

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

# Benefit Program Cost Summary Effective 01/01/2020

Group: 153J-JCC PT Parapro/Aide/Teach Asst, 227C-JCC PT Parapro/Aide/Teach Asst, 430E-JCC PT Parapro/Aide/Teach Asst, 563A-JCC PT Parapro/Aide/Teach Asst, 572O-JCC PT Parapo/Aide/Teach Asst, 586K-JCC PT Parapro/Aide/Teach Asst, 751M-JCC PT Parapro/Aide/Teach Asst NOTE: Rates and Volumes given below are based on the combined Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

JobFT/PT Eligibility Rule IDJobFT/PT Eligibility Rule IDParaprofessional - 200013PT 563ATeaching Assistant - 200014PT 563A

enrollment from all of the groups listed above.

	Plan	Brief Description	Census Us	ed Rate	Rate W/O Tax
Vision	VSP 2 S	Plan year July to July	Single:	60 6.70	6.46
			2-Person:	6 14.36	13.85
			Family:	18 21.64	20.87
Negotiated Life	\$20,000 Negotiated Life		Individuals:	84 0.12	0.12
			Volume:	1,680,000	
			Rate per 1000:	0.12	
Negotiated AD&D	\$20,000 Negotiated AD&D		Individuals:	84 0.03	0.03
			Volume:	1,680,000	
			Rate per 1000:	0.03	

#### COBRA RATES:

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



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

# Benefit Program Cost Summary Effective 01/01/2020

Group: 060D-JCC All Admins Except Super, 153A-JCC All Admins Except Superint, 227A-JCC All Admins Except Superint, 1 253C-JCC All Admins Except Superint, 430C-JCC Admin except Supt, 437B-JCC All Admins Except Superint, 498C-JCC All Admins Except Super, 563B-JCC All Admins Except Superint, NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

FT/PT Eligibility Rule ID FT/PT Eligibility Rule ID Job Job Principal - 110004 Business Manager - 110009 FT/PT 563B FT/PT 563B FT/PT 563B FT/PT 563B Latchkey Superv - 110013 Dir of Food Service/Nutrition - 110052 Admin Asst - 110079 FT/PT 563B Technology Coordinator - 110117 FT/PT 563B

ΡΑΚ Α	Plan	Brief Description	Census U	sed	Rate	Rate W/O Tax
Medical	Essentials by MESSA	In-Network				
		Deductible: \$375 Single/\$750 Family				
		Blue Cross Online Visit Copay: \$10				
		Office Visit Copay: \$25				
		Specialist Visit Copay: \$50				
		Urgent Care Copay: \$50				
		Emergency Room Copay: \$200				
		Coinsurance: 20% of approved amount after of	deductible			
		Medical OOP Max Including IN Ded:				
		\$8150 Single/\$16300 Family				
		Total OOP Max: \$8150 Single/\$16300 Family				
		Out-of-Network				
		Deductible: \$750 Single/\$1500 Family				
		Coinsurance: 40% of approved amount after of	deductible			
		Total OOP Max: \$16300 Single/\$32600 Famil	у			
		Prescription Coverage: Essentials by MESSA				
		Includes EA1 Rider				
			Single:	0	388.27	372.09
			2-Person:	0	873.61	837.21
			Family:	1	1,087.15	1,041.85
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				
	6497-0111	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,200, Lifetime Max Clas	ss IV: \$1,000	)		
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	0	33.01	
		Sealants: No	2-Person:	0	62.02	
		Cleanings: 2 per year	Family:	1	115.86	



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

0 0 1 5,762 0.49	6.70 14.36 21.64 28.23	6.46 13.85 20.87 28.23
1 1 5,762	21.64	20.87
5,762		
5,762	28.23	28.23
,		
0.49		
1	3.60	3.60
30,000		
0.12		
1	0.90	0.90
30,000		
0.03		
	1.50	1.50
	1 30,000 0.12 1 30,000 0.03	30,000 0.12 1 0.90 30,000 0.03

#### COBRA RATES:

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

PAK B	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				
	6497-0112	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,000, Lifetime Max C	Class IV: \$1,300			
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	2	31.88	
		Sealants: No	2-Person:	9	60.33	
		Cleanings: 2 per year	Family:	22	117.67	
Vision	VSP 2 S	Plan year July to July	Single:	2	6.70	6.46
			2-Person:	9	14.36	13.85
			Family:	22	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	33	28.23	28.23
		Maximum Benefit: \$7,000	Volume:	190,13	32	
		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:	33	4.20	4.20
			Volume:	1,155,	000	
			Rate per 1000:	0.12		
PAK AD&D	\$35,000 PAK AD&D		Individuals:	33	1.05	1.05
			Volume:	1,155,	000	
			Rate per 1000:	0.03		

#### COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount afte Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx	/ r deductible			
		Includes EA1 Rider	Single: 2-Person:	10 10	578.33 1,301.25	554.23 1,247.03
Dental	Dent80/80/80/80:1000/1200:2 6497-0111	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Cl X-Rays paid under: Class II Adult Orthodontics: No	Family: lass IV: \$1,000 Single:		<u>1,619.32</u> 33.01	1,551.84
		Sealants: No Cleanings: 2 per year	2-Person: Family:	8 12 46	62.02 115.86	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	8 12 46	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67Maximum Benefit: \$7,000Maximum Monthly Salary: \$10,500Waiting Period: 90 Calendar Days Modified FillAlcohol/Drug: Same as any other illnessMental/Nervous: Same as any other illnessSocial Security Offset: PrimaryOwn Occupation: 2 yearsMinimum Benefit: 5%Survivor Income Benefit: 0 monthsPre-Existing Conditions: WaivedFreeze on Offsets: YesCOLA: NoEducational Supplemental Program: No	Individuals: Volume: Rate per 100:	65 374, 0.49	28.23 503	28.23
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	1,95		3.60
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	65 1,95	0.90 0,000	0.90
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network				
		Deductible: \$1400 Single Cov; \$2800 2-Per	rson & Family C	Cov		
		Blue Cross Online Visit Copay: N/A				
		Office Visit Copay: N/A				
		Specialist Visit Copay: N/A				
		Urgent Care Copay: N/A				
		Emergency Room Copay: N/A				
		Medical OOP Max Including IN Ded:				
		\$2400 Single Cov; \$4800 2-Person &	& Family Cov			
		Total OOP Max: \$2400 Single Cov; \$4800 2		nily Co	vc	
		Out-of-Network		-		
		Deductible: \$2800 Single Cov; \$5600 2-Per	rson & Family C	Cov		
		Coinsurance: 20% of approved amount afte	er deductible			
		Total OOP Max: \$4800 Single Cov; \$9600 2	2-Person & Fan	nily Co	VC	
		Prescription Coverage: MESSA ABC Rx				
		Includes EA1 Rider				
		Health Savings Account with Health Equity				
			Single:	11	516.34	494.82
			2-Person:	13	1,161.77	1,113.36
			Family:	36	1,445.75	1,385.51
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				
	6497-0111	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,200, Lifetime Max C	Jass IV: \$1,000	)		
		X-Rays paid under: Class II	Circular	40	22.04	
		Adult Orthodontics: No	Single:	10	33.01	
		Sealants: No	2-Person:	14 26	62.02	
Vision	VSP 2 S	Cleanings: 2 per year	Family: Single:	<u>36</u> 10	<u>115.86</u> 6.70	6.46
VISION	VOF 2 0	Plan year July to July	2-Person:	10	6.70 14.36	13.85
			Z-Person. Family:	14 36	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:		21.04	28.23
Negolialeu LID	Neg LID 00 2/070 Max 47,000	Maximum Benefit: \$7,000	Volume:			20.20
		Maximum Monthly Salary: \$10,500	Rate per 100:			
		Waiting Period: 90 Calendar Days Modified Fill		0.10		
		Alcohol/Drug: Same as any other illness				
		Mental/Nervous: Same as any other illness				
		Social Security Offset: Primary				
		Own Occupation: 2 years Minimum Benefit: 59	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:	60	3.60	3.60
			Volume:	1,80	0,000	
			Rate per 1000:			
PAK AD&D	\$30,000 PAK AD&D		Individuals:	60	0.90	0.90
			Volume:	1,80	0,000	
			Rate per 1000:	0.03		
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:



