



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

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

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

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 Parapro/Aide/Teach Asst, 586K-JCC PT Parapro/Aide/Teach Asst, 751M-JCC PT 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	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Paraprofessional - 200013	PT	563A	Teaching Assistant - 200014	PT	563A

	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Vision</b>	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
<b>Negotiated Life</b>	\$20,000 Negotiated Life		Individuals: 84	0.12	0.12
			Volume: 1,680,000		
			Rate per 1000: 0.12		
<b>Negotiated AD&amp;D</b>	\$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.

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



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## Benefit Program Cost Summary

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

Group: **060D-JCC All Admins Except Super, 153A-JCC All Admins Except Superint, 227A-JCC All Admins Except Superint, 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,**

Employer ID: 563  
 MESSA Field Rep: Julie Berryman Adams

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

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

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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: 0 2-Person: 0 Family: 1	388.27 873.61 1,087.15	372.09 837.21 1,041.85
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 1	33.01 62.02 115.86	



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<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0	6.70	6.46
			2-Person: 0	14.36	13.85
			Family: 1	21.64	20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 1	28.23	28.23
			Volume: 5,762		
			Rate per 100: 0.49		
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 1	3.60	3.60
			Volume: 30,000		
			Rate per 1000: 0.12		
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 1	0.90	0.90
			Volume: 30,000		
			Rate per 1000: 0.03		
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1300/1000:2 6497-0112	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 9 Family: 22	31.88 60.33 117.67	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 2 2-Person: 9 Family: 22	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 33 Volume: 190,132 Rate per 100: 0.49	28.23	28.23
<b>PAK Life</b>	\$35,000 PAK Life		Individuals: 33 Volume: 1,155,000 Rate per 1000: 0.12	4.20	4.20
<b>PAK AD&amp;D</b>	\$35,000 PAK AD&D		Individuals: 33 Volume: 1,155,000 Rate per 1000: 0.03	1.05	1.05

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PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 10 2-Person: 10 Family: 46	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 8 2-Person: 12 Family: 46	33.01 62.02 115.86	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 8 2-Person: 12 Family: 46	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 65 Volume: 374,503 Rate per 100: 0.49	28.23	28.23
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 65 Volume: 1,950,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 65 Volume: 1,950,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 11 2-Person: 13 Family: 36	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 10 2-Person: 14 Family: 36	33.01 62.02 115.86	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 10 2-Person: 14 Family: 36	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 60 Volume: 345,695 Rate per 100: 0.49	28.23	28.23
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 60 Volume: 1,800,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 60 Volume: 1,800,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 1 2-Person: 0 Family: 0	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 1 2-Person: 0 Family: 0	33.01 62.02 115.86	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 1 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 1 Volume: 5,762 Rate per 100: 0.49	28.23	28.23
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 1 Volume: 30,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 1 Volume: 30,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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## Benefit Program Cost Summary

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

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

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

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID		
Teacher - 100000	FT/PT 563C				
PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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 2-Person: 3 Family: 7	388.27 873.61 1,087.15	372.09 837.21 1,041.85
<b>Dental</b>	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 3 2-Person: 3 Family: 7	32.68 61.64 115.25	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 3 2-Person: 3 Family: 7	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 13 Volume: 66,773 Rate per 100: 0.53	27.22	27.22
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 13 Volume: 390,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 13 Volume: 390,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

COBRA RATES:



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PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1300/1000:2 6497-0110	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 18 2-Person: 26 Family: 124	29.37 56.22 111.05	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 18 2-Person: 26 Family: 124	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 168 Volume: 862,909 Rate per 100: 0.53	27.22	27.22
<b>PAK Life</b>	\$35,000 PAK Life		Individuals: 168 Volume: 5,880,000 Rate per 1000: 0.12	4.20	4.20
<b>PAK AD&amp;D</b>	\$35,000 PAK AD&D		Individuals: 168 Volume: 5,880,000 Rate per 1000: 0.03	1.05	1.05

