2 6497-0003	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 2TFB 2TFC 2TFD
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2S9 2TFE 2TFF 2TFG
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2TFH
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300B 2TFI
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300B 2TFJ
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8FA 39GC 39GD 39GE
Dental	Dent80/80/80/80:1000/1200:2 6497-0003	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942C 39GF 39GG 39GH
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2S17 39GI 39GJ 39GK
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875H 39GN
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300A 39GL
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300A 39GM
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM05 001Z

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 01/01/2017

Northwest School District
6900 Rives Junction Rd
Jackson, MI 49201-7408

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 586
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 10000	FT/PT 586I			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 2-Person: 33 1,321.36 Family: 117 1,644.34	5F 27AI 27AJ 27AK
Dental	Dent80/80/80/80:1000/1200:2 6497-0043	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 2-Person: 35 61.18 Family: 116 110.60	D0942 27AO 27AP 27AQ
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 2-Person: 35 12.96 Family: 116 19.52	V2SE 27B0 27B1 27B2
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 Volume: 956,767 Rate per 100: 0.49	LT875 16XS
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 Volume: 5,580,000 Rate per 1000: 0.10	P0300D 16XT
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 Volume: 5,580,000 Rate per 1000: 0.03	K0300D 16XR
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0044	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213 27AU 27AV 27AW
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SB 27B3 27B4 27B5
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 16Y3
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03502 16Y4
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03502 16Y2

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6ZD 2SQ7 2SQ8 2SQ9
Dental	Dent80/80/80/80:1000/1200:2 6497-0043	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2SQA 2SQB 2SQC
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SC 2SQD 2SQE 2SQF
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2SQG
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300E 2SQH
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300E 2SQI
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 2SQJ 2SQK 2SQL
Dental	Dent80/80/80/80:1000/1200:2 6497-0043	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 2SQM 2SQN 2SQO
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SD 2SQP 2SQQ 2SQR
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2SQS
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300F 2SQT
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300F 2SQU
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8FB 357W 357X 357Y
Dental	Dent80/80/80/80:1000/1200:2 6497-0043	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942D 357Z 3580 3581
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2SG 3582 3583 3584
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875D 3585
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300G 3586
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300G 3587
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM21 001Z

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 01/01/2017

Napoleon Community Schools
 200 West St, PO Box 308
 Napoleon, MI 49261-0308

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 751
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 10000	FT/PT 751G			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 2-Person: 33 1,321.36 Family: 117 1,644.34	5FC 39GO 39GP 39GQ
Dental	Dent80/80/80/80:1000/1200:2 6497-0031	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 2-Person: 35 61.18 Family: 116 110.60	D0942H 39GR 39GS 39GT
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 2-Person: 35 12.96 Family: 116 19.52	V2S14 39GU 39GV 39GW
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 Volume: 956,767 Rate per 100: 0.49	LT875I 39GZ
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 Volume: 5,580,000 Rate per 1000: 0.10	P0300C 39GX
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 Volume: 5,580,000 Rate per 1000: 0.03	K0300C 39GY
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	BTLM17 001Z

COBRA RATES:

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



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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0032	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213B 2A7F 2A7G 2A7H
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SJ 2A7L 2A7M 2A7N
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875D 18F8
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P0350C 18F9
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K0350C 18F7

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6ZC 39H0 39H1 39H2
Dental	Dent80/80/80/80:1000/1200:2 6497-0031	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942I 39H3 39H4 39H5
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2S15 39H6 39H7 39H8
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875J 39HB
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300G 39H9
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300G 39HA
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM18 001Z

COBRA RATES:

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



1475 Kendale Boulevard, PO Box 2560
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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7UD 2U73 2U74 2U75
Dental	Dent80/80/80/80:1000/1200:2 6497-0031	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942D 2U76 2U77 2U78
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SK 2U79 2U7A 2U7B
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875E 2U7C
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300F 2U7D
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300F 2U7E
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8FB 39HC 39HD 39HE
Dental	Dent80/80/80/80:1000/1200:2 6497-0031	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942J 39HF 39HG 39HH
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2S16 39HI 39HJ 39HK
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875K 39HN
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300H 39HL
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300H 39HM
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM19 001Z

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 01/01/2017

Western School District
1400 South Dearing Road
Parma, MI 49269-9713

Group: **060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers** Employer ID: 950
 MESSA Field Rep: Julie Berryman Adams

NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	
Teacher - 10000	FT/PT 950A			
PAK A	Plan	Brief Description	Census Used Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Single: 36 587.26 2-Person: 33 1,321.36 Family: 117 1,644.34	5F 2CEI 2CEJ 2CEK
Dental	Dent80/80/80/80:1000/1200:2 6497-0091	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 35 30.86 2-Person: 35 61.18 Family: 116 110.60	D0942 2CEL 2CEM 2CEN
Vision	VSP 2 S	Plan year July to July	Single: 35 6.03 2-Person: 35 12.96 Family: 116 19.52	V2S 2CER 2CES 2CET
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 186 25.21 Volume: 956,767 Rate per 100: 0.49	LT875 19NI
PAK Life	\$30,000 PAK Life		Individuals: 186 3.00 Volume: 5,580,000 Rate per 1000: 0.10	P03001 19NJ
PAK AD&D	\$30,000 PAK AD&D		Individuals: 186 0.90 Volume: 5,580,000 Rate per 1000: 0.03	K03001 19NH
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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Benefit Program Cost Summary

Effective 01/01/2017

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent80/80/80/80:1300/1000:2 6497-0092	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 17 2-Person: 26 Family: 140	28.25 56.77 107.43	D0213H 2CEO 2CEP 2CEQ
Vision	VSP 2 S	Plan year July to July	Single: 17 2-Person: 26 Family: 140	6.03 12.96 19.52	V2SD 2CEU 2CEV 2CEW
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 183 Volume: 941,335 Rate per 100: 0.49	25.21	LT875A 19NU
PAK Life	\$35,000 PAK Life		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.10	3.50	P03501 19NV
PAK AD&D	\$35,000 PAK AD&D		Individuals: 183 Volume: 6,405,000 Rate per 1000: 0.03	1.05	K03501 19NT

COBRA RATES:

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



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Benefit Program Cost Summary Effective 01/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 33 2-Person: 55 Family: 229	548.64 1,234.46 1,536.19	6Z 2NM1 2NM2 2NM3
Dental	Dent80/80/80/80:1000/1200:2 6497-0091	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 32 2-Person: 61 Family: 224	30.86 61.18 110.60	D0942A 2NM4 2NM5 2NM6
Vision	VSP 2 S	Plan year July to July	Single: 32 2-Person: 61 Family: 224	6.03 12.96 19.52	V2SB 2NM7 2NM8 2NM9
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 317 Volume: 1,630,618 Rate per 100: 0.49	25.21	LT875B 2NMC
PAK Life	\$30,000 PAK Life		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.10	3.00	P0300B 2NMA
PAK AD&D	\$30,000 PAK AD&D		Individuals: 316 Volume: 9,480,000 Rate per 1000: 0.03	0.90	K0300B 2NMB
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK D	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: \$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 ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 43 2-Person: 49 Family: 205	493.78 1,111.03 1,382.60	7U 2S33 2S34 2S35
Dental	Dent80/80/80/80:1000/1200:2 6497-0091	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 42 2-Person: 54 Family: 201	30.86 61.18 110.60	D0942B 2S36 2S37 2S38
Vision	VSP 2 S	Plan year July to July	Single: 42 2-Person: 54 Family: 201	6.03 12.96 19.52	V2SE 2S39 2S3A 2S3B
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 297 Volume: 1,527,740 Rate per 100: 0.49	25.21	LT875C 2S3C
PAK Life	\$30,000 PAK Life		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.10	3.00	P0300C 2S3D
PAK AD&D	\$30,000 PAK AD&D		Individuals: 297 Volume: 8,910,000 Rate per 1000: 0.03	0.90	K0300C 2S3E
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2017

PAK E	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 In-Network OOP Cap: \$2000 Single/\$4000 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: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	517.37 1,164.10 1,448.64	8F 34Y3 34Y4 34Y5
Dental	Dent80/80/80/80:1000/1200:2 6497-0091	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	30.86 61.18 110.60	D0942M 34Y6 34Y7 34Y8
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.03 12.96 19.52	V2SA 34Y9 34YA 34YB
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 0.49	25.21	LT875L 34YC
PAK Life	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.10	3.00	P0300K 34YD
PAK AD&D	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	K0300K 34YE
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM28 001Z

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.