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

PAK E	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network				
		Deductible: \$1000 Single/\$2000 Family				
		Blue Cross Online Visit Copay: \$20				
		Office Visit Copay: \$20				
		Specialist Visit Copay: \$20				
		Urgent Care Copay: \$25				
		Emergency Room Copay: \$50				
		Medical OOP Max Including IN Ded:				
		\$2000 Single/\$4000 Family				
		Rx OOP Max: \$1000 Single/\$2000 Family				
		Total OOP Max: \$3000 Single/\$6000 Family	Ý			
		Out-of-Network				
		Deductible: \$2000 Single/\$4000 Family				
		Coinsurance: 20% of approved amount afte				
		Total OOP Max: \$4000 Single/\$8000 Family	ý			
		Prescription Coverage: MESSA Saver Rx				
		Includes EA1 Rider				
			0	1	545.37	522.64
			2-Person:		1,227.10	1,175.97
			Family:	0 1	1,527.03	1,463.40
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				
	6497-0111	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,200, Lifetime Max C	lass IV: \$1,000			
		X-Rays paid under: Class II	Cingles	4	22.04	
		Adult Orthodontics: No Sealants: No	Single: 2-Person:	1	33.01	
		Cleanings: 2 per year	Z-Person: Family:	0 0	62.02 115.86	
Vision	VSP 2 S	Plan year July to July	Single:	1	6.70	6.46
V151011	V3F 2 3	Fian year outy to outy	2-Person:	0	14.36	13.85
			Eamily:		21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:		28.23	28.23
Negotiatea ETD		Maximum Benefit: \$7,000	Volume:		20.20	20.20
		Maximum Monthly Salary: \$10,500	Rate per 100:			
		Waiting Period: 90 Calendar Days Modified Fill		0.10		
		Alcohol/Drug: Same as any other illness				
		Mental/Nervous: Same as any other illness				
		Social Security Offset: Primary				
		Own Occupation: 2 years Minimum Benefit: 59	%			
		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:	1	3.60	3.60
			Volume:	30,000	)	
			Rate per 1000:	0.12		
PAK AD&D	\$30,000 PAK AD&D		Individuals:	1	0.90	0.90
			Volume:		)	
			Rate per 1000:	0.03		
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:

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

MESS.	A.	Benetit	Program Cost Su	Immary			
1475 Kendale Boulevard,   East Lansing, MI 48826-25 300.292.4910		Effectiv	ve 01/01/2020				
Grass Lake Community 5 399 S Union St Grass Lake, MI 49240-97	08	Teachers, 253G-JCC Tea Teachers, 498A-JCC Tea Teachers, 586I-JCC Teac Teachers	arian, 153H-JCC Teacher, 227G- Ichers, 430A-JCC Teachers, 437 chers, 563C-JCC Teachers, 572 Icher, 751G-JCC Teachers, 950A	A-JCC MESSA A-JCC -JCC			erryman Adams
	NOTE:	Rates and Volumes give enrollment from all of the	n below are based on the comb e groups listed above.	ined			
Job Teacher - 100000	<b>FT/PT</b> FT/PT		lob	FT/PT	Eligibili	ty Rule ID	]
PAK A	Plan	Brief Descrip	tion	Census Us	sed F	Rate	Rate W/O Ta
Medical	Essentials by MESSA	Blue Cro Office V Speciali Urgent 0 Emerge Coinsur Medical \$8 Total 00 Out-of-Networ Deductil Coinsur Total 00	ble: \$750 Single/\$1500 Family ance: 40% of approved amount at DP Max: \$16300 Single/\$32600 F overage: Essentials by MESSA	mily fter deductible	3	388.27	372.09
				2-Person:	3	873.61	837.21
Dental	Dent80/80/80/80:1000 6497-0109	Class II: 80% Class III: 80% Class IV: 80%	lass I, II, III: \$1,200, Lifetime Max nder: Class II ntics: No			32.68 61.64 115.25	1,041.85
Vision	VSP 2 S	Plan year July		Single: 2-Person: Family:	3 3 7	6.70 14.36	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Ma	Maximum Ber Maximum Mor Waiting Period Alcohol/Drug: Mental/Nervou Social Securit Own Occupati Survivor Incor Pre-Existing O Freeze on Off	efit: \$7,000 hthly Salary: \$10,500 d: 90 Calendar Days Modified Fill Same as any other illness us: Same as any other illness y Offset: Primary on: 2 years Minimum Benefit: ne Benefit: 0 months conditions: Waived	Individuals: Volume: Rate per 100:	13 66,773	21.64 27.22	20.87 27.22
PAK Life	\$30,000 PAK Life			Individuals: Volume: Rate per 1000:	390,00	3.60 0	3.60
PAK AD&D	\$30,000 PAK AD&D			Individuals: Volume:	13 390,00	0.90	0.90
	Basic Term Life w/Me	1 45 000		Rate per 1000:	0.03	1.50	1.50

### COBRA RATES:



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

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

PAK B	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				
	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:	18	29.37	
		Sealants: No	2-Person:	26	56.22	
		Cleanings: 2 per year	Family:	124	111.05	
Vision	VSP 2 S	Plan year July to July	Single:	18	6.70	6.46
			2-Person:	26	14.36	13.85
			Family:	124	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	168	27.22	27.22
-	-	Maximum Benefit: \$7,000	Volume:	862,9	09	
		Maximum Monthly Salary: \$10,500	Rate per 100:	0.53		
		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:	168	4.20	4.20
			Volume:	5,880	,000	
			Rate per 1000:	0.12		
PAK AD&D	\$35,000 PAK AD&D		Individuals:	168	1.05	1.05
			Volume:	5,880	,000	
			Rate per 1000:	0.03		

COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Famil Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after Total OOP Max: \$3000 Single/\$6000 Famil Prescription Coverage: MESSA Saver Rx	er deductible			
		Includes EA1 Rider	Single: 2-Person:	62 57	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
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 C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No	Family: Class IV: \$1,000 Single: 2-Person:	64	32.68 61.64	1,001.04
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family: Single: 2-Person:	233 64 57	<u>115.25</u> 6.70 14.36	6.46 13.85
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Family: Individuals: Volume: Rate per 100:	1,81		20.87 27.22
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	10,5	,	3.60
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	353 10,5	0.90 90,000	0.90
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network				
		Deductible: \$1400 Single Cov; \$2800 2-Pe	erson & Family C	ov		
		Blue Cross Online Visit Copay: N/A				
		Office Visit Copay: N/A				
		Specialist Visit Copay: N/A				
		Urgent Care Copay: N/A				
		Emergency Room Copay: N/A				
		Medical OOP Max Including IN Ded:				
		\$2400 Single Cov; \$4800 2-Person 8	& Family Cov			
		Total OOP Max: \$2400 Single Cov; \$4800	2-Person & Fan	nily Co	v	
		Out-of-Network		-		
		Deductible: \$2800 Single Cov; \$5600 2-Pe	erson & Family C	ov		
		Coinsurance: 20% of approved amount after				
		Total OOP Max: \$4800 Single Cov; \$9600	2-Person & Fan	nily Co	v	
		Prescription Coverage: MESSA ABC Rx				
		Includes EA1 Rider				
		Health Savings Account with Health Equity				
			Single:	51	516.34	494.82
			2-Person:	59	1,161.77	1,113.36
			Family:	264	1,445.75	1,385.51
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				
	6497-0109	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,200, Lifetime Max C	Class IV: \$1,000			
		X-Rays paid under: Class II	Single	40	22.60	
		Adult Orthodontics: No	Single:	48 62	32.68	
		Sealants: No	2-Person:		61.64	
Vision	VSP 2 S	Cleanings: 2 per year Plan year July to July	Family:	264 48	<u>115.25</u> 6.70	6.46
VISION	V3F 2 3	Plan year July to July	Single: 2-Person:	40 63	14.36	13.85
			Z-Person. Family:	03 263	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:		27.22	27.22
Negotiated ETE	Nog E12 00 2/070 Max \$1,000	Maximum Benefit: \$7,000	Volume:			<i>LI.LL</i>
		Maximum Monthly Salary: \$10,500	Rate per 100:	-	1,000	
		Waiting Period: 90 Calendar Days Modified Fill	nuio por ree.	0.00		
		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	5,0			
		Pre-Existing Conditions: Waived				
		Freeze on Offsets: Yes COLA: No				
		Educational Supplemental Program: No				
PAK Life	\$30,000 PAK Life		Individuals:	374	3.60	3.60
			Volume:	11,22	20,000	
			Rate per 1000:			
PAK AD&D	\$30,000 PAK AD&D		Individuals:	374	0.90	0.90
			Volume:	11,22	20,000	
			Rate per 1000:	0.03		
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:



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

Medical MESSA Choices In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$20 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded:		Rate W/O Tax
\$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$3000 Single/\$6000 Family Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4000 Single/\$8000 Family Prescription Coverage: MESSA Saver Rx		
Includes EA1 Rider	E 4 E 07	500.04
Single: 9 2-Person: 7	545.37 1,227.10	522.64 1,175.97
	1,527.03	1,463.40
Dental     Dent80/80/80/80/80:1000/1200:2     Class I: 80%     Class II: 80%     Class II: 80%     Class III: 80%     Cla	32.68 61.64	
Cleanings: 2 per year     Family: 40       Vision     VSP 2 S     Plan year July to July     Single: 9	115.25	6.46
Vision VSP 2 S Plan year July to July Single: 9   2-Person: 8   Family: 40	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD   Neg LTD 66 2/3% Max \$7,000   Replacement %: 66.67   Individuals: 57     Maximum Benefit: \$7,000   Volume: 292,77     Maximum Monthly Salary: \$10,500   Rate per 100: 0.53     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   Educational Supplemental Program: No	27.22	27.22
PAK Life     \$30,000 PAK Life     Individuals:     57       Volume:     1,710,     Rate per 1000:     0.12	3.60 000	3.60
PAK AD&D     \$30,000 PAK AD&D     Individuals:     57       Volume:     1,710,     Rate per 1000:     0.03	0.90 000	0.90
Basic Term Life Basic Term Life w/Med \$5,000	1.50	1.50