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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 62 2-Person: 57 Family: 235	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 64 2-Person: 57 Family: 233	32.68 61.64 115.25	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 64 2-Person: 57 Family: 233	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 353 Volume: 1,813,136 Rate per 100: 0.53	27.22	27.22
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 353 Volume: 10,590,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 353 Volume: 10,590,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 51 2-Person: 59 Family: 264	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 48 2-Person: 62 Family: 264	32.68 61.64 115.25	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 48 2-Person: 63 Family: 263	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 374 Volume: 1,921,000 Rate per 100: 0.53	27.22	27.22
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 374 Volume: 11,220,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 374 Volume: 11,220,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 9 2-Person: 7 Family: 41	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	Dent80/80/80/80:1000/1200:2 6497-0109	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 9 2-Person: 8 Family: 40	32.68 61.64 115.25	
<b>Vision</b>	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
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 57 Volume: 292,773 Rate per 100: 0.53	27.22	27.22
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 57 Volume: 1,710,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 57 Volume: 1,710,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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



1475 Kendale Boulevard, PO Box 2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

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

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	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Paraprofessional - 200013	FT	563D	Teaching Assistant - 200014	FT	563D

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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: 0 2-Person: 0 Family: 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	39.77 73.53 131.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 0 Volume: 0 Rate per 100: 1.32	20.96	20.96
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.75	0.75
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

COBRA RATES:



1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## 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 Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1000/1200:2 6497-0116	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 11 2-Person: 19 Family: 20	36.10 69.83 126.70	
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 11 2-Person: 19 Family: 20	8.97 19.25 28.93	8.65 18.57 27.90
<b>Negotiated LTD</b>	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: 50 Volume: 79,393 Rate per 100: 1.32	20.96	20.96
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 50 Volume: 1,500,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 50 Volume: 1,500,000 Rate per 1000: 0.03	0.90	0.90

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 3 2-Person: 4 Family: 0	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 4 Family: 1	39.77 73.53 131.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 2 2-Person: 4 Family: 1	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 7 Volume: 11,115 Rate per 100: 1.32	20.96	20.96
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 7 Volume: 175,000 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 7 Volume: 175,000 Rate per 1000: 0.03	0.75	0.75
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 2 2-Person: 1 Family: 1	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 1 2-Person: 2 Family: 1	39.77 73.53 131.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 1 2-Person: 2 Family: 1	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 4 Volume: 6,351 Rate per 100: 1.32	20.96	20.96
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 4 Volume: 100,000 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 4 Volume: 100,000 Rate per 1000: 0.03	0.75	0.75
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 0 2-Person: 1 Family: 0	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 1 Family: 0	39.77 73.53 131.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 1 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 1 Volume: 1,588 Rate per 100: 1.32	20.96	20.96
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 1 Volume: 25,000 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 1 Volume: 25,000 Rate per 1000: 0.03	0.75	0.75
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

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

Group: **060G-JCC Superintendent, 153B-JCC Superintendent, 227L-JCC Superintendent, 253L-JCC Superintendent, 430K-JCC Superintendent, 437G-JCC Superintendent, 498B-JCC Superintendent, 563H-JCC Superintendent, 572C-JCC Superintendent, 751A-JCC Superintendent, 950N-JCC**  
 Employer ID: 563  
 MESSA Field Rep: Julie Berryman Adams

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

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Superintendent - 110005	FT/PT	563H			
PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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: 0 2-Person: 0 Family: 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	39.08 72.68 132.43	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 0 Volume: 0 Rate per 100: 0.74	68.53	68.53
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

COBRA RATES:



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

## 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 Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1300/1000:2 6497-0114	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No	Single: 0 2-Person: 0 Family: 2	33.93 60.48 114.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 2	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 2 Volume: 18,522 Rate per 100: 0.74	68.53	68.53
<b>PAK Life</b>	\$35,000 PAK Life		Individuals: 2 Volume: 70,000 Rate per 1000: 0.12	4.20	4.20
<b>PAK AD&amp;D</b>	\$35,000 PAK AD&D		Individuals: 2 Volume: 70,000 Rate per 1000: 0.03	1.05	1.05

