

East Jackson Community Schools 1404 North Sutton Road Jackson, MI 49202-2822 Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 060

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

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
Teacher - 100000 FT/PT 060A FT/PT 060A

	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ly after deductible Family			5F	
			Single:	36	587.26		1WAN
			2-Person: Familv:	33	1,321.36 1,644.34		1WAO 1WAP
Dental	Dent80/80/80/80:1000/1200:2 6497-0057	Class I: 80% Class II: 80% Class III: 80% Class IV: 80%	,		1,044.34	D0942	IVAP
		Annual Max Class I, II, III: \$1,200, Lifetime Max (X-Rays paid under: Class II	Class IV: \$1,000				
		Adult Orthodontics: No	Single:	35	30.86		1WAQ
		Sealants: No	2-Person:	35	61.18		1WAR
		Cleanings: 2 per year	Family:	116	110.60		1WAS
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	35 35 116	6.03 12.96 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: \$ Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,7	25.21	LT875	11FK
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	5,580	3.00	P03001	11FL
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,580	0.90	K03002	11FJ
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM01	0017

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213B	
	6497-0058	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		1WAT
		Sealants: No	2-Person:	26	56.77		1WAU
		Cleanings: 2 per year	Family:	140	107.43		1WAV
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2S	1WAZ
			2-Person:	26	12.96		1WB0
			Family:	140	19.52		1WB1
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875A	11FQ
		Maximum Benefit: \$7,000	Volume:	941,3	35		
		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	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	P03501	11FR
			Volume:	6,405	,000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K03501	11FP
			Volume:	6,405	,000		
			Rate per 1000:	0.03		ĺ	

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Control In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / after deductible Family			6Z	
			Single:	33 55	548.64		2S6N 2S6O
			2-Person: Family:		1,234.46 1,536.19		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			1,550.19	D0942B	2301
		X-Rays paid under: Class II	.				
		Adult Orthodontics: No	Single:	32	30.86		2S6Q
		Sealants: No	2-Person:	61	61.18		2S6R
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family: Single:	224 32	110.60 6.03	V2SE	2S6S 2S6T
VISIOII	V3F 2 3	Plan year July to July	2-Person: Family:	61 224	12.96 19.52	VZSE	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21 0,618	LT875B	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48	*	P0300B	2S6X
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K03001	2S6Y
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.00	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census U		Rate	MESSA 7U	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					
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9	9200 2-Person &	Famil	y Cov		
		Prescription Coverage: MESSA ABC Rx					
		Includes EA1 Rider					
		Health Savings Account with Health Equity					
			Single:	43	493.78		2S6Z
			2-Person:	49	1,111.03		2S70
			Family:	205	1,382.60		2S71
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				D0942C	
	6497-0057	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	Single:	42	30.86		2S72
		Sealants: No	2-Person:	54	61.18		2S73
		Cleanings: 2 per year	Family:	201	110.60		2S74
Vision	VSP 2 S	Plan year July to July	Single:	42	6.03	V2SF	2S75
			2-Person:	54	12.96		2S76
			Family:	201	19.52		2S77
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	-	25.21	LT875C	2S78
		Maximum Benefit: \$7,000	Volume:	1,52	7,740		
		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	\$30,000 PAK Life		Individuals:	297	3.00	P0300C	2S79
			Volume:	,	*		
			Rate per 1000:				
PAK AD&D	\$30,000 PAK AD&D		Individuals:	297	0.90	K0300B	2S7A
			Volume:	8,91	0,000		
			Rate per 1000:	0.03			
Basic Term Life	Basic Term Life w/ Med \$5,000				1.50	BTLM03	001Z

COBRA RATES:



In-Network Copay: \$ In-Network OOP Cap	00 Single/\$2000 Family 20 Office Visit/\$25 Urgent Care/\$50 ER 0: \$2000 Single/\$4000 Family			8F	
Out-of-Network OOP	: \$2000 Single/\$4000 Family s: 20% of approved amount after deductil P Cap: \$4000 Single/\$8000 Family ge: MESSA Saver Rx	ole			
	Single		517.37		353U
	2-Persor		1,164.10		353V
Dental Dent80/80/80/80:1000/1200:2 Class I: 80% 6497-0057 Class II: 80% Class II: 80% Class IV: 80% Append May Class IV	Family II, III: \$1,200, Lifetime Max Class IV: \$1,0		1,448.64	D0942A	353W
X-Rays paid under: 0		00			
Adult Orthodontics: N		: 0	30.86		353X
Sealants: No	2-Persor		61.18		353Y
Cleanings: 2 per yea			110.60		353Z
Vision VSP 2 S Plan year July to July	2-Persor	: 0	6.03 12.96	V2SB	3540 3541
Alcohol/Drug: Same	77,000 Volum alary: \$10,500 Rate per 10 calendar Days Modified Fill as any other illness me as any other illness et: Primary vears Minimum Benefit: 5% mefit: 0 months cons: Waived fes COLA: No	s: 0 e: 0	19.52 25.21	LT875H	3542 3543
PAK Life \$30,000 PAK Life	Individua Volum Rate per 100	e: 0	3.00	P0300G	3544
PAK AD&D \$30,000 PAK AD&D	Individua Volum Rate per 100	s: 0 e: 0	0.90	K0300G	3545
Basic Term Life Basic Term Life w/Med \$5,000	Kale per 100	0.00	1.50	BTLM04	0017

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.



Michigan Center Schools 400 South State Street Michigan Center, MI 49254-1217 Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 153

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC

Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

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
Teacher - 100000 FT/PT 153H

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 I Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ily / after deductible			5F	
			Single:	36	587.26		1YNF
			2-Person:	33	1,321.36		1YNG
Dental	Dent80/80/80/80:1000/1200:2 6497-0035	Class I: 80% Class II: 80% Class III: 80% Class IV: 80%	Family:		1,644.34	D0942	1YNH
		Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II	Class IV: \$1,000				
		Adult Orthodontics: No	Single:	35	30.86		1YNI
		Sealants: No	2-Person:	35	61.18		1YNJ 1YNK
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family: Single:	116 35	110.60 6.03	V2SA	1YNO
VISION	VOI 20	Train your odry to odry	2-Person: Family:	35 116	12.96 19.52	VZOA	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,	25.21	LT875	12NG
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	5,58	3.00	P0300D	12NH
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,58	0.90	K0300D	12NF
Basic Term Life	Basic Term Life w/Med \$5,000		рог 1000.	0.00	1.50	BTLM01	001Z