#### COBRA RATES:

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

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

# Benefit Program Cost Summary Effective 01/01/2020

Group: 253I-JCC FT Parapro/Aide/Teach Asst, 563D-JCC FT Parapro/Aide/Teach Asst, 572L-JCC FT Parapro/Aide/Teach Asst, 586E-JCC FT Parapro/Aide/Teach Asst, 950O-JCC FT Parapro/Aide/Teach Asst Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

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

Job Paraprofessional - 200013	FT/PT Eligibility F FT 563D	FT/PT Eligibility Rule IDJobFT 563DTeaching Assistant - 200014				
PAK A	Plan	Brief Description	Census U	sed	Rate	Rate W/O Tax
Medical	Essentials by MESSA	In-Network Deductible: \$375 Single/\$750 Family Blue Cross Online Visit Copay: \$10 Office Visit Copay: \$25 Specialist Visit Copay: \$50 Urgent Care Copay: \$50 Emergency Room Copay: \$200 Coinsurance: 20% of approved amount aft Medical OOP Max Including IN Ded: \$8150 Single/\$16300 Family Total OOP Max: \$8150 Single/\$16300 Fan Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount aft	er deductible nily er deductible			
		Total OOP Max: \$16300 Single/\$32600 Fa Prescription Coverage: Essentials by MESSA	imily			
		Includes EA1 Rider				
			Single:	0	388.27	372.09
			2-Person: Family:	0 0	873.61 1,087.15	837.21 1,041.85
Dental	Dent80/80/80/80:1000/1200:2 6497-0115	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2-Person: Family:	0 0 0	39.77 73.53 131.20	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person:	0 0	6.70 14.36 21.64	6.46 13.85
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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	Family: Individuals: Volume: Rate per 100:	0	<u>21.64</u> 20.96	20.87
		Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No				
PAK Life	\$25,000 PAK Life		Individuals: Volume: Rate per 1000:	0	3.00	3.00
PAK AD&D	\$25,000 PAK AD&D		Individuals: Volume:	0 0	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000		Rate per 1000:	0.03	1.50	1.50

#### COBRA RATES:



# Benefit Program Cost Summary Effective 01/01/2020

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

PAK B	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%				
	6497-0116	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:	11	36.10	
		Sealants: No	2-Person:	19	69.83	
		Cleanings: 2 per year	Family:	20	126.70	
Vision	VSP 3 G	Plan year July to July	Single:	11	8.97	8.65
			2-Person:	19	19.25	18.57
			Family:	20	28.93	27.90
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67	Individuals:	50	20.96	20.96
		Maximum Benefit: \$3,500	Volume:	79,393	3	
		Maximum Monthly Salary: \$5,250	Rate per 100:	1.32		
		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:	50	3.60	3.60
			Volume:	1,500,	000	
			Rate per 1000:	0.12		
PAK AD&D	\$30,000 PAK AD&D		Individuals:	50	0.90	0.90
			Volume:	1,500,	000	
			Rate per 1000:	0.03		

COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after Total OOP Max: \$3000 Single/\$6000 Famil Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	er deductible			
		Includes LAT Rider	Single:	3	578.33	554.23
			2-Person:		1,301.25	1,247.03
			Family:	0 .	1,619.32	1,551.84
Dental	Dent80/80/80/80:1000/1200:2 6497-0115	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No	Class IV: \$1,000 Single: 2-Person:	2 4	39.77 73.53	
		Cleanings: 2 per year	Family:	1	131.20	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	2 4 1	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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:	7 11,115 1.32	20.96	20.96
PAK Life	\$25,000 PAK Life		Individuals: Volume: Rate per 1000:	175,00	3.00 00	3.00
PAK AD&D	\$25,000 PAK AD&D		Individuals: Volume: Rate per 1000:	7 175,00	0.75 00	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			5.00	1.50	1.50

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed R	ate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Pe Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Total OOP Max: \$2400 Single Cov; \$4800 Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Pe Coinsurance: 20% of approved amount afte Total OOP Max: \$4800 Single Cov; \$9600 Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	& Family Cov 2-Person & Fam rson & Family C er deductible 2-Person & Fam	nily Cov ov nily Cov	540.04	404.00
			Single: 2-Person: Family:	1 1	516.34 161.77 445.75	494.82 1,113.36 1,385.51
Dental	Dent80/80/80/80:1000/1200:2 6497-0115	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No		1 2	39.77 73.53	
		Cleanings: 2 per year	Family:	1	131.20	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	1 2 1	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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:	4 6,351	20.96	20.96
PAK Life	\$25,000 PAK Life		Individuals: Volume: Rate per 1000:	100,000	3.00	3.00
PAK AD&D	\$25,000 PAK AD&D		Individuals: Volume: Rate per 1000:	4 100,000	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			•	1.50	1.50

### COBRA RATES:



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

PAK E	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$3000 Single/\$6000 Fam Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount aft Total OOP Max: \$4000 Single/\$8000 Fam Prescription Coverage: MESSA Saver Rx	ily ter deductible			
		Includes EA1 Rider	0. 1			500.04
			Single: 2-Person:	0	545.37 1,227.10	522.64 1,175.97
			Family:		1,527.03	1,463.40
Dental	Dent80/80/80/80:1000/1200:2 6497-0115	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 Adult Orthodoptics: No			20 77	
		Adult Orthodontics: No Sealants: No	Single: 2-Person:	0 1	39.77 73.53	
		Cleanings: 2 per year	Eamily:	0	131.20	
Vision	VSP 2 S	Plan year July to July	Single:	0	6.70	6.46
			2-Person:	1	14.36	13.85
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67	Family: Individuals:	0	<u>21.64</u> 20.96	20.87 20.96
-		Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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	Volume: Rate per 100:	1,588		
PAK Life	\$25,000 PAK Life		Individuals: Volume:	25,000	3.00 )	3.00
PAK AD&D	\$25,000 PAK AD&D		Rate per 1000: Individuals: Volume: Rate per 1000:	1 25,000	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			5.00	1.50	1.50

#### COBRA RATES:

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

TATS Kendale Boulevard, I East Lansing, MI 48826-25	PO Box 2560		enefit Program Co fective 01/01/2020	-			
300.292.4910 Grass Lake Community 5 399 S Union St Grass Lake, MI 49240-970	708	Superintendent, Superintendent, Superintendent, Superintendent, E: Rates and Volun	rintendent, 153B-JCC Superint, , 253L-JCC Superintendent, 43( , 437G-JCC Superintendent, 49 , 563H-JCC Superintendent, 57 , 751A-JCC Superintendent, 95( mes given below are based on f all of the groups listed above.	0K-JCC MESSA 08B-JCC 2C-JCC 50N-JCC the combined			Berryman Adams
lob Superintendent - 110005		T Eligibility Rule ID T 563H	Job	FT/PT	Eligil	bility Rule ID	5
PAK A	Plan	Brie	f Description	Census U	lsed	Rate	Rate W/O Tax
Medical	Essentials by MESS	Out-c Presc	etwork Deductible: \$375 Single/\$750 F Blue Cross Online Visit Copay: Office Visit Copay: \$25 Specialist Visit Copay: \$50 Urgent Care Copay: \$50 Emergency Room Copay: \$200 Coinsurance: 20% of approved Medical OOP Max Including IN \$8150 Single/\$16300 Far Total OOP Max: \$8150 Single/\$ of-Network Deductible: \$750 Single/\$1500 Coinsurance: 40% of approved Total OOP Max: \$16300 Single/ cription Coverage: Essentials by des EA1 Rider	\$10 amount after deductible Ded: mily \$16300 Family Family amount after deductible \$/\$32600 Family MESSA	0	388 27	372 09
				Single: 2-Person:		388.27 873.61	372.09 837.21
Dental	Dent80/80/80/80:100 6497-0113	Class Class Class Annu X-Ra Adult Seala	s I: 80% s II: 80% s III: 80% s IV: 80% ual Max Class I, II, III: \$1,200, Life ays paid under: Class II t Orthodontics: No ants: No nings: 2 per year	Family: etime Max Class IV: \$1,000 Single: 2-Person: Family:	0 0 0	1,087.15 39.08 72.68 132.43	1,041.85
Vision	VSP 2 S		year July to July	Single: 2-Person:	0 0	6.70 14.36	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% M	Maxir Maxir Waitii Alcoh Ment Socia Own Survi Pre-E Freez	acement %: 66.67 mum Benefit: \$7,000 mum Monthly Salary: \$10,500 ing Period: 90 Calendar Days Mo hol/Drug: Same as any other illne tal/Nervous: Same as any other il al Security Offset: Primary Occupation: 2 years Minimur ivor Income Benefit: 0 months Existing Conditions: Waived ze on Offsets: Yes COLA: cational Supplemental Program: N	ess illness m Benefit: 5% : No	: 0 : 0	<u>21.64</u> 68.53 4	<u>20.87</u> 68.53
PAK Life	\$30,000 PAK Life			Individuals: Volume: Rate per 1000:	: 0	3.60	3.60
PAK AD&D	\$30,000 PAK AD&D	,		Individuals: Volume:	: 0 : 0	0.90	0.90
Basic Term Life	Basic Term Life w/M	And \$5,000		Rate per 1000:	0.00	<u>3</u> 1.50	1.50