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 2 Family: 3	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 2 Family: 3	39.08 72.68 132.43	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 2 Family: 3	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 5 Volume: 46,304 Rate per 100: 0.74	68.53	68.53
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 5 Volume: 150,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 5 Volume: 150,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 3	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 3	39.08 72.68 132.43	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 3	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 3 Volume: 27,782 Rate per 100: 0.74	68.53	68.53
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 3 Volume: 90,000 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 3 Volume: 90,000 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 0 2-Person: 0 Family: 0	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	39.08 72.68 132.43	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,000	Replacement %: 66.67 Maximum Benefit: \$7,000 Maximum Monthly Salary: \$10,500 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 0 Volume: 0 Rate per 100: 0.74	68.53	68.53
<b>PAK Life</b>	\$30,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	3.60	3.60
<b>PAK AD&amp;D</b>	\$30,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.90	0.90
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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



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

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

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

Group: **430L-JCC PT Secretary Custodian, 563I-JCC PT  
 Sec/Cust/Maint/Faciliti**

Employer ID: 563  
 MESSA Field Rep: Julie Berryman Adams

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

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Facilities Maint Worker - 180003	PT	563I	Custodian - 180014	PT	563I
Secretary - 190022	PT	563I			

Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Vision</b> VSP 3 G	Plan year July to July	Single: 1	8.97	8.65
		2-Person: 1	19.25	18.57
		Family: 0	28.93	27.90
		Individuals: 2	0.12	0.12
<b>Negotiated Life</b> \$25,000 Negotiated Life		Volume: 50,000		
		Rate per 1000: 0.12		
		Individuals: 2	0.03	0.03
<b>Negotiated AD&amp;D</b> \$25,000 Negotiated AD&D		Volume: 50,000		
		Rate per 1000: 0.03		
		Individuals: 2	0.03	0.03

**COBRA RATES:**

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

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

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

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

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

Employer ID: 563  
 MESSA Field Rep: Julie Berryman Adams

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

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Bus Driver/Transportation - 210000	PT	563J			

  

Plan	Brief Description	Census Used	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:**

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

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

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

Group: 153M-JCC PT Food Service, 430N-JCC PT Food Service/Aid, Employer ID: 563  
 563K-JCC PT Food Service, 572G-JCC PT Food Service/Aide, MESSA Field Rep: Julie Berryman Adams  
 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.

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Food Service Worker - 130005	PT	563K			

Plan	Brief Description	Census Used	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		

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





1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

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

Group: **060E-JCC Cust/Maint/Facilities, 227I-JCC Custodial/Maint/Facilities, 253E-JCC Cust/Maint/Facilities, 430B-JCC Custodian Maintenance, 437D-JCC Cust/Maint/Facilities, 498E-JCC Cust/Maint/Facilities, 563L-JCC FT Cust/Maint/Facilities,**

Employer ID: 563  
 MESSA Field Rep: Julie Berryman Adams

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

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Facilities Maint Worker - 180003	FT	563L	Custodian - 180014	FT	563L

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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: 0 2-Person: 0 Family: 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	35.65 66.01 117.79	6.46 13.85 20.87
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 0 Volume: 0 Rate per 100: 1.05	34.77	34.77
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50



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

## 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 Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1300/1000:2 6497-0118	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 2 Family: 3	36.17 68.82 127.71	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 2 2-Person: 2 Family: 3	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 7 Volume: 23,181 Rate per 100: 1.05	34.77	34.77
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 7 Volume: 175,000 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 7 Volume: 175,000 Rate per 1000: 0.03	0.75	0.75

**COBRA RATES:**

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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 12 2-Person: 7 Family: 16	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 10 2-Person: 9 Family: 16	35.65 66.01 117.79	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 10 2-Person: 9 Family: 16	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 35 Volume: 115,904 Rate per 100: 1.05	34.77	34.77
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 35 Volume: 700,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 35 Volume: 700,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 8 2-Person: 5 Family: 16	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 8 2-Person: 5 Family: 16	35.65 66.01 117.79	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 8 2-Person: 5 Family: 16	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 29 Volume: 96,035 Rate per 100: 1.05	34.77	34.77
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 29 Volume: 580,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 29 Volume: 580,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 0 2-Person: 1 Family: 2	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	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 Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 1 Family: 2	35.65 66.01 117.79	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 1 Family: 2	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 3 Volume: 9,935 Rate per 100: 1.05	34.77	34.77
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 3 Volume: 60,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 3 Volume: 60,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