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed F	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213G	
	6497-0036	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		1YNL
		Sealants: No	2-Person:	26	56.77		1YNM
		Cleanings: 2 per year	Family:	140	107.43		1YNN
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SI	1YNR
			2-Person:	26	12.96		1YNS
			Family:	140	19.52		1YNT
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875M	12NY
		Maximum Benefit: \$7,000	Volume:	941,33	5		
		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	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	P0350B	12NZ
			Volume:	6,405,0	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K0350B	12NX
			Volume:	6,405,0	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ly , after deductible			6Z	
			Single:	33	548.64		2S7Z
			2-Person: Family:	55 229	1,234.46 1,536.19		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	,		1,000.19	D0942A	2301
		X-Rays paid under: Class II	.				
		Adult Orthodontics: No	Single:	32	30.86		2S82
		Sealants: No	2-Person:	61	61.18		2S83
Vision	VCD o C	Cleanings: 2 per year	Family:	224	110.60	V/0C I	2S84
vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	32 61 224	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: 9 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21	LT875B	
PAK Life	\$30,000 PAK Life	Eddadona Gappioniona i Togiam No	Individuals: Volume: Rate per 1000:	9,48		P0300E	2S89
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K0300E	2S8A
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.00	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Per				7U	
		In-Network OOP Cap: \$2300 Single Cov; \$4600					
		Out-of-Network Ded: \$2600 Single Cov; \$5200 2					
		Out-of-Network Coins: 20% of approved amount					
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9	9200 2-Person &	Famil	y Cov		
		Prescription Coverage: MESSA ABC Rx					
		Includes EA1 Rider					
		Health Savings Account with Health Equity	C:l	40	400.70		0000
			Single:	43	493.78		2S8B
			2-Person:	49	1,111.03		2S8C
Dantal	D = =+00/00/00/00-4 000/4 000-0	Class I: 80%	Family:	205	1,382.60	D0040D	2S8D
Dental	Dent80/80/80/80:1000/1200:2	Class II: 80%				D0942B	
	6497-0035	Class II: 80% Class III: 80%					
		Class IV: 80%	Class IV. #4 000				
		Annual Max Class I, II, III: \$1,200, Lifetime Max	Class IV. \$1,000				
		X-Rays paid under: Class II Adult Orthodontics: No	Cinalo	40	30.86		2S8E
		Sealants: No	Single:	42			250E 258F
			2-Person: Family:	54 201	61.18 110.60		2S8G
Vision	VSP 2 S	Cleanings: 2 per year			6.03	V2SK	2S8H
vision	VSP 2 S	Plan year July to July	Single:	42	12.96	V25K	258H 2S8I
			2-Person:	54			258I 258J
Negatioted LTD	No. 1 TD 66 2/20/ May \$7 000	Depletement 9/1 66 67	Family: Individuals:	201	19.52 25.21	LT875C	
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000	Volume:		_	LIGISC	230K
		Maximum Benefit. \$7,000 Maximum Monthly Salary: \$10,500	Rate per 100:		7,740		
		Waiting Period: 90 Calendar Days Modified Fill	Kale per 100.	0.49			
		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 0/				
		Survivor Income Benefit: 0 months	J /0				
		Pre-Existing Conditions: Waived					
		Freeze on Offsets: Yes COLA: No					
		Educational Supplemental Program: No					
PAK Life	\$30,000 PAK Life	Eddoddonai Ouppiementai i Togram. NO	Individuals:	297	3.00	P0300F	2S8I
	\$50,000 i / ii Liio		Volume:				2002
			Rate per 1000:	-			
PAK AD&D	\$30,000 PAK AD&D		Individuals:		0.90	K0300F	2S8M
TATADAD	\$50,000 i / ii / ibab		Volume:			1.00001	_00.01
			Rate per 1000:	,	•		
Basic Term Life	Basic Term Life w/ Med \$5,000		por 1000.	0.00	1.50	BTLM03	0017

COBRA RATES:



Medical ME	SSA Choices						Codes
	SOAT GITGIGGS	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 F Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	dy after deductible Family			8FA	
			Single:	0	517.37		39FC
			2-Person: Family:	0	1,164.10 1,448.64		39FD 39FE
	nt80/80/80/80:1000/1200:2 97-0035	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max (,		1,440.04	D0942D	SHE
		X-Rays paid under: Class II	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Adult Orthodontics: No	Single:	0	30.86		39FF
		Sealants: No	2-Person:	0	61.18		39FG
		Cleanings: 2 per year		0	110.60		39FH
Vision VS	P 2 S	Plan year July to July	Single: 2-Person: Family:	0	6.03 12.96 19.52	V2S10	39FI 39FJ 39FK
Negotiated LTD Neg	g 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: Volume: Rate per 100:	0	25.21	LT875A	
PAK Life \$30	0,000 PAK Life		Individuals: Volume: Rate per 1000:	0	3.00	P03002	39FL
PAK AD&D \$30	0,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K03002	39FM
Basic Term Life Bas	sic Term Life w/Med \$5,000		Male per 1000.	0.03	1.50	BTLM11	0017

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.



Springport Public Schools 300 W Main, PO Box 100 Springport, MI 49284-0100 Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 227

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams
Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

NOTE: Rates and Volumes given below are based on the combined

enrollment from all of the groups listed above.

JobFT/PT Eligibility Rule IDJobFT/PT Eligibility Rule IDTeacher - 100000FT/PT 227GCounselor - 100002FT/PT 227GCoordinator - 100028FT/PT 227G

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ily y t after deductible Family			5FB	
			Single:	36	587.26		39FO
			2-Person: Familv:	33	1,321.36 1,644.34		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	· •			D0942D	<u>39FQ</u>
		X-Rays paid under: Class II	Class IV. #1,000				
		Adult Orthodontics: No	Single:	35	30.86		39FR
		Sealants: No	2-Person:	35	61.18		39FS
		Cleanings: 2 per year	Family:	116	110.60		39FT
Vision	VSP 2 S	Plan year July to July	Single:	35	6.03	V2S13	39FU
			2-Person:	35	12.96		39FV
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Family: Individuals:	116	19.52 25.21	LT875H	39FW
Negonated LTD	Neg L1D 00 2/3 /0 Wax ψ1,000	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: \$ Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Volume: Rate per 100:	956,	767	1107311	391 2
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	5,58	•	P0300A	39FX
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume:	186 5,580	0.90 0,000	K0300A	39FY
Basic Term Life	Basic Term Life w/Med \$5,000		Rate per 1000:	0.03	1.50	BTLM18	0017
Dasic Territ Life	Dasic Territ Life W/Wied \$5,000				1.00	DILIVITO	0012

COBRA RATES:



PAK B	Plan	Brief Description	Census U	sed	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 X-Rays paid under: Class II	Class IV: \$1,300			D0213	
		Adult Orthodontics: No	Single:	17	28.25		20X3
		Sealants: No	2-Person:	26	56.77		20X4
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family: Single: 2-Person: Family:	140 17 26 140	107.43 6.03 12.96 19.52	V2SA	20X5 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: \$ Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	183 941,3	25.21	LT875A	13UV
PAK Life	\$35,000 PAK Life		Individuals: Volume: Rate per 1000:		3.50	P0350A	13UW
PAK AD&D	\$35,000 PAK AD&D		Individuals: Volume: Rate per 1000:	183 6,405	1.05	K0350A	13UU

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible Family			6Z	
			Single:	33	548.64		2TLO
			2-Person: Family:	55 220	1,234.46 1,536.19		2TLP 2TLQ
Dental	Dent80/80/80/80:1000/1200:2 6497-0069	Class I: 80% Class II: 80% Class IV: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max			1,550.19	D0942A	ZILQ
		X-Rays paid under: Class II	οιασσ τν. φτ,σσσ				
		Adult Orthodontics: No	Single:	32	30.86		2TLR
		Sealants: No	2-Person:	61	61.18		2TLS
		Cleanings: 2 per year	Family:	224	110.60		2TLT
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	32 61 224	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21 0,618	LT875B	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48	*	P0300C	2TLY
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K0300C	2TLZ
Basic Term Life	Basic Term Life w/Med \$5,000		nate per 1000.	0.03	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census U	sed	Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Pel In-Network OOP Cap: \$2300 Single Cov; \$4600 Out-of-Network Ded: \$2600 Single Cov; \$5200 2 Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4600 Single Cov; \$5 Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	2-Person & Fam 2-Person & Famil after deductible	nily Co ly Cov	,	7U	
			Single:	43	493.78		2TM0
			2-Person:	49	1,111.03		2TM1
			Family:	205	1,382.60		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: \$4,000			D0942B	
		X-Rays paid under: Class II	Class IV. \$1,000				
		Adult Orthodontics: No	Single:	42	30.86		2TM3
		Sealants: No	2-Person:	54	61.18		2TM4
		Cleanings: 2 per year	Family:	201	110.60		2TM5
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	42 54 201	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	297 1,52	25.21 7,740	LT875C	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	8,91	*	P0300D	2TMA
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	297 8,91	0.90 0,000	K0300D	2TMB
Basic Term Life	Basic Term Life w/ Med \$5,000		rate per 1000.	0.00	1.50	BTLM03	0017

COBRA RATES:



	Plan	Brief Description	Census Us	sea	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Control In-Network OOP Cap: \$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible Family			8FB	
			Single:	0	517.37		39G0
			2-Person: Family:	0 0	1,164.10 1,448.64		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	,	-	1,440.04	D0942E	3902
		X-Rays paid under: Class II					
		Adult Orthodontics: No	Single:	0	30.86		39G3
		Sealants: No	2-Person:		61.18		39G4
		Cleanings: 2 per year	Family:	0	110.60		39G5
Vision	VSP 2 S	Plan year July to July	Single: 2-Person:	0	6.03 12.96	V2S14	39G6 39G7
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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Family: Individuals: Volume: Rate per 100:	0	19.52 25.21	LT875L	39G8 39GB
PAK Life	\$30,000 PAK Life	Eddodional Supplemental Frogram. No	Individuals: Volume: Rate per 1000:	0	3.00	P0300B	39G9
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300B	39GA
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM19	0017

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.