### COBRA RATES:



# Benefit Program Cost Summary Effective 01/01/2020

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

PAK B	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%				
	6497-0114	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:	0	33.93	
		Sealants: No	2-Person:	0	60.48	
		Cleanings: 2 per year	Family:	2	114.20	
Vision	VSP 2 S	Plan year July to July	Single:	0	6.70	6.46
			2-Person:	0	14.36	13.85
			Family:	2	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Individuals:	2	68.53	68.53
		Maximum Benefit: \$7,000	Volume:	18,522		
		Maximum Monthly Salary: \$10,500	Rate per 100:	0.74		
		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:	2	4.20	4.20
			Volume:	70,000	1	
			Rate per 1000:	0.12		
PAK AD&D	\$35,000 PAK AD&D		Individuals:	2	1.05	1.05
			Volume:	70,000	1	
			Rate per 1000:	0.03		

COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Famil Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after Total OOP Max: \$3000 Single/\$6000 Famil Prescription Coverage: MESSA Saver Rx	y er deductible			
		Includes EA1 Rider	0. 1			554.00
			Single: 2-Person:	0	578.33 1,301.25	554.23 1,247.03
			Eamily:		1,619.32	1,551.84
Dental	Dent80/80/80/80:1000/1200:2 6497-0113	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max C X-Rays paid under: Class II			20.00	
		Adult Orthodontics: No	0	0	39.08	
		Sealants: No Cleanings: 2 per year	2-Person: Family:	2 3	72.68 132.43	
Vision	VSP 2 S	Plan year July to July	Single:	0	6.70	6.46
			2-Person:		14.36	13.85
			Family:	3	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No		46,304 0.74	68.53	68.53
PAK Life	\$30,000 PAK Life		Individuals: Volume: Rate per 1000:	150,00	3.60 00	3.60
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	5 150,00	0.90	0.90
Basic Term Life	Basic Term Life w/Med \$5,000			0.00	1.50	1.50

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network			luto	
		Deductible: \$1400 Single Cov; \$2800 2-Pe	erson & Family C	ov		
		Blue Cross Online Visit Copay: N/A				
		Office Visit Copay: N/A				
		Specialist Visit Copay: N/A				
		Urgent Care Copay: N/A				
		Emergency Room Copay: N/A				
		Medical OOP Max Including IN Ded:				
		\$2400 Single Cov; \$4800 2-Person &	,			
		Total OOP Max: \$2400 Single Cov; \$4800	2-Person & ⊢an	nily Cov		
		Out-of-Network				
		Deductible: \$2800 Single Cov; \$5600 2-Pe		ov		
		Coinsurance: 20% of approved amount after				
		Total OOP Max: \$4800 Single Cov; \$9600	2-Peison & Fan			
		Prescription Coverage: MESSA ABC Rx Includes EA1 Rider				
	Health Savings Account with Health Equity					
		Health Odvingo Account with Health Equity	Single:	0	516.34	494.82
			2-Person:		,161.77	1,113.36
			Family:		,445.75	1,385.51
Dental	Dent80/80/80/80:1000/1200:2	Class I: 80%		-	,	,
	6497-0113	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,200, Lifetime Max 0	Class IV: \$1,000			
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	0	39.08	
		Sealants: No	2-Person:		72.68	
Walan		Cleanings: 2 per year	Family:	3	132.43	0.46
Vision	VSP 2 S	Plan year July to July	Single:	0	6.70	6.46
			2-Person:	0 3	14.36 21.64	13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67	Family: Individuals:		68.53	68.53
Negolialeu LID	$\operatorname{Neg} \Box I D 00 2/3 / 0 \operatorname{Ivian} \psi I,000$	Maximum Benefit: \$7,000	Volume:			00.00
		Maximum Monthly Salary: \$10,500	Rate per 100:	,		
		Waiting Period: 90 Calendar Days Modified Fill		0.7 .		
		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:		3.60	3.60
			Volume:			
			Rate per 1000:			
PAK AD&D	\$30,000 PAK AD&D		Individuals:		0.90	0.90
			Volume:			
Duris Trans Life			Rate per 1000:	0.03	1 50	4 50
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:



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

PAK E	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$3000 Single/\$6000 Fam Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount aff Total OOP Max: \$4000 Single/\$8000 Fam Prescription Coverage: MESSA Saver Rx	ily er deductible			
		Includes EA1 Rider	Cingle	0	E 4 E 27	500.64
			Single: 2-Person:	0	545.37 1,227.10	522.64 1,175.97
			Family:	0	1,527.03	1,463.40
Dental	Dent80/80/80/80:1000/1200:2 6497-0113	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 Adult Orthodontics: No	Class IV: \$1,000 Single:	0	39.08	
		Sealants: No	2-Person:		72.68	
		Cleanings: 2 per year	Family:	0	132.43	
Vision	VSP 2 S	Plan year July to July	Single:	0	6.70	6.46
			2-Person:	0	14.36	13.85
Negotiated LTD	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5 Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No	Family: Individuals: Volume: Rate per 100:	0	<u>21.64</u> 68.53	<u>20.87</u> 68.53
PAK Life	\$30,000 PAK Life	Educational Supplemental Program: No	Individuals:	0	3.60	3.60
	400,000 F AIX EII0		Volume: Rate per 1000:	0	0.00	0.00
PAK AD&D	\$30,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0 0	0.90	0.90
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:

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



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

Grass Lake Community Schools 899 S Union St	Group:	430L-JCC PT Secretary Custodian, 563I-JCC PT Sec/Cust/Maint/Faciliti
Grass Lake, MI 49240-9708	NOTE:	Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

lob FT/PT Eligibility Rule ID		Job	FT/PT	FT/PT Eligibility Rule ID				
Facilities Maint Worker	- 180003	PT	5631	Custodian - 180014	PT	563I		
Secretary - 190022		PT	5631					
	Plan		Brief D	escription	Census U	sed	Rate	Rate W/O Tax
Vision	VSP 3 G		Plan ye	ar July to July	Single:	1	8.97	8.65
					2-Person:	1	19.25	18.57
					Family:	0	28.93	27.90
Negotiated Life	\$25,000 N	legotiated	Life		Individuals:	2	0.12	0.12
					Volume:	50,00	0	
					Rate per 1000:	0.12		
Negotiated AD&D	\$25,000 N	legotiated	AD&D		Individuals:	2	0.03	0.03
-		-			Volume:	50,00	0	
					Rate per 1000:	0.03		

#### **COBRA RATES:**

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

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

# Benefit Program Cost Summary Effective 01/01/2020

Group: 153L-JCC PT Transportation, 430D-JCC PT Transportation, 437E-JCC PT Transportation, 563J-JCC PT Transportation, 572P-JCC PT Transportation, 950L-JCC PT Transportation NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above. Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

Job FT/PT Eligibility Rule ID		T Eligibility Rule ID	Job	FT/PT	FT/PT Eligibility Rule ID				
Bus Driver/Transp	portation - 210000	PT	563J				-	_	
	Plan		Brief Des	cription	Census U	sed	Rate	Rate W/O Tax	
Vision	VSP 2 S		Plan year	July to July	Single:	10	6.70	6.46	
					2-Person:	11	14.36	13.85	
					Family:	12	21.64	20.87	

#### COBRA RATES:

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



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

# Benefit Program Cost Summary Effective 01/01/2020

Group: 153M-JCC PT Food Service, 430N-JCC PT Food Service/Aid, 563K-JCC PT Food Service, 572G-JCC PT Food Service/Aide, 751Q-JCC PT Food Service, 950R-JCC PT Food Service NOTE: Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.

Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

Job Food Service Worker -	130005	FT/P PT	T Eligibility Rule ID 563K	Job	FT/PT E	ligibility Rule II	D
	Plan		Brief De	escription	Census Use	d Rate	Rate W/O Tax
Negotiated Life	\$20,000	Negotiated	Life		Individuals:	52 0.12	0.12
					Volume:	1,040,000	
					Rate per 1000:	0.12	
Negotiated AD&D	\$20,000	Negotiated	AD&D		Individuals:	52 0.03	0.03
					Volume:	1,040,000	
					Rate per 1000:	0.03	

1475 Kendale Boulev East Lansing, MI 488, 800.292.4910	/ard, PO Box 2560			efit Program Cost So ctive 01/01/2020	ummary			
Grass Lake Commu 899 S Union St Grass Lake, MI 4924	-	Custodi Cust/Ma 437D-JC Cust/Ma NOTE: Rates ar	al/Maint/Fac int/Facilitie CC Cust/Mai int/Facilitie nd Volumes	nt/Facilities, 227I-JCC cilities, 253E-JCC s, 430B-JCC Custodian Maintenanc nt/Facilities, 498E-JCC s, 563L-JCC FT Cust/Maint/Facilitie given below are based on the com of the groups listed above.	s,			erryman Adam
Job Facilities Maint Worke	er - 180003	FT/PT Eligibility FT 563L	Rule ID	<b>Job</b> Custodian - 180014		<b>Eligib</b> i 563L	ility Rule ID	I
PAK A Medical	<b>Plan</b> Essentials by	y MESSA	In-Netwo De Blu Of Sp Ur Er	ductible: \$375 Single/\$750 Family ue Cross Online Visit Copay: \$10 fice Visit Copay: \$25 ecialist Visit Copay: \$50 gent Care Copay: \$50 nergency Room Copay: \$200	Census Us	sed	Rate	Rate W/O Ta
			Ma To Out-of-N De Co To Prescrip	insurance: 20% of approved amount : adical OOP Max Including IN Ded: \$8150 Single/\$16300 Family tal OOP Max: \$8150 Single/\$16300 F etwork ductible: \$750 Single/\$1500 Family insurance: 40% of approved amount : tal OOP Max: \$16300 Single/\$32600 tion Coverage: Essentials by MESSA EA1 Rider	amily after deductible Family	0	200.27	272.00
	D 100/00/0				Single: 2-Person: Family:	0 0 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
Dental	Dent80/80/8 6497-0117	30/80:1000/1000:2	X-Rays ı Adult Or Sealants	80% 80% : 80% /lax Class I, II, III: \$1,000, Lifetime Ma paid under: Class II thodontics: No : No	x Class IV: \$1,000 Single: 2-Person: Family:	0 0 0	35.65 66.01 117.79	
Vision	VSP 2 S			is: 2 per year r July to July	Single: 2-Person: Family:	0 0 0 0	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66	5 2/3% Max \$3,500	Maximur Maximur Waiting Alcohol/I Mental/N Social S Own Oct Survivor Pre-Exis	ment %: 66.67 n Benefit: \$3,500 n Monthly Salary: \$5,250 Period: 90 Calendar Days Modified Fil Drug: Same as any other illness lervous: Same as any other illness ecurity Offset: Primary cupation: 2 years Minimum Benefi Income Benefit: 0 months ting Conditions: Waived	Individuals: Volume: Rate per 100: I	0 0	34.77	34.77
PAK Life	\$20,000 PAł	K Life		n Offsets: Yes COLA: No nal Supplemental Program: No	Individuals: Volume:		2.40	2.40
PAK AD&D	\$20,000 PA	K AD&D			Rate per 1000: Individuals: Volume:	0.12 0	0.60	0.60
Basic Term Life	Basic Term	Life w/Med \$5,000			Rate per 1000:		1.50	1.50



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

### COBRA RATES:

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

PAK B	Plan	Brief Description	Census Us	sed R	ate	Rate W/O Tax		
Dental	Dent80/80/80/80:1300/1000:2	Class I: 80%						
	6497-0118	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:	2	36.17			
		Sealants: No	2-Person:	2	68.82			
		Cleanings: 2 per year	Family:	3	127.71			
Vision	VSP 2 S	Plan year July to July	Single:	2	6.70	6.46		
			2-Person:	2	14.36	13.85		
			Family:	3	21.64	20.87		
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67	Individuals:	7	34.77	34.77		
-	-	Maximum Benefit: \$3,500	Volume:	23,181				
		Maximum Monthly Salary: \$5,250	Rate per 100:	1.05				
		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	\$25,000 PAK Life		Individuals:	7	3.00	3.00		
			Volume:	175,000	)			
			Rate per 1000:	0.12				
PAK AD&D	\$25,000 PAK AD&D		Individuals:	7	0.75	0.75		
			Volume:	175,000	)			
			Rate per 1000:	0.03				

#### COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed F	late	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx	y r deductible			
		Includes EA1 Rider	O're ette	40	570.00	554.00
			Single: 2-Person:	12 7 1	578.33 ,301.25	554.23 1,247.03
			Family:		,619.32	1,551.84
Dental	Dent80/80/80/80:1000/1000:2 6497-0117	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No	lass IV: \$1,000 Single: 2-Person:	10 9	35.65 66.01	
		Cleanings: 2 per year	Family:	16	117.79	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	10 9 16	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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: %	35 115,90 1.05	34.77 4	34.77
PAK Life	\$20,000 PAK Life		Individuals: Volume: Rate per 1000:	700,00	2.40 0	2.40
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	35 700,00	0.60 0	0.60
Basic Term Life	Basic Term Life w/Med \$5,000			0.00	1.50	1.50

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax
PAK D Medical	Plan MESSA ABC Plan 1	Brief Description In-Network Deductible: \$1400 Single Cov; \$2800 2-Pe Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Total OOP Max: \$2400 Single Cov; \$4800 Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Pe Coinsurance: 20% of approved amount afte Total OOP Max: \$4800 Single Cov; \$9600	erson & Family C & Family Cov 2-Person & Fan erson & Family C er deductible	Cov nily Cov Cov		Rate W/O Tax
		Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 2-Person: Family:	8 5 1	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
Dental	Dent80/80/80/80:1000/1000:2 6497-0117	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No		I	35.65	1,000.01
		Sealants: No Cleanings: 2 per year	2-Person: Family:	8 5 16	35.65 66.01 117.79	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	8 5 16	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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: 5%	96,035	34.77	34.77
PAK Life	\$20,000 PAK Life		Individuals: Volume: Rate per 1000:	580,00	2.40 00	2.40
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	29 580,00	0.60 00	0.60
Basic Term Life	Basic Term Life w/Med \$5,000		•		1.50	1.50

#### COBRA RATES:



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

PAK E	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$3000 Single/\$6000 Fam Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount aft Total OOP Max: \$4000 Single/\$8000 Fam Prescription Coverage: MESSA Saver Rx	ily er deductible			
		Includes EA1 Rider	O's sta	0	E 4 E 0 7	500.04
			Single: 2-Person:	0	545.37 1,227.10	522.64 1,175.97
			Family:		1,527.03	1,463.40
Dental	Dent80/80/80/80:1000/1000:2 6497-0117	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 Adult Orthodoptics: No			25.65	
		Adult Orthodontics: No Sealants: No	Single: 2-Person:	0	35.65 66.01	
		Cleanings: 2 per year	Z-Person: Family:	1 2	117.79	
Vision	VSP 2 S	Plan year July to July	Single:	0	6.70	6.46
			2-Person:	1	14.36	13.85
			Family:	2	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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: 5%	9,935	34.77	34.77
PAK Life	\$20,000 PAK Life		Individuals:		2.40	2.40
			Volume: Rate per 1000:	0.12		
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	60,000	0.60	0.60
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:

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

MESS	ьA	Benefit Program Co	ost Summary	
1475 Kendale Boulevard, East Lansing, MI 48826-2	d, PO Box 2560	Effective 01/01/2020	0	
300.292.4910 Grass Lake Community	-	ICC FT Secretaries, 153N-JCC FT Secret		
999 S Union St Grass Lake, MI 49240-9	9708 Secreta Secreta Secreta	cretaries, 253K-JCC FT Secretaries, 430. aries, 437C-JCC FT Secretaries, 498D-J aries, 563M-JCC FT Secretaries, 572F-J aries, 586G-JCC FT Secretaries, 751D-J and Volumes given below are based on	ICC FT ICC FT ICC FT	Berryman Adams
	enrolln	and Volumes given below are based on nent from all of the groups listed above	<del>)</del> .	<u>_</u>
Job Secretary - 190022	<b>FT/PT Eligibilit</b> FT 563M	ty Rule ID Job	FT/PT Eligibility Rule	- ID
PAK A	Plan	Brief Description	Census Used Rate	Rate W/O Tax
Medical	Essentials by MESSA	In-Network Deductible: \$375 Single/\$750 F Blue Cross Online Visit Copay: Office Visit Copay: \$25 Specialist Visit Copay: \$50 Urgent Care Copay: \$50 Emergency Room Copay: \$200 Coinsurance: 20% of approved Medical OOP Max Including IN \$8150 Single/\$16300 Fai Total OOP Max: \$8150 Single/\$ Out-of-Network Deductible: \$750 Single/\$1500 Coinsurance: 40% of approved Total OOP Max: \$16300 Single Prescription Coverage: Essentials by Includes EA1 Rider	: \$10 0 d amount after deductible N Ded: amily /\$16300 Family 0 Family d amount after deductible e/\$32600 Family	1 837.21
Dental	Dent80/80/80/80:900/1000:2 6497-0119	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lif X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	fetime Max Class IV: \$900 Single: 1 32.47 2-Person: 0 62.06 Family: 0 112.18	7 6 8
Vision	VSP 2 S	Plan year July to July	Single: 1 6.70 2-Person: 0 14.36	6 13.85
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 90 Calendar Days Mo Alcohol/Drug: Same as any other illne Mental/Nervous: Same as any other i Social Security Offset: Primary	illness um Benefit: 5% :: No	
PAK Life	\$20,000 PAK Life		Individuals: 1 2.40 Volume: 20,000 Rate per 1000: 0.12	0 2.40
PAK AD&D	\$20,000 PAK AD&D		Individuals: 1 0.60 Volume: 20,000 Rate per 1000: 0.03	0 0.60
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	0 1.50