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

Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 253

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

NOTE: Rates and Volumes given below are based on the combined

enrollment from all of the groups listed above.

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

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	Care/\$50 ER ily y t after deductible			5FE	
		includes EAT Rider	Single:	36	587.26		21HL
			2-Person: Family:	33	1,321.36 1,644.34		21HM 21HN
Dental	Dent80/80/80/80:1000/1200:2 6497-0079	Class II: 80% Class III: 80% Class IV: 80% Class IV: 80% Applied May Class I II III: \$4,200 Lifetime May	Class IV: \$1 000		,	D0942J	
		Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II	Class IV: \$1,000				
		Adult Orthodontics: No	Single:	35	30.86		21HO
		Sealants: No	2-Person:	35	61.18		21HP
		Cleanings: 2 per year	Family:	116	110.60		21HQ
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	35 35 116	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,	25.21 767	LT875H	
PAK Life	\$30,000 PAK Life	Eddodional Supplemental Fregram. No	Individuals: Volume:	5,58	•	P0300B	1C32
PAK AD&D	\$30,000 PAK AD&D		Rate per 1000: Individuals: Volume:	186 5,58	0.90 0,000	K0300D	1C33
Basic Term Life	Basic Term Life w/Med \$5,000		Rate per 1000:	0.03	1.50	BTLM01	0017
Dadio Terrii Liic	Dasic Term Life W/IVIEG \$5,000				1.50	PILIVIOI	JU12

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213C	
	6497-0080	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		21HR
		Sealants: No	2-Person:	26	56.77		21HS
		Cleanings: 2 per year	Family:	140	107.43		21HT
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SM	21HX
			2-Person:	26	12.96		21HY
			Family:	140	19.52		21HZ
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT8751	1C34
•	-	Maximum Benefit: \$7,000	Volume:	941,33	35		
		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	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	P03501	1C47
			Volume:	6,405,	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K03502	1C48
			Volume:	6,405,	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Office Visit/\$2500 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible Family			6ZB	
			Single:	33	548.64		2T89
			2-Person: Family:	55 220	1,234.46 1,536.19		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	,		1,550.19	D0942K	
		X-Rays paid under: Class II					
		Adult Orthodontics: No	Single:	32	30.86		2T8C
		Sealants: No	2-Person:	61	61.18		2T8D
		Cleanings: 2 per year	Family:	224	110.60		2T8E
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	32 61 224	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21 0,618	LT875J	2T8I
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48	*	P0300I	2T8J
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K0300I	2T8K
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.00	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census Us		Rate	MESSA 7UE	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						
		Out-of-Network Ded: \$2600 Single Cov; \$5200 2		y Cov	,			
			Out-of-Network Coins: 20% of approved amount after deductible					
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9	9200 2-Person &	Famil	y Cov			
		Prescription Coverage: MESSA ABC Rx						
		Includes EA1 Rider						
		Health Savings Account with Health Equity						
			Single:	43	493.78		2T8L	
			2-Person:	49	1,111.03		2T8M	
			Family:	205	1,382.60		2T8N	
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				D0942L		
	6497-0079	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	Single:	42	30.86		2T8O	
		Sealants: No	2-Person:	54	61.18		2T8P	
		Cleanings: 2 per year	Family:	201	110.60		2T8Q	
Vision	VSP 2 S	Plan year July to July	Single:	42	6.03	V2SL	2T8R	
			2-Person:	54	12.96		2T8S	
			Family:	201	19.52		2T8T	
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	297	25.21	LT875K	2T8U	
		Maximum Benefit: \$7,000	Volume:		,			
		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	\$30,000 PAK Life		Individuals:	297	3.00	P0300J	2T8V	
			Volume:	8,91	0,000			
			Rate per 1000:	0.10				
PAK AD&D	\$30,000 PAK AD&D		Individuals:	297	0.90	K0300J	2T8W	
			Volume:	8,91	0,000			
			Rate per 1000:	0.03				
Basic Term Life	Basic Term Life w/ Med \$5,000				1.50	BTLM03	001Z	

COBRA RATES:



PAK E	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent On In-Network OOP Cap: \$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily y t after deductible Family			8FB	
			Single:	0	517.37		35JV
			2-Person: Family:	0	1,164.10 1,448.64		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	,	-	1,440.04	D0942N	3337
		X-Rays paid under: Class II					
		Adult Orthodontics: No	Single:	0	30.86		35JY
		Sealants: No	2-Person:		61.18		35JZ
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family: Single:	0	110.60 6.03	V2SO	35K0 35K1
VISIOII	V3F 2 3	Fian year July to July	2-Person: Family:	0	12.96 19.52	V230	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	0	25.21	LT875M	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	0	3.00	P0300L	35K5
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300L	35K6
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.00	1.50	BTLM24	0017

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.



Concord Community Schools Po Box 338

Concord, MI 49237-0338

Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 430

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

NOTE: Rates and Volumes given below are based on the combined

enrollment from all of the groups listed above.

JobFT/PT Eligibility Rule IDJobFT/PT Eligibility Rule IDTeacher - 100000FT/PT 430ACounselor - 100002FT/PT 430A

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F	care/\$50 ER ly / after deductible			5FA	
		Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider					
		iliciddes EAT Ridei	Single: 2-Person:	36 33	587.26 1,321.36		24Z8 24Z9
Dental	Dent80/80/80/80:1000/1200:2 6497-0125	Class I: 80% Class II: 80% Class III: 80% Class IV: 80%	Family:	117	1,644.34	D0942	24ZA
		Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II					
		Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2-Person: Family:	35 35 116	30.86 61.18 110.60		24ZB 24ZC 24ZD
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	35 35 116	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: 8 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,	25.21 767	LT875	15YL
PAK Life	\$30,000 PAK Life		Individuals: Volume:	5,58	•	P03001	15YM
PAK AD&D	\$30,000 PAK AD&D		Rate per 1000: Individuals: Volume:	186 5,58	0.90 0,000	K03001	15YK
Basic Term Life	Basic Term Life w/Med \$5,000		Rate per 1000:	0.03	1.50	BTLM01	001Z

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213C	
	6497-0126	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:	941,33	35		
		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	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:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ly / after deductible			6ZA	
			Single:	33	548.64		2XOZ
			2-Person: Family:	55 229	1,234.46 1,536.19		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 X-Rays paid under: Class II	Class IV: \$1,000		·	D0942A	
		Adult Orthodontics: No	Single:	32	30.86		2XP2
		Sealants: No	2-Person:	61	61.18		2XP3
		Cleanings: 2 per year	Family:	224	110.60		2XP4
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	32 61 224	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: 9 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21	LT875B	
PAK Life	\$30,000 PAK Life	Laddanonal Cappionional Flogram: No	Individuals: Volume: Rate per 1000:	9,48		P03002	2XP9
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K03002	2XPA
Basic Term Life	Basic Term Life w/Med \$5,000			5.50	1.50	BTLM11	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census U	sed	Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Pel In-Network OOP Cap: \$2300 Single Cov; \$4600 Out-of-Network Ded: \$2600 Single Cov; \$5200 2 Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4600 Single Cov; \$5 Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	2-Person & Fam 2-Person & Famil after deductible	nily Co ly Cov	,	7UB	
			Single:	43	493.78		2XPB
			2-Person:	49	1,111.03		2XPC
Dental	Dent80/80/80/80:1000/1200:2 6497-0125	Class I: 80% Class II: 80% Class III: 80%	Family:	205	1,382.60	D0942E	2XPD
		Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II					
		Adult Orthodontics: No	Single:	42	30.86		2XPE
		Sealants: No	2-Person:	54	61.18		2XPF
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family: Single:	201 42	110.60 6.03	V2SM	2XPG 2XPH
VISIOII	V3F 2 3	Plan year July to July	2-Person: Family:	54 201	12.96 19.52	VZSIVI	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	297 1,52	25.21 7,740	LT875C	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	8,91	*	P0300B	2XPL
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	297 8,91	0.90 0,000	K0300B	2XPM
Basic Term Life	Basic Term Life w/Med \$5,000		pc	0.00	1.50	BTLM12	0017

COBRA RATES:



Medical	MEGGA Obair						Codes
	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Control In-Network OOP Cap: \$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	lly / after deductible Family			8F	
			Single:	0	517.37		351H
			2-Person: Family:	0	1,164.10 1,448.64		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	,	-	1,440.04	D0942B	3313
		X-Rays paid under: Class II					
		Adult Orthodontics: No	Single:	0	30.86		351K
		Sealants: No	2-Person:		61.18		351L
	\(\(\text{OP}\) 0.0	Cleanings: 2 per year		0	110.60	1/0011	351M
Vision	VSP 2 S	Plan year July to July	Single:	0	6.03	V2SH	351N
			2-Person: Family:	0	12.96 19.52	ŀ	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	0	25.21	LT875L	
PAK Life	\$30,000 PAK Life	Eddodional Supplemental Fregram. No	Individuals: Volume: Rate per 1000:	0	3.00	P0300C	351R
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300D	351S
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.03	1.50	BTLM04	0017

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.



Columbia School District 11775 Hewitt Road Brooklyn, MI 49230-8961 Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams

Employer ID: 437

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

NOTE: Rates and Volumes given below are based on the combined

enrollment from all of the groups listed above.

JobFT/PT Eligibility Rule IDJobFT/PT Eligibility Rule IDTeacher - 100000FT/PT 437A

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ly / after deductible			5F	
			Single:	36	587.26		2555
			2-Person:	33	1,321.36		2556
			Family:	117	1,644.34		2557
Dental	Dent80/80/80/80:1000/1200:2 6497-0063	Class I: 80% Class II: 80% Class IV: 80% Class IV: 80%	Ol IV #4 000			D0942	
		Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II	Class IV: \$1,000				
		Adult Orthodontics: No	Single:	35	30.86		255B
		Sealants: No	2-Person:	35	61.18		255C
		Cleanings: 2 per year	Family:	116	110.60		255D
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	35 35 116	6.03 12.96 19.52	V2S	255K 255L 255M
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: 9 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,	25.21	LT875	1613
PAK Life	\$30,000 PAK Life	Eddadona Gappiomona Tegram No	Individuals: Volume: Rate per 1000:	5,580	3.00	P03001	1614
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,580	0.90	K03001	1612
Basic Term Life	Basic Term Life w/Med \$5,000		nate per 1000.	0.03	1.50	BTLM01	0017

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed l	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213	
	6497-0064	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		255E
		Sealants: No	2-Person:	26	56.77		255F
		Cleanings: 2 per year	Family:	140	107.43		255G
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SF	255N
			2-Person:	26	12.96		255O
			Family:	140	19.52		255P
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875A	1619
		Maximum Benefit: \$7,000	Volume:	941,33	5		
		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	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	P03501	161A
			Volume:	6,405,0	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K03501	1618
			Volume:	6,405,0	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 I Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible			6Z	
			Single:	33	548.64		2558
			2-Person:	55	1,234.46		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	Family: Class IV: \$1,000		1,536.19	D0942A	255A
		X-Rays paid under: Class II	0: 1	00	00.00		05511
		Adult Orthodontics: No	Single:	32	30.86		255H
		Sealants: No	2-Person:	61	61.18		255I
Vision	VSP 2 S	Cleanings: 2 per year	Family:	224 32	110.60 6.03	V2SG	255J 255Q
VISION	V3F 2 3	Plan year July to July	Single: 2-Person: Family:	61 224	12.96 19.52	V25G	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: 9 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21	LT875B	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48		P0300B	1G43
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90	K0300B	1G44
Basic Term Life	Basic Term Life w/Med \$5,000		a.o por 1000.	0.00	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census U	sed	Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Pel In-Network OOP Cap: \$2300 Single Cov; \$4600 Out-of-Network Ded: \$2600 Single Cov; \$5200 2 Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4600 Single Cov; \$5 Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	2-Person & Fam 2-Person & Famil after deductible	nily Co ly Cov	,	7U	
		, ,	Single:	43	493.78		2T9C
			2-Person:	49	1,111.03		2T9D
			Family:	205	1,382.60		2T9E
Dental	Dent80/80/80/80:1000/1200:2 6497-0063	Class I: 80% Class II: 80% Class IV: 80% Class IV: 80%	Class IV: \$4,000			D0942B	
		Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II	Class IV: \$1,000				
		Adult Orthodontics: No	Single:	42	30.86		2T9F
		Sealants: No	2-Person:	54	61.18		2T9G
		Cleanings: 2 per year	Family:	201	110.60		2T9H
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	42 54 201	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	297 1,52	25.21 7,740	LT875C	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	8,91	*	P0300C	2T9M
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	297 8,91	0.90 0,000	K0300C	2T9N
Basic Term Life	Basic Term Life w/ Med \$5,000		1.ato poi 1000.	0.00	1.50	BTLM03	0017

COBRA RATES:



PAK E	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Office Visit/\$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily y t after deductible			8F	
			Single:	0	517.37		37VT
			2-Person:	0	1,164.10		37VU
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	Family:	0	1,448.64	D0942C	37VV
		X-Rays paid under: Class II	οιασσ ττ. φτ,σσσ				
		Adult Orthodontics: No	Single:	0	30.86		37VW
		Sealants: No	2-Person:	0	61.18		37VX
		Cleanings: 2 per year	Family:	0	110.60		37VY
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: 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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	0	25.21	LT875L	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	0	3.00	P0300J	37W3
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300J	37W4
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM23	0017

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.



Jackson College 2111 Emmons Rd Jackson, MI 49201-8395 Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 498

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers

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 Faculty Member - 100041 FT/PT 498A Job FT/PT Eligibility Rule ID

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ly after deductible			5F	
			Single:	36	587.26		2XXW
			2-Person:	33	1,321.36		2XXX
Dental	Dent80/80/80/80:1000/1200:2 6497-0143	Class I: 80% Class II: 80% Class III: 80% Class IV: 80%	Family:		1,644.34	D0942	2XXY
		Annual Max Class I, II, III: \$1,200, Lifetime Max	Class IV: \$1,000	1			
		X-Rays paid under: Class II Adult Orthodontics: No	Single:	35	30.86		2XXZ
		Sealants: No	2-Person:	35	61.18		2XY0
W-1	VOD 0.0	Cleanings: 2 per year	Family:	116	110.60	1/00	2XY1
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	35 35 116	6.03 12.96 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: \$ Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,	25.21	LT875	2XY7
PAK Life	\$30,000 PAK Life	· · · · · · · · · · · · · · · · · · ·	Individuals: Volume: Rate per 1000:	5,580	3.00	P03001	2XY5
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,580	0.90	K03001	2XY6
Basic Term Life	Basic Term Life w/Med \$5,000		1.atc por 1000.	0.00	1.50	BTLM01	0017

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed	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%				D0213	
		Annual Max Class I, II, III: \$1,000, Lifetime Max	Class IV: \$1 300				
		X-Rays paid under: Class II	σιασσ ττ. φτ,σσσ				
		Adult Orthodontics: No	Single:	17	28.25		2XY8
		Sealants: No	2-Person:	26	56.77		2XY9
		Cleanings: 2 per year	Family:	140	107.43		2XYA
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2S1	2XYB
			2-Person:	26	12.96		2XYC
			Family:	140	19.52		2XYD
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875A	2XYG
		Maximum Benefit: \$7,000	Volume:		35		
		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					
DAI(11)	#05 000 BAIKLY	Educational Supplemental Program: No		100	0.50	B00504	0)////5
PAK Life	\$35,000 PAK Life		Individuals:	183	3.50	P03501	2XYE
			Volume:	, ,	000		
PAK AD&D	\$35,000 PAK AD&D		Rate per 1000: Individuals:	183	1.05	K03501	2XYF
FAN ADQD	φ33,000 FAR ADQD		Volume:			1,00001	4 / 11
			Rate per 1000:		000		
			rate per 1000.	0.00		I	

COBRA RATES:



In-Network Ded; \$500 Single/\$1000 Family In-Network Coper, \$20 Office Visil/\$25 Urgent Care/\$50 ER In-Network Coper, \$20 Office Visil/\$25 Urgent Care/\$50 Ur	PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental Dent80/80/80/1000/1200:2 Class I: 80% Class II: 80% Class II	Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: MESSA Saver Rx	ily / after deductible				
Dental Dent80/80/80/80/1000/1200:2 Class I: 80% Class II: 80% Class				•				
Dental D						,		
X-Rays paid under: Class II Adult Orthodontics: No Single: 32 30.86 2YT3 Sealants: No 2-Person: 61 61.18 2YT4 Cleanings: 2 per year Family: 224 110.60 2YT5	Dental		Class II: 80% Class III: 80% Class IV: 80%			1,536.19	D0942A	2112
Adult Orthodontics: No Sealants: No Sealan				Ciass IV. \$1,000				
Cleanings: 2 per year Family: 224 110.60 2YT5			• •	Single:	32	30.86		2YT3
VSP 2 S			Sealants: No	2-Person:	61	61.18		2YT4
Neg LTD 66 2/3% Max \$7,000 Replacement %: 66.67 Individuals: 317 25.21 25.2			<u> </u>			110.60		
Negotiated LTD Neg LTD 66 2/3% Max \$7,000 Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Rate per 100: 0.49 Individuals: 317 25.21 V500 Solume: 1,630,618 Rate per 100: 0.49 LT875B 2YT9 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 COLA: No Volume: 9,480,000 Rate per 1000: 0.10 Po3002 2YTB PAK AD&D \$30,000 PAK AD&D Individuals: 316 0.90 Volume: 9,480,000 Rate per 1000: 0.03 No 9,480,000 Rate per 1000: 0.03 K03002 2YTC	Vision	VSP 2 S	Plan year July to July	-			V2S2	
Neg LTD 66 2/3% Max \$7,000 Replacement %: 66.67 Individuals: 317 25.21 LT875B 2YT9					-			
PAK Life \$30,000 PAK Life Individuals: Volume: 9,480,000 Rate per 1000: 0.10 P03002 2YTB PAK AD&D \$30,000 PAK AD&D Individuals: 316 0.90 Volume: 9,480,000 Rate per 1000: 0.03 K03002 2YTC	Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No	Individuals: Volume: Rate per 100:	317 1,630	25.21	LT875B	
PAK AD&D \$30,000 PAK AD&D Individuals: 316 0.90 Volume: 9,480,000 Rate per 1000: 0.03	PAK Life	\$30,000 PAK Life		Volume:	9,48		P03002	2YTB
	PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume:	316 9,48		K03002	2YTC
	Basic Term Life	Basic Term Life w/Med \$5,000		1.010 por 1000.	0.00	1.50	BTLM02	001Z

COBRA RATES:



PAK D	Plan	Brief Description	Census U		Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Pe				7U	
		In-Network OOP Cap: \$2300 Single Cov; \$4600		-			
		Out-of-Network Ded: \$2600 Single Cov; \$5200 2					
		Out-of-Network Coins: 20% of approved amount					
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9	9200 2-Person &	Famil	y Cov		
		Prescription Coverage: MESSA ABC Rx					
		Includes EA1 Rider					
		Health Savings Account with Health Equity					
			Single:	43	493.78		3AK1
			2-Person:	49	1,111.03		3AK2
			Family:	205	1,382.60		3AK3
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				D0942B	
	6497-0143	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	Single:	42	30.86		3AK4
		Sealants: No	2-Person:	54	61.18		3AK5
		Cleanings: 2 per year	Family:	201	110.60		3AK6
Vision	VSP 2 S	Plan year July to July	Single:	42	6.03	V2S10	3AK7
			2-Person:	54	12.96		3AK8
			Family:	201	19.52		3AK9
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	297	25.21	LT875C	3AKC
		Maximum Benefit: \$7,000	Volume:	1,52	7,740		
		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	\$30,000 PAK Life		Individuals:	297	3.00	P0300A	ЗАКА
			Volume:	8,91	0,000		
			Rate per 1000:	0.10			
PAK AD&D	\$30,000 PAK AD&D		Individuals:	297	0.90	K0300A	3AKB
			Volume:	8,91	0,000		
			Rate per 1000:	0.03			
Basic Term Life	Basic Term Life w/ Med \$5,000				1.50	BTLM03	001Z

COBRA RATES:



Medical MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent O				8F	
	In-Network OOP Cap: \$2000 Single/\$4000 Fam Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible Family			or	
		Single:	0	517.37		3AKD
		2-Person: Family:	0	1,164.10 1,448.64		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	,	-	1,440.04	D0942C	SAKE
	X-Rays paid under: Class II					
	Adult Orthodontics: No	Single:	0	30.86		3AKG
	Sealants: No	2-Person:		61.18		3AKH
Vision VSP 2 S	Cleanings: 2 per year		0	110.60	1/2011	3AKI 3AKJ
Vision VSP 2 S	Plan year July to July	Single: 2-Person: Family:	0 0 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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	0	25.21	LT875D	ЗАКО
PAK Life \$30,000 PAK Life	<u> </u>	Individuals: Volume: Rate per 1000:	0	3.00	P0300B	3AKM
PAK AD&D \$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300B	3AKN
Basic Term Life Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM04	0017

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.



Grass Lake Community Schools 899 S Union St

Grass Lake, MI 49240-9708

Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 563

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams
Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

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
Teacher - 100000 FT/PT 563C Job FT/PT Eligibility Rule ID

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ly / after deductible			5F	
			Single:	36	587.26		26YA
			2-Person:	33	1,321.36		26YB
Dental	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80%	Family:		1,644.34	D0942	26YC
		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	Single: 2-Person:	35 35	30.86 61.18		26YG 26YH
		Cleanings: 2 per year	Family:	116	110.60		26YI
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	35 35 116	6.03 12.96 19.52	V2S	26YP 26YQ 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: \$ Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,	25.21	LT875	16SQ
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	5,580	3.00	P03001	16SR
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,580	0.90	K03001	16SP
Basic Term Life	Basic Term Life w/Med \$5,000		1.000.	0.00	1.50	BTLM01	001Z

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed F	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213	
	6497-0110	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		26YJ
		Sealants: No	2-Person:	26	56.77		26YK
		Cleanings: 2 per year	Family:	140	107.43		26YL
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SA	26YS
			2-Person:	26	12.96		26YT
			Family:	140	19.52		26YU
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875A	16T2
		Maximum Benefit: \$7,000	Volume:	941,33	5		
		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	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	P03501	16T3
			Volume:	6,405,0	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K03501	16T1
			Volume:	6,405,0	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Office Visit/\$2500 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily y t after deductible Family			6Z	
			Single:	33	548.64		2WPW
			2-Person: Family:	55 229	1,234.46 1,536.19		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	,		1,550.19	D0942A	ZVVF1
		X-Rays paid under: Class II	σ.ασσφ.,σσσ				
		Adult Orthodontics: No	Single:	32	30.86		2WPZ
		Sealants: No	2-Person:	61	61.18		2WQ0
		Cleanings: 2 per year	Family:	224	110.60		2WQ1
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	32 61 224	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21 0,618	LT875B	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48	,	P0300F	2WQ6
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K0300F	2WQ7
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.00	1.50	BTLM08	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census U		Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Pe				7UA	
		In-Network OOP Cap: \$2300 Single Cov; \$4600					
		Out-of-Network Ded: \$2600 Single Cov; \$5200 2					
		Out-of-Network Coins: 20% of approved amount					
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9	9200 2-Person &	Famil	y Cov		
		Prescription Coverage: MESSA ABC Rx					
		Includes EA1 Rider					
		Health Savings Account with Health Equity	C:l	40	400.70		014/00
			Single:	43	493.78		2WQ8
			2-Person:	49	1,111.03		2WQ9
Dentel	Dont00/00/00/00/1000/1200/2	Class I: 80%	Family:	205	1,382.60	D0040B	2WQA
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				D0942B	
	6497-0109	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	Class IV. \$1,000				
		Adult Orthodontics: No	Single:	42	30.86		2WQB
		Sealants: No	2-Person:	54	61.18		2WQC
		Cleanings: 2 per year	Family:	201	110.60		2WQD
Vision	VSP 2 S	Plan year July to July	Single:	42	6.03	V2SC	2WQE
		. Ian your outy to outy	2-Person:	54	12.96	1200	2WQF
			Family:	201	19.52		2WQG
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:		25.21	LT875C	
· ·		Maximum Benefit: \$7,000	Volume:	1,52	7,740		
		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	\$30,000 PAK Life		Individuals:		3.00	P0300G	2WQI
			Volume:	,	,		
			Rate per 1000:				
PAK AD&D	\$30,000 PAK AD&D		Individuals:		0.90	K0300G	2WQJ
			Volume:	,	•		
- · - · · ·	D : T 11/2 / 1/2 - 222		Rate per 1000:	0.03		DT: 1400	
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	BTLM09	0012