### COBRA RATES:



# Benefit Program Cost Summary Effective 01/01/2020

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

PAK B	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1000/1000:2	Class I: 80%				
	6497-0120	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,000, Lifetime Max	Class IV: \$1,000			
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	11	31.04	
		Sealants: No	2-Person:	14	59.75	
		Cleanings: 2 per year	Family:	20	114.04	
Vision	VSP 3 G	Plan year July to July	Single:	11	8.97	8.65
			2-Person:	14	19.25	18.57
			Family:	20	28.93	27.90
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67	Individuals:	45	22.75	22.75
		Maximum Benefit: \$3,500	Volume:	142,1	92	
		Maximum Monthly Salary: \$5,250	Rate per 100:	0.72		
		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	\$25,000 PAK Life		Individuals:	45	3.00	3.00
			Volume:	1,125	,000	
			Rate per 1000:	0.12		
PAK AD&D	\$25,000 PAK AD&D		Individuals:	45	0.75	0.75
			Volume:	1,125	,000	
			Rate per 1000:	0.03		

#### COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx	y r deductible			
		Includes EA1 Rider		15 11	578.33 1,301.25	554.23 1,247.03
Dental	Dent80/80/80/80:900/1000:2 6497-0119	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Cl X-Rays paid under: Class II Adult Orthodontics: No	Family: lass IV: \$900 Single:	30	<u>1,619.32</u> 32.47	1,551.84
		Sealants: No Cleanings: 2 per year	2-Person: Family:	13 31	62.06 112.18	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	12 13 31	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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: %	176, 0.72	22.75 949	22.75
PAK Life	\$20,000 PAK Life		Individuals: Volume: Rate per 1000:	1,12		2.40
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	56 1,12	0.60 20,000	0.60
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network				
		Deductible: \$1400 Single Cov; \$2800 2-Pe				
		Blue Cross Online Visit Copay: N/A				
		Office Visit Copay: N/A				
		Specialist Visit Copay: N/A				
		Urgent Care Copay: N/A				
		Emergency Room Copay: N/A				
		Medical OOP Max Including IN Ded:				
		\$2400 Single Cov; \$4800 2-Person &	& Family Cov			
		Total OOP Max: \$2400 Single Cov; \$4800	2-Person & Fan	nily Cov	/	
		Out-of-Network		-		
		Deductible: \$2800 Single Cov; \$5600 2-Pe	erson & Family C	ov		
		Coinsurance: 20% of approved amount aft	er deductible			
		Total OOP Max: \$4800 Single Cov; \$9600		nily Cov	/	
		Prescription Coverage: MESSA ABC Rx				
		Includes EA1 Rider				
		Health Savings Account with Health Equity				
			Single:	12	516.34	494.82
					1,161.77	1,113.36
			Family:	14	1,445.75	1,385.51
Dental	Dent80/80/80/80:900/1000:2	Class I: 80%				
	6497-0119	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				
		Adult Orthodontics: No	Single:	12	32.47	
		Sealants: No	2-Person:	17	62.06	
		Cleanings: 2 per year	Family:	14	112.18	0.40
Vision	VSP 2 S	Plan year July to July	Single:	12	6.70	6.46
			2-Person:	17	14.36	13.85
	No 1 TD 00 2/20/ May \$2 500	D	Family:	14	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67	Individuals:		22.75	22.75
		Maximum Benefit: \$3,500	Volume:	,	72	
		Maximum Monthly Salary: \$5,250	Rate per 100:	0.72		
		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				
			-0/			
		Own Occupation: 2 years Minimum Benefit: 5 Survivor Income Benefit: 0 months	0%			
		Pre-Existing Conditions: Waived				
		5				
PAK Life	\$20,000 PAK Life	Educational Supplemental Program: No	Individuals:	43	2.40	2.40
	Ψ20,000 T AIX EIIC		Volume:			2.70
			Rate per 1000:		00	
PAK AD&D	\$20,000 PAK AD&D		Individuals:		0.60	0.60
	Ψ20,000 T AR AB 48		Volume:	-		0.00
			Rate per 1000:		00	
Basic Term Life	Basic Term Life w/Med \$5,000		1000 por 10000	0.00	1.50	1.50
Busie renn Ene					1.00	1.00

#### COBRA RATES:



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

PAK E	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$1000 Single/\$6000 Fami Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount aft Total OOP Max: \$4000 Single/\$8000 Fami Prescription Coverage: MESSA Saver Rx	ily er deductible	r deductible		
		Includes EA1 Rider	Cingles	0	E 4 E 0 Z	500.64
			Single: 2-Person:	0 4 1	545.37 ,227.10	522.64 1,175.97
			Family:		,527.03	1,463.40
Dental	Dent80/80/80/80:900/1000:2 6497-0119	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 Adult Orthodontics: No	Single:	0	32.47	
		Sealants: No		4	62.06	
		Cleanings: 2 per year	Family:	5	112.18	0.40
Vision	VSP 2 S	Plan year July to July	Single: 2-Person:	0 4	6.70 14.36	6.46 13.85
			Z-Person. Family:	4 5	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 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:	9 28,438	22.75	22.75
PAK Life	\$20,000 PAK Life		Individuals:	9	2.40	2.40
			Volume: Rate per 1000:	180,00 0.12		
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	180,00	0.60 0	0.60
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:

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

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

# Benefit Program Cost Summary Effective 01/01/2020

Group: 060I-JCC FT Food Service, 563N-JCC FT Food Service, 572S-JCC FT Food Service, 586P-JCC FT Food Service, 950K-JCC FT Food Service NOTE: Rates and Volumes given below are based on the combin

Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

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

Job Food Service Worker -	- 130005 FT/PT Eligibility FT 563N	Rule ID Job	FT/PT	Eligibi	lity Rule ID	
PAK A	Plan	Brief Description	Census U	sed	Rate	Rate W/O Tax
PAK A Medical	Plan Essentials by MESSA	In-Network Deductible: \$375 Single/\$750 Family Blue Cross Online Visit Copay: \$10 Office Visit Copay: \$25 Specialist Visit Copay: \$50 Urgent Care Copay: \$50 Emergency Room Copay: \$200 Coinsurance: 20% of approved amount a Medical OOP Max Including IN Ded: \$8150 Single/\$16300 Family Total OOP Max: \$8150 Single/\$16300 Fa Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount a Total OOP Max: \$16300 Single/\$32600 F Prescription Coverage: Essentials by MESSA Includes EA1 Rider	after deductible amily after deductible	0	Rate 388.27 873.61	Rate W/O Tax 372.09 837.21
Dental	Dent80/80/80/80:900/1000:2 6497-0123	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 Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Family: x Class IV: \$900 Single: 2-Person: Family:	0	1,087.15 35.37 68.63 123.20	1,041.85
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	0 0 0	6.70 14.36 21.64	6.46 13.85 20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 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 0	47.05	47.05
PAK Life	\$20,000 PAK Life		Individuals: Volume: Rate per 1000:	0	2.40	2.40
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0 0	0.60	0.60
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:



# Benefit Program Cost Summary Effective 01/01/2020

PAK B	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1000/1000:2	Class I: 80%				
	6497-0124	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,000, Lifetime Max 0	Class IV: \$1,000			
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	1	35.66	
		Sealants: No	2-Person:	0	66.27	
		Cleanings: 2 per year	Family:	0	113.28	
Vision	VSP 2 S	Plan year July to July	Single:	1	6.70	6.46
		, , , , , , , , , , , , , , , , , , ,	2-Person:	0	14.36	13.85
			Family:	0	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals:	-	47.05	47.05
	-5	Maximum Benefit: \$2,500	Volume:	1,543		
		Maximum Monthly Salary: \$3,750	Rate per 100:	3.05		
		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	\$25,000 PAK Life		Individuals:	1	3.00	3.00
	\$20,000 · / II ( 2.10		Volume:			
			Rate per 1000:	'		
PAK AD&D	\$25,000 PAK AD&D		Individuals:		0.75	0.75
	<b>420,000</b> <i>i i i i i i i i i i</i>		Volume:			
			Rate per 1000:	- ,		

### COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed F	late	Rate W/O Tax	
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after Total OOP Max: \$3000 Single/\$6000 Famil Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	er deductible				
			Single: 2-Person: Family:		578.33 ,301.25 ,619.32	554.23 1,247.03 1,551.84	
Dental	Dent80/80/80/80:900/1000:2 6497-0123	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year		5 0 2	35.37 68.63 123.20	1,001.04	
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	5 0 2	6.70 14.36 21.64	6.46 13.85 20.87	
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 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:	7 10,799 3.05	47.05	47.05	
PAK Life	\$20,000 PAK Life		Individuals: Volume: Rate per 1000:	140,00	2.40 0	2.40	
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	140,00	0.60 D	0.60	
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50	

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax	
Medical	MESSA ABC Plan 1	In-Network					
		Deductible: \$1400 Single Cov; \$2800 2-Pe					
		Blue Cross Online Visit Copay: N/A	-				
		Office Visit Copay: N/A					
		Specialist Visit Copay: N/A					
		Urgent Care Copay: N/A					
		Emergency Room Copay: N/A					
		Medical OOP Max Including IN Ded:					
		\$2400 Single Cov; \$4800 2-Person 8	& Family Cov				
		Total OOP Max: \$2400 Single Cov; \$4800	,	nily Cov			
		Out-of-Network					
		Deductible: \$2800 Single Cov; \$5600 2-Pe	rson & Family C	ov			
		Coinsurance: 20% of approved amount after					
		Total OOP Max: \$4800 Single Cov; \$9600		nily Cov			
		Prescription Coverage: MESSA ABC Rx		-			
		Includes EA1 Rider					
		Health Savings Account with Health Equity					
		-	Single:	3	516.34	494.82	
			2-Person:	0 1	,161.77	1,113.36	
			Family:	0 1	,445.75	1,385.51	
Dental	Dent80/80/80/80:900/1000:2	Class I: 80%					
	6497-0123	Class II: 80%					
		Class III: 80%					
		Class IV: 80%					
		Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$900					
		X-Rays paid under: Class II					
		Adult Orthodontics: No	Single:	3	35.37		
		Sealants: No	2-Person:		68.63		
		Cleanings: 2 per year	Family:	0	123.20		
Vision	VSP 2 S	Plan year July to July	Single:	3	6.70	6.46	
			2-Person:	0	14.36	13.85	
			Family:	0	21.64	20.87	
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals:		47.05	47.05	
		Maximum Benefit: \$2,500	Volume:	-			
		Maximum Monthly Salary: \$3,750	Rate per 100:	3.05			
		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			- 10		
PAK Life	\$20,000 PAK Life		Individuals:		2.40	2.40	
			Volume:				
			Rate per 1000:				
PAK AD&D	\$20,000 PAK AD&D		Individuals:		0.60	0.60	
			Volume:				
Duele Termalita			Rate per 1000:	0.03	1 50	4.50	
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50	

#### COBRA RATES:



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

PAK E	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax	
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$3000 Single/\$6000 Fam Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount aft Total OOP Max: \$4000 Single/\$8000 Fam Prescription Coverage: MESSA Saver Rx	ily ter deductible	deductible			
		Includes EA1 Rider	Cingle	0	E 4 E 2 Z	500.64	
			Single: 2-Person:	0	545.37 1,227.10	522.64 1,175.97	
			Family:	0	1,527.03	1,463.40	
Dental	Dent80/80/80/80:900/1000:2 6497-0123	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No	Class IV: \$900 Single: 2-Person:	0	35.37 68.63		
		Cleanings: 2 per year	Family:	0	123.20		
Vision	VSP 2 S	Plan year July to July	Single: 2-Person: Family:	0 0 0	6.70 14.36 21.64	6.46 13.85 20.87	
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 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 0	47.05	47.05	
PAK Life	\$20,000 PAK Life		Individuals: Volume: Rate per 1000:	0	2.40	2.40	
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0 0	0.60	0.60	
Basic Term Life	Basic Term Life w/Med \$5,000			0.03	1.50	1.50	
					1.00		

#### COBRA RATES:

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

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

# Benefit Program Cost Summary Effective 01/01/2020

Group: 1530-JCC FT Transportation, 5630-JCC FT Transportation, 572J-JCC FT Transportation, 751C-JCC FT Transportation, 950B-JCC FT Transportation

Employer ID: 563 MESSA Field Rep: Julie Berryman Adams

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

Job	FT/PT Eligibility Rule ID		Job FT/PT Eligibil			bility Rule ID		
Bus Driver/Transportation	- 210000	FT 563O						
PAK A Medical	<b>Plan</b> Essentials	by MESSA	In-Netw	escription ork eductible: \$375 Single/\$750 Family	Census U	sed	Rate	Rate W/O Tax
			B O S U E C M T Out-of-N D	lue Cross Online Visit Copay: \$10 iffice Visit Copay: \$25 pecialist Visit Copay: \$50 rgent Care Copay: \$50 mergency Room Copay: \$200 oinsurance: 20% of approved amount al ledical OOP Max Including IN Ded: \$8150 Single/\$16300 Family otal OOP Max: \$8150 Single/\$16300 Fa	mily			
			To Prescrip	otal OOP Max: \$16300 Single/\$32600 F otion Coverage: Essentials by MESSA				
			Includes	s EA1 Rider	Single: 2-Person: Family:	0 0 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
Dental	Dent80/80, 6497-0121	/80/80:900/1000:2	X-Rays	: 80% I: 80% /: 80% Max Class I, II, III: \$1,000, Lifetime Max paid under: Class II rthodontics: No	Class IV: \$900 Single:	000	38.86 72.20	1,041.05
Vision	VSP 2 S			gs: 2 per year ar July to July	Family: Single: 2-Person:	0 0 0	<u>124.24</u> 6.70 14.36	6.46 13.85
Negotiated LTD	Neg LTD 6	66 2/3% Max \$2,500	Maximu Maximu Waiting Alcohol/ Mental/I	ement %: 66.67 Im Benefit: \$2,500 Im Monthly Salary: \$3,750 Period: 90 Calendar Days Modified Fill /Drug: Same as any other illness Nervous: Same as any other illness Security Offset: Primary	Family: Individuals: Volume: Rate per 100:	0 0	21.64 37.38	20.87 37.38
			Own Oo Survivo Pre-Exis Freeze	ccupation: 2 years Minimum Benefit: r Income Benefit: 0 months sting Conditions: Waived on Offsets: Yes COLA: No onal Supplemental Program: No	5%			
PAK Life	\$20,000 P	AK Life	_ 30000	<del></del>	Individuals: Volume: Rate per 1000:	0	2.40	2.40
PAK AD&D	\$20,000 P	AK AD&D			Individuals: Volume:	0 0	0.60	0.60
Basic Term Life	Basic Tern	n Life w/Med \$5,000			Rate per 1000:	0.03	1.50	1.50

#### COBRA RATES:



# Benefit Program Cost Summary Effective 01/01/2020

PAK B	Plan	Brief Description	Census Us	sed R	ate	Rate W/O Tax
Dental	Dent80/80/80/80:1000/1000:2	Class I: 80%				
	6497-0122	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,000, Lifetime Max C	Class IV: \$1,000			
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	11	34.92	
		Sealants: No	2-Person:	9	66.34	
		Cleanings: 2 per year	Family:	5	119.28	
Vision	VSP 3 G	Plan year July to July	Single:	11	8.97	8.65
			2-Person:	9	19.25	18.57
			Family:	5	28.93	27.90
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals:	24	37.38	37.38
-	-	Maximum Benefit: \$2,500	Volume:	36,469		
		Maximum Monthly Salary: \$3,750	Rate per 100:	2.46		
		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	\$25,000 PAK Life		Individuals:	25	3.00	3.00
			Volume:	625,000	)	
			Rate per 1000:	0.12		
PAK AD&D	\$25,000 PAK AD&D		Individuals:	25	0.75	0.75
			Volume:	625,000	)	
			Rate per 1000:	0.03		