COBRA RATES:



PAK E	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible Family			8FA	
			Single:	0	517.37		36YX
			2-Person:		1,164.10		36YY
Dental	Dent80/80/80/80:1000/1200:2 6497-0109	Class II: 80% Class III: 80% Class IV: 80% Class IV: 80%	Family:	0	1,448.64	D0942N	36YZ
		Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II	Class IV. \$1,000				
		Adult Orthodontics: No	Single:	0	30.86		36Z0
		Sealants: No	2-Person:		61.18		36Z1
		Cleanings: 2 per year	Family:	0	110.60		36Z2
Vision	VSP 2 S	Plan year July to July		0	6.03 12.96	V2S12	36Z3 36Z4
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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Family: Individuals: Volume: Rate per 100:	0	19.52 25.21	LT875M	36Z5 36Z6
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	0	3.00	P0300C	36Z7
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300C	36Z8
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.03	1.50	BTLM32	0017

COBRA RATES:

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



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 MESSA Field Rep: Julie Berryman Adams

Employer ID: 572

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC Teachers

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 Teacher - 100000 FT/PT 572A Job FT/PT Eligibility Rule ID

PAK A Medical	Plan MESSA Choices	Brief Description In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Clin-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Includes EA1 Rider	ily / : after deductible		Rate	MESSA 5F	
			Single: 2-Person:	36 33	587.26 1,321.36		270D 270E
			Family:		1,644.34		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 X-Rays paid under: Class II	,		.,	D0942	_,,,
		Adult Orthodontics: No	Single:	35	30.86		270G
		Sealants: No	2-Person:	35	61.18		270H
		Cleanings: 2 per year	Family:	116	110.60		2701
Vision	VSP 2 S	Plan year July to July	Single: 2-Person:	35 35	6.03 12.96	V2SN	270M 270N
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: 9 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Family: Individuals: Volume: Rate per 100:	956,	19.52 25.21 767	LT875	270O 16TC
PAK Life	\$30,000 PAK Life	<u> Lausanonai Cappionionai i Tegranii 110</u>	Individuals: Volume: Rate per 1000:	5,58		P03002	16TD
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,58	0.90	K03002	16TB
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.00	1.50	BTLM01	0017

COBRA RATES:



PAK B	Plan	Brief Description	Census U	sed	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213B	
	6497-0004	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		270J
		Sealants: No	2-Person:	26	56.77		270K
		Cleanings: 2 per year	Family:	140	107.43		270L
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SO	270P
			2-Person:	26	12.96		270Q
			Family:	140	19.52		270R
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875A	16TI
		Maximum Benefit: \$7,000	Volume:	941,33	35		
		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	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	P03501	16TJ
			Volume:	6,405,	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K03501	16TH
			Volume:	6,405,	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	after deductible Family			6Z	
			Single:	33 55	548.64		2TEW 2TEX
			2-Person: Family:		1,234.46 1,536.19		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	,		1,000.10	D0942A	
		X-Rays paid under: Class II	0: 1	00	00.00		0.7.5.7
		Adult Orthodontics: No Sealants: No	Single: 2-Person:	32 61	30.86 61.18		2TEZ 2TF0
		Cleanings: 2 per year	z-Person. Family:	224	110.60		2TF1
Vision	VSP 2 S	Plan year July to July	Single:	32	6.03	V2S8	2TF2
		, ,	2-Person: Family:	61 224	12.96 19.52		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: \$ Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	1,63	- /	LT875B	2TF5
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48	•	P03001	2TF6
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K03001	2TF7
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Per In-Network OOP Cap: \$2300 Single Cov; \$4600				7U	
		Out-of-Network Ded: \$2600 Single Cov; \$5200 2					
		Out-of-Network Coins: 20% of approved amount after deductible					
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9			v Cov		
		Prescription Coverage: MESSA ABC Rx			,		
		Includes EA1 Rider					
		Health Savings Account with Health Equity					
			Single:	43	493.78		2TF8
			2-Person:	49	1,111.03		2TF9
			Family:	205	1,382.60		2TFA
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				D0942B	
	6497-0003	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	0'	40	00.00		OTED
		Adult Orthodontics: No	Single:	42	30.86		2TFB
		Sealants: No	2-Person:	54	61.18		2TFC 2TFD
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family:	201 42	110.60 6.03	V2S9	2TFE
VISION	VSP 2 S	Plan year July to July	Single: 2-Person:	42 54	12.96	V259	2TFF
			Family:	201	19.52		2TFG
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:		25.21	LT875C	
riogonatoa 212	1109 212 00 2/0 / 11/0 (17,000	Maximum Benefit: \$7,000	Volume:		-	1 210700	
		Maximum Monthly Salary: \$10,500	Rate per 100:	,	.,		
		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	5%				
		Survivor Income Benefit: 0 months					
		Pre-Existing Conditions: Waived					
		Freeze on Offsets: Yes COLA: No					
		Educational Supplemental Program: No					
PAK Life	\$30,000 PAK Life		Individuals:	-	3.00	P0300B	2TFI
			Volume:		0,000		
DAIK ADOD	#00 000 BAI/ ABAB		Rate per 1000:		0.00	1400005	OTE
PAK AD&D	\$30,000 PAK AD&D		Individuals:	-	0.90	K0300B	21FJ
			Volume:		0,000		
Basic Term Life	Basic Term Life w/ Med \$5,000		Rate per 1000:	0.03	1.50	BTLM03	0017
Dasic Tellii Liid	Dasic Terrii Lile W/ Med \$3,000				1.50	DI LIVIUS	0012

COBRA RATES:



PAK E	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Office Visit/\$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily y after deductible			8FA	
			Single:	0	517.37		39GC
			2-Person:	-	1,164.10		39GD
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	Family:		1,448.64	D0942C	39GE
		X-Rays paid under: Class II	Class IV. \$1,000				
		Adult Orthodontics: No	Single:	0	30.86		39GF
		Sealants: No	•	0	61.18		39GG
		Cleanings: 2 per year	Family:	0	110.60		39GH
Vision	VSP 2 S	Plan year July to July	Single:	0	6.03	V2S17	39GI
				0	12.96		39GJ
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000	Family: Individuals: Volume:	0	19.52 25.21	LT875H	39GK 39GN
		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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Rate per 100:	0.49			
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	0	3.00	P0300A	39GL
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300A	39GM
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM05	0017
Dasis Term Life	Dasio Tottii Liio W/Wiod \$0,000				1.00	DI LIVIUS	00 IZ

COBRA RATES:

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



Northwest School District 6900 Rives Junction Rd Jackson, MI 49201-7408 Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 586

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

NOTE: Rates and Volumes given below are based on the combined

enrollment from all of the groups listed above.

JobFT/PT Eligibility Rule IDJobFT/PT Eligibility Rule IDTeacher - 100000FT/PT 586I

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ly / after deductible			5F	
			Single:	36	587.26		27AI
			2-Person:	33	1,321.36		27AJ
			Family:	117	1,644.34		27AK
Dental	Dent80/80/80/80:1000/1200:2 6497-0043	Class I: 80% Class II: 80% Class III: 80% Class IV: 80%	01 11/ 04/000			D0942	
		Annual Max Class I, II, III: \$1,200, Lifetime Max	Class IV: \$1,000				
		X-Rays paid under: Class II Adult Orthodontics: No	Single:	35	30.86		27AO
		Sealants: No	2-Person:	35	61.18		27AD
		Cleanings: 2 per year	Family:	116	110.60		27AQ
Vision	VSP 2 S	Plan year July to July	Single: 2-Person:	35 35	6.03 12.96	V2SE	27B0 27B1
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Family: Individuals:	116 186	19.52 25.21	LT875	27B2 16XS
		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: 8 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Volume: Rate per 100: 5%	,	767		
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	5,580	3.00	P0300D	16XT
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,580	0.90	K0300D	16XR
Basic Term Life	Basic Term Life w/Med \$5,000		рог 1000.	0.00	1.50	BTLM01	001Z

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213	
	6497-0044	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		27AU
		Sealants: No	2-Person:	26	56.77		27AV
		Cleanings: 2 per year	Family:	140	107.43		27AW
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SB	27B3
			2-Person:	26	12.96		27B4
			Family:	140	19.52		27B5
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875A	16Y3
_	-	Maximum Benefit: \$7,000	Volume:	941,33	35		
		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	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	16Y4
			Volume:	6,405,	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K03502	16Y2
			Volume:	6,405,	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Control In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily y t after deductible Family			6ZD	
			Single:	33	548.64		2SQ7
			2-Person: Family:	55 220	1,234.46 1,536.19		2SQ8 2SQ9
Dental	Dent80/80/80/80:1000/1200:2 6497-0043	Class I: 80% Class II: 80% Class IV: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max	,		1,556.19	D0942A	23Q9
		X-Rays paid under: Class II	, ,			İ	
		Adult Orthodontics: No	Single:	32	30.86		2SQA
		Sealants: No	2-Person:	61	61.18		2SQB
		Cleanings: 2 per year	Family:	224	110.60		2SQC
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	32 61 224	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21 0,618	LT875B	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48	*	P0300E	2SQH
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K0300E	2SQI
Basic Term Life	Basic Term Life w/Med \$5,000		1.a.c pci 1000.	0.00	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census U		Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Pe				7U	
		In-Network OOP Cap: \$2300 Single Cov; \$4600		-			
		Out-of-Network Ded: \$2600 Single Cov; \$5200 2		ly Cov	•		
		Out-of-Network Coins: 20% of approved amount					
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9	9200 2-Person &	Famil	y Cov		
		Prescription Coverage: MESSA ABC Rx					
		Includes EA1 Rider					
		Health Savings Account with Health Equity					
			Single:	43	493.78		2SQJ
			2-Person:	49	1,111.03		2SQK
			Family:	205	1,382.60		2SQL
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				D0942B	
	6497-0043	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	Single:	42	30.86		2SQM
		Sealants: No	2-Person:	54	61.18		2SQN
		Cleanings: 2 per year	Family:	201	110.60		2SQO
Vision	VSP 2 S	Plan year July to July	Single:	42	6.03	V2SD	2SQP
			2-Person:	54	12.96		2SQQ
			Family:	201	19.52		2SQR
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	-	25.21	LT875C	2SQS
		Maximum Benefit: \$7,000	Volume:	,	,		
		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	\$30,000 PAK Life		Individuals:	-	3.00	P0300F	2SQT
			Volume:	,	,		
			Rate per 1000:				
PAK AD&D	\$30,000 PAK AD&D		Individuals:		0.90	K0300F	2SQU
			Volume:	,	•		
			Rate per 1000:	0.03			
Basic Term Life	Basic Term Life w/ Med \$5,000				1.50	BTLM03	001Z

COBRA RATES:



Maximum Benefit: \$7,000	PAK E	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental Dent80/80/80/1000/1200:2 Class I: 80% Class II:	Medical	MESSA Choices	In-Network Copay: \$20 Office Visit/\$25 Urgent of In-Network OOP Cap: \$2000 Single/\$4000 Fam Out-of-Network Ded: \$2000 Single/\$4000 Famil Out-of-Network Coins: 20% of approved amoun Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx	ily y t after deductible Family			8FB	
Dental Dent80/80/80/1000/1200:2 Class I: 80% Class II: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 V-Rays paid under: Class II Adult Orthodontics: No Sealants: No Sealants					-			
Dental D								
Adult Orthodontics: No Single: 0 30.86 2.7erson: 0 61.18 3587	Dental		Class II: 80% Class IV: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max	,	-	1,440.04	D0942D	3371
Sealants: No Cleanings: 2 per year Family: 0			X-Rays paid under: Class II					
Cleanings: 2 per year					-			
VSP 2 S								
Neg LTD 66 2/3% Max \$7,000	V(-1	\(\(\text{OD}\) \(\text{O}\)					1/000	
Negotiated LTD	VISION	VSP 2 S	Plan year July to July	2-Person:	0	12.96	V25G	3583
Volume: 0 Rate per 1000: 0.10 PAK AD&D \$30,000 PAK AD&D Individuals: 0 0.90 K0300G 3587 Volume: 0 Rate per 1000: 0.03	Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No	Individuals: Volume: Rate per 100:	0		LT875D	
PAK AD&D \$30,000 PAK AD&D Individuals: 0 0.90 Volume: 0 Rate per 1000: 0.03 K0300G 3587	PAK Life	\$30,000 PAK Life		Volume:	0	3.00	P0300G	3586
	PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume:	0	0.90	K0300G	3587
	Basic Term Life	Basic Term Life w/Med \$5,000		nate per 1000.	0.03	1.50	BTI M21	0017

COBRA RATES:

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



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

Group: 060A-JCC Teacher, Librarian, 153H-JCC Teacher, 227G-JCC

Employer ID: 751

Teachers, 253G-JCC Teachers, 430A-JCC Teachers, 437A-JCC MESSA Field Rep: Julie Berryman Adams Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC

Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Teachers

NOTE: Rates and Volumes given below are based on the combined

enrollment from all of the groups listed above.

FT/PT Eligibility Rule ID Job FT/PT Eligibility Rule ID Teacher - 100000 FT/PT 751G

PAK A	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider	ly / after deductible			5FC	
			Single:	36	587.26		39GO
			2-Person: Family:	33	1,321.36 1,644.34		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	,		1,044.34	D0942H	
		X-Rays paid under: Class II	Class IV. \$1,000				
		Adult Orthodontics: No Sealants: No	Single: 2-Person:	35 35	30.86 61.18		39GR 39GS
		Cleanings: 2 per year	Family:	116	110.60		39GT
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	35 35 116	6.03 12.96 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: 9 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	186 956,	25.21	LT875I	39GZ
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	5,58	3.00	P0300C	39GX
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	186 5,58	0.90	K0300C	39GY
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.03	1.50	BTLM17	7 001Z

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213B	
	6497-0032	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		2A7F
		Sealants: No	2-Person:	26	56.77		2A7G
		Cleanings: 2 per year	Family:	140	107.43		2A7H
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SJ	2A7L
			2-Person:	26	12.96		2A7M
			Family:	140	19.52		2A7N
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875D	18F8
•	-	Maximum Benefit: \$7,000	Volume:	941,33	35		
		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	P0350C	18F9
			Volume:	6,405,	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K0350C	18F7
			Volume:	6,405,	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 F Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ly , after deductible Family		540.0	6ZC	00110
			Single: 2-Person:	33 55	548.64 1.234.46		39H0 39H1
			Family:		1,536.19		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 0			.,,0000	D0942I	00.12
		X-Rays paid under: Class II	Siass IV. ψ1,000				
		Adult Orthodontics: No	Single:	32	30.86		39H3
		Sealants: No	2-Person:	61	61.18		39H4
		Cleanings: 2 per year	Family:	224	110.60		39H5
Vision	VSP 2 S	Plan year July to July	Single: 2-Person:	32 61	6.03 12.96	V2S15	39H6 39H7
Negetiated LTD	No. 1 TD 66 2/20/ May \$7 000	Deplement 9/ : 66 67	Family: Individuals:	224	19.52 25.21	LT875J	39H8 39HB
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: \$ Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Volume: Rate per 100:	1,63	0,618	110733	ЭЭПБ
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48		P0300G	39H9
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K0300G	39HA
Basic Term Life	Basic Term Life w/Med \$5,000		рог 1000.	5.50	1.50	BTLM18	001Z

COBRA RATES:



PAK D	Plan	Brief Description	Census U	sed	Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Pel In-Network OOP Cap: \$2300 Single Cov; \$4600 Out-of-Network Ded: \$2600 Single Cov; \$5200 2 Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4600 Single Cov; \$5 Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	2-Person & Fam 2-Person & Familiation after deductible	nily Co ly Cov	•	7UD	
			Single:	43	493.78		2U73
			2-Person:	49	1,111.03		2U74
Dental	Dent80/80/80/80:1000/1200:2 6497-0031	Class I: 80% Class II: 80% Class III: 80% Class IV: 80%	Family:	205	1,382.60	D0942D	2U75
		Annual Max Class I, II, III: \$1,200, Lifetime Max X-Rays paid under: Class II	Class IV: \$1,000				
		Adult Orthodontics: No	Single:	42	30.86		2U76
		Sealants: No	2-Person:	54	61.18		2U77
		Cleanings: 2 per year	Family:	201	110.60		2U78
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	42 54 201	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	297 1,52	25.21 7,740	LT875E	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	8,91	*	P0300F	2U7D
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	297 8,91	0.90 0,000	K0300F	2U7E
Basic Term Life	Basic Term Life w/ Med \$5,000		1.ato poi 1000.	0.00	1.50	BTLM03	0017

COBRA RATES:



PAK E	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible Family			8FB	
			Single:	0	517.37		39HC
			2-Person:		1,164.10		39HD
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	Family:	0	1,448.64	D0942J	39HE
		X-Rays paid under: Class II	Ciass IV. \$1,000				
		Adult Orthodontics: No	Single:	0	30.86		39HF
		Sealants: No	2-Person:		61.18		39HG
		Cleanings: 2 per year	Family:	0	110.60		39HH
Vision	VSP 2 S	Plan year July to July	Single: 2-Person:	0	6.03 12.96	V2S16	39HJ
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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Family: Individuals: Volume: Rate per 100:	0	19.52 25.21	LT875K	39HN 39HN
PAK Life	\$30,000 PAK Life	Educational Supplemental Flogram No	Individuals: Volume: Rate per 1000:	0	3.00	P0300H	39HL
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300H	39HM
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0.03	1.50	BTLM19	0017

COBRA RATES:

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



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 MESSA Field Rep: Julie Berryman Adams

Teachers, 498A-JCC Teachers, 563C-JCC Teachers, 572A-JCC
Teachers, 586I-JCC Teacher, 751G-JCC Teachers, 950A-JCC

Employer ID: 950

Teachers

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
Teacher - 100000 FT/PT 950A FT/PT 950A

In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network Copay: \$1500 Single/\$2000 Family Out-of-Network Dod: \$1500 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$5000 Family Prescription Coverage: \$10.00/\$20.00 Includes EA1 Rider Single: 36	
Dental Dent80/80/80/80:1000/1200:2 Class I: 80% Class II: 80% Class	
Dent80/80/80/80:1000/1200:2 Class I: 80% Class II: 80%	2CEI
Dent80/80/80/80:1000/1200:2 Class I: 80% Class II: 80% Class II: 80% Class III: 8	2CEJ
X-Rays paid under: Class II	2CEK 2
Adult Orthodontics: No Single: 35 30.86 Sealants: No 2-Person: 35 61.18 Cleanings: 2 per year Family: 116 110.60 Vision VSP 2 S Plan year July to July Single: 35 6.03 V2S Plan year July to July Single: 35 6.03 V2S 2-Person: 35 12.96 Family: 116 19.52 Negotiated LTD Neg LTD 66 2/3% Max \$7,000 Replacement %: 66.67 Maximum Benefit: \$7,000 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	
Sealants: No	
Cleanings: 2 per year Family: 116 110.60	2CEL
Vision VSP 2 S Plan year July to July Single: 2-Person: 35 12.96 Family: 116 19.52 V2S Negotiated LTD Neg LTD 66 2/3% Max \$7,000 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Maximum Monthly Salar	2CEM
Negotiated LTD	2CEN
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	2CER 2CES 2CET
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	
	01 19NJ
)1 19NH
	01 001Z

COBRA RATES:



PAK B	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				D0213H	
	6497-0092	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		2CEO
		Sealants: No	2-Person:	26	56.77		2CEP
		Cleanings: 2 per year	Family:	140	107.43		2CEQ
Vision	VSP 2 S	Plan year July to July	Single:	17	6.03	V2SD	2CEU
			2-Person:	26	12.96		2CEV
			Family:	140	19.52		2CEW
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	183	25.21	LT875A	19NU
		Maximum Benefit: \$7,000	Volume:	941,33	35		
		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	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	P03501	19NV
			Volume:	6,405,	000		
			Rate per 1000:	0.10			
PAK AD&D	\$35,000 PAK AD&D		Individuals:	183	1.05	K03501	19NT
			Volume:	6,405,	000		
			Rate per 1000:	0.03			

COBRA RATES:



PAK C	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Control In-Network OOP Cap: \$1500 Single/\$3000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$3000 Single/\$6000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily y t after deductible Family			6Z	
			Single:	33	548.64		2NM1
			2-Person: Family:	55 220	1,234.46 1,536.19		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	,		1,556.19	D0942A	ZINIVIS
		X-Rays paid under: Class II					
		Adult Orthodontics: No	Single:	32	30.86		2NM4
		Sealants: No	2-Person:	61	61.18		2NM5
		Cleanings: 2 per year	Family:	224	110.60		2NM6
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	32 61 224	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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: Volume: Rate per 100:	317 1,63	25.21 0,618	LT875B	
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	9,48	,	P0300B	2NMA
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	316 9,48	0.90 0,000	K0300B	2NMB
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM02	0017

COBRA RATES:



PAK D	Plan	Brief Description	Census U		Rate	MESSA	Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Per				7U	
		In-Network OOP Cap: \$2300 Single Cov; \$4600					
		Out-of-Network Ded: \$2600 Single Cov; \$5200 2					
		Out-of-Network Coins: 20% of approved amount			_		
		Out-of-Network OOP Cap: \$4600 Single Cov; \$9	9200 2-Person &	Famil	y Cov		
		Prescription Coverage: MESSA ABC Rx					
		Includes EA1 Rider					
		Health Savings Account with Health Equity					
			Single:	43	493.78		2S33
			2-Person:	49	1,111.03		2S34
			Family:	205	1,382.60		2S35
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				D0942B	
	6497-0091	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	Single:	42	30.86		2S36
		Sealants: No	2-Person:	54	61.18		2S37
		Cleanings: 2 per year	Family:	201	110.60		2S38
Vision	VSP 2 S	Plan year July to July	Single:	42	6.03	V2SE	2S39
			2-Person:	54	12.96		2S3A
			Family:	201	19.52		2S3B
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	-	25.21	LT875C	2S3C
		Maximum Benefit: \$7,000	Volume:	,	7,740		
		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	\$30,000 PAK Life		Individuals:	-	3.00	P0300C	2S3D
			Volume:		0,000		
			Rate per 1000:				
PAK AD&D	\$30,000 PAK AD&D		Individuals:		0.90	K0300C	2S3E
			Volume:		0,000		
			Rate per 1000:	0.03			
Basic Term Life	Basic Term Life w/ Med \$5,000				1.50	BTLM03	001Z

COBRA RATES:



PAK E	Plan	Brief Description	Census Us	sed	Rate	MESSA	Codes
Medical	MESSA Choices	In-Network Ded: \$1000 Single/\$2000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent C In-Network OOP Cap: \$2000 Single/\$4000 Family Out-of-Network Ded: \$2000 Single/\$4000 Family Out-of-Network Coins: 20% of approved amount Out-of-Network OOP Cap: \$4000 Single/\$8000 Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	ily / : after deductible Family			8F	
			Single:	0	517.37		34Y3
			2-Person: Familv:	0	1,164.10 1,448.64		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	,	-	1,446.64	D0942M	
		X-Rays paid under: Class II	Class IV. \$1,000				
		Adult Orthodontics: No	Single:	0	30.86		34Y6
		Sealants: No	2-Person:		61.18		34Y7
		Cleanings: 2 per year	Family:	0	110.60		34Y8
Vision	VSP 2 S	Plan year July to July		0	6.03 12.96	V2SA	34Y9 34YA
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: 9 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Family: Individuals: Volume: Rate per 100:	0	19.52 25.21	LT875L	34YB 34YC
PAK Life	\$30,000 PAK Life	Educational Supplemental Frogram. No	Individuals: Volume: Rate per 1000:	0	3.00	P0300K	34YD
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.90	K0300K	34YE
Basic Term Life	Basic Term Life w/Med \$5,000		Nate per 1000.	0.03	1.50	BTLM28	0017

COBRA RATES:

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