### COBRA RATES:



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

PAK C	Plan	Brief Description	Census Us	sed F	ate	Rate W/O Tax
Medical	MESSA Choices	In-Network				
		Deductible: \$500 Single/\$1000 Family				
		Blue Cross Online Visit Copay: \$20				
		Office Visit Copay: \$20				
		Specialist Visit Copay: \$20				
		Urgent Care Copay: \$25				
		Emergency Room Copay: \$50				
		Medical OOP Max Including IN Ded:				
		\$1500 Single/\$3000 Family				
		Rx OOP Max: \$1000 Single/\$2000 Family				
		Total OOP Max: \$2500 Single/\$5000 Family				
		Out-of-Network				
		Deductible: \$1000 Single/\$2000 Family				
		Coinsurance: 20% of approved amount after				
		Total OOP Max: \$3000 Single/\$6000 Family				
		Prescription Coverage: MESSA Saver Rx Includes EA1 Rider				
		Includes EAT Ridel	Single	10	578.33	554.23
			Single: 2-Person:	12 1 1	,301.25	1,247.03
			Eamily:		,619.32	1,551.84
Dental	Dent80/80/80/80:900/1000:2	Class I: 80%	r army.	0 1	,019.52	1,001.04
Dontal	6497-0121	Class II: 80%				
	0.01 0.21	Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$1,000, Lifetime Max Cla	ass IV: \$900			
		X-Rays paid under: Class II				
		Adult Orthodontics: No	Single:	11	38.86	
		Sealants: No	2-Person:	2	72.20	
		Cleanings: 2 per year	Family:	0	124.24	
Vision	VSP 2 S	Plan year July to July	0	11	6.70	6.46
			2-Person:	2	14.36	13.85
			Family:	0	21.64	20.87
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals:		37.38	37.38
		Maximum Benefit: \$2,500	Volume:			
			Rate per 100:	2.46		
		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	0			
		Pre-Existing Conditions: Waived				
		Freeze on Offsets: Yes COLA: No				
		Educational Supplemental Program: No				
PAK Life	\$20,000 PAK Life		Individuals:	13	2.40	2.40
	\$20,000 F / II ( 2.10		Volume:			
		F	Rate per 1000:		-	
PAK AD&D	\$20,000 PAK AD&D	· · · · · · · · · · · · · · · · · · ·	Individuals:		0.60	0.60
			Volume:			
		F	Rate per 1000:			
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

### COBRA RATES:



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

PAK D	Plan	Brief Description	Census Us	sed F	Rate	Rate W/O Tax		
Medical	MESSA ABC Plan 1	In-Network						
		Deductible: \$1400 Single Cov; \$2800 2-Pe	rson & Family C	ov				
		Blue Cross Online Visit Copay: N/A	-					
		Office Visit Copay: N/A						
		Specialist Visit Copay: N/A						
		Urgent Care Copay: N/A						
		Emergency Room Copay: N/A						
		Medical OOP Max Including IN Ded:						
		\$2400 Single Cov; \$4800 2-Person 8	& Family Cov					
		Total OOP Max: \$2400 Single Cov; \$4800	2-Person & Fam	nily Cov				
		Out-of-Network						
		Deductible: \$2800 Single Cov; \$5600 2-Pe		ov				
		Coinsurance: 20% of approved amount after						
		Total OOP Max: \$4800 Single Cov; \$9600	2-Person & Fan	nily Cov				
		Prescription Coverage: MESSA ABC Rx						
		Includes EA1 Rider						
		Health Savings Account with Health Equity		_				
			Single:	3	516.34	494.82		
			2-Person:		1,161.77	1,113.36		
Dental	Doot00/00/00/00/1000-2		Family:	1 1	1,445.75	1,385.51		
Dental	Dent80/80/80/80:900/1000:2 6497-0121	Class I: 80% Class II: 80%						
	6497-0121	Class II: 80% Class III: 80%						
		Class III: 80% Class IV: 80%						
		Annual Max Class I, II, III: \$1,000, Lifetime Max C	1200 IV/· \$900					
		X-Rays paid under: Class II	JId55 IV. 4300					
		Adult Orthodontics: No	Single:	2	38.86			
		Sealants: No	2-Person:	1	72.20			
		Cleanings: 2 per year	Family:	1	124.24			
Vision	VSP 2 S	Plan year July to July	Single:	2	6.70	6.46		
			2-Person:	1	14.36	13.85		
			Family:	1	21.64	20.87		
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals:	4	37.38	37.38		
	-	Maximum Benefit: \$2,500	Volume:	6,078				
		Maximum Monthly Salary: \$3,750	Rate per 100:	2.46				
		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	6%					
		Survivor Income Benefit: 0 months						
		Pre-Existing Conditions: Waived						
		Freeze on Offsets: Yes COLA: No						
		Educational Supplemental Program: No		<u>.</u>	- 10			
PAK Life	\$20,000 PAK Life		Individuals:		2.40	2.40		
			Volume:		)			
			Rate per 1000:					
PAK AD&D	\$20,000 PAK AD&D		Individuals:		0.60	0.60		
			Volume:					
Decie Term Life	Desis Term Life w/Med \$5,000		Rate per 1000:	0.03	4 50	1 50		
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50		

#### COBRA RATES:



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

PAK E	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$2000 Single/\$4000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$3000 Single/\$6000 Famil Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 20% of approved amount aft Total OOP Max: \$4000 Single/\$8000 Famil	ly er deductible			
		Includes EA1 Rider	0	0	E 4 E 0 Z	500.04
			Single: 2-Person:	0	545.37 1,227.10	522.64 1,175.97
			Family:	0	1,527.03	1,463.40
Dental	Dent80/80/80/80:900/1000:2 6497-0121 VSP 2 S	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max C X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Class IV: \$900 Single: 2-Person: Family: Single:	0 0 0 0	38.86 72.20 124.24 6.70	6.46
			2-Person:	0	14.36	13.85
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,750 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	Family: Individuals: Volume: Rate per 100:	0	<u>21.64</u> 37.38	20.87 37.38
PAK Life	\$20,000 PAK Life		Individuals: Volume: Rate per 1000:	0	2.40	2.40
PAK AD&D	\$20,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0 0	0.60	0.60
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

#### COBRA RATES:

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

A constraint of the second sec	ox 2560 ols Group: 06 En Eli 43 En NOTE: Ra en	Benefit Progra Effective 01/01	/2020 53P-JCC ACA Eligible mployees, 253M-JCC ligible Employees, 53P-JCC ACA Eligible mployees, 586T-JCC A ased on the combined	Employo ACAMESSA	Field	Rep: Julie B	
Job All Employees - 260005	FT/PT Elig FT/PT 563	ibility Rule ID Job P		FT/PT	Eligit	bility Rule ID	
Medical M	an ESSA Choices	Brief Description In-Network Deductible: \$500 Sing Blue Cross Online Vis Office Visit Copay: \$20 Specialist Visit Copay: Urgent Care Copay: \$ Emergency Room Cop Medical OOP Max Inc \$1500 Single/\$3 Rx OOP Max: \$1000 \$ Total OOP Max: \$2500 Out-of-Network Deductible: \$1000 Sin Coinsurance: 20% of a Total OOP Max: \$3000 Prescription Coverage: MES Includes EA1 Rider	it Copay: \$20 \$20 25 bay: \$50 luding IN Ded: 0000 Family Single/\$2000 Family 0 Single/\$5000 Family gle/\$2000 Family approved amount after of 0 Single/\$6000 Family	Census U deductible Single: 2-Person: Family:	<b>sed</b> 18 0 0	590.13 1,327.80 1,652.36	S65.54 1,272.47 1,583.51
Medical M	ESSA ABC Plan 1	Blue Cross Online Vis Office Visit Copay: N// Specialist Visit Copay: N Urgent Care Copay: N Emergency Room Cop Medical OOP Max Inc \$2400 Single Co Total OOP Max: \$240 Out-of-Network Deductible: \$2800 Sin Coinsurance: 20% of a	A N/A //A luding IN Ded: ov; \$4800 2-Person & F 0 Single Cov; \$4800 2-F gle Cov; \$5600 2-Perso approved amount after o 0 Single Cov; \$9600 2-F ISA ABC Rx	on & Family ( amily Cov Person & Far on & Family ( deductible	nily Co Cov nily Co 2 0	οv	504.92 1,136.08 1,413.78



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

Medical	Essentials by MESSA	In-Network			
		Deductible: \$375 Single/\$750 Family			
		Blue Cross Online Visit Copay: \$10			
		Office Visit Copay: \$25			
		Specialist Visit Copay: \$50			
		Urgent Care Copay: \$50			
		Emergency Room Copay: \$200			
		Coinsurance: 20% of approved amount after deductible			
		Medical OOP Max Including IN Ded:			
		\$8150 Single/\$16300 Family			
		Total OOP Max: \$8150 Single/\$16300 Family			
		Out-of-Network			
		Deductible: \$750 Single/\$1500 Family			
		Coinsurance: 40% of approved amount after deductible			
		Total OOP Max: \$16300 Single/\$32600 Family			
		Prescription Coverage: Essentials by MESSA			
		Includes EA1 Rider			
		Single:	3	396.19	379.68
		2-Person:	1	891.44	854.30
		Family:	1	1,109.33	1,063.11
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

#### COBRA RATES:

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