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

Group: **060F-JCC FT Secretaries, 153N-JCC FT Secretaries, 227E-JCC FT Secretaries, 253K-JCC FT Secretaries, 430J-JCC Secretaries, 437C-JCC FT Secretaries, 498D-JCC FT Secretaries, 563M-JCC FT Secretaries, 572F-JCC FT Secretaries, 586G-JCC FT Secretaries, 751D-JCC FT** Employer ID: 563  
 MESSA Field Rep: Julie Berryman Adams

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

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Secretary - 190022	FT	563M			

  

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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: 1 2-Person: 0 Family: 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
<b>Dental</b>	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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 1 2-Person: 0 Family: 0	32.47 62.06 112.18	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 1 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 1 Volume: 3,160 Rate per 100: 0.72	22.75	22.75
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 1 Volume: 20,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 1 Volume: 20,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

COBRA RATES:



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

## 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 Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1000/1000:2 6497-0120	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No	Single: 11 2-Person: 14 Family: 20	31.04 59.75 114.04	
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 11 2-Person: 14 Family: 20	8.97 19.25 28.93	8.65 18.57 27.90
<b>Negotiated LTD</b>	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: 45 Volume: 142,192 Rate per 100: 0.72	22.75	22.75
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 45 Volume: 1,125,000 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 45 Volume: 1,125,000 Rate per 1000: 0.03	0.75	0.75

**COBRA RATES:**

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 15 2-Person: 11 Family: 30	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 12 2-Person: 13 Family: 31	32.47 62.06 112.18	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 12 2-Person: 13 Family: 31	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 56 Volume: 176,949 Rate per 100: 0.72	22.75	22.75
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 56 Volume: 1,120,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 56 Volume: 1,120,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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





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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 12 2-Person: 17 Family: 14	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 12 2-Person: 17 Family: 14	32.47 62.06 112.18	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 12 2-Person: 17 Family: 14	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 43 Volume: 135,872 Rate per 100: 0.72	22.75	22.75
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 43 Volume: 860,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 43 Volume: 860,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 0 2-Person: 4 Family: 5	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 4 Family: 5	32.47 62.06 112.18	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 4 Family: 5	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 9 Volume: 28,438 Rate per 100: 0.72	22.75	22.75
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 9 Volume: 180,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 9 Volume: 180,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

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

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**

Employer ID: 563  
 MESSA Field Rep: Julie Berryman Adams

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

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Food Service Worker - 130005	FT	563N			
PAK A	Plan	Brief Description	Census Used	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 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: 0 2-Person: 0 Family: 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	35.37 68.63 123.20	
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 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: 0 Volume: 0 Rate per 100: 3.05	47.05 47.05	47.05 47.05
PAK Life	\$20,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	2.40 0.60	2.40 0.60
PAK AD&D	\$20,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	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.



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1000/1000:2 6497-0124	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 1 2-Person: 0 Family: 0	35.66 66.27 113.28	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 1 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 1 Volume: 1,543 Rate per 100: 3.05	47.05	47.05
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 1 Volume: 25,000 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 1 Volume: 25,000 Rate per 1000: 0.03	0.75	0.75

**COBRA RATES:**

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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 5 2-Person: 0 Family: 2	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 5 2-Person: 0 Family: 2	35.37 68.63 123.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 5 2-Person: 0 Family: 2	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 7 Volume: 10,799 Rate per 100: 3.05	47.05	47.05
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 7 Volume: 140,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 7 Volume: 140,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 3 2-Person: 0 Family: 0	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 3 2-Person: 0 Family: 0	35.37 68.63 123.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 3 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 3 Volume: 4,628 Rate per 100: 3.05	47.05	47.05
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 3 Volume: 60,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 3 Volume: 60,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 0 2-Person: 0 Family: 0	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	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 Class IV: \$900 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	35.37 68.63 123.20	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 0 Volume: 0 Rate per 100: 3.05	47.05	47.05
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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



1475 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
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## Benefit Program Cost Summary

### Effective 01/01/2020

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

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	Eligibility Rule ID
Bus Driver/Transportation - 210000	FT	563O			
PAK A	Plan	Brief Description	Census Used	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 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: 0 2-Person: 0 Family: 0	388.27 873.61 1,087.15	372.09 837.21 1,041.85
Dental	Dent80/80/80/80:900/1000:2 6497-0121	Class I: 80% 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 Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	38.86 72.20 124.24	
Vision	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 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: 0 Volume: 0 Rate per 100: 2.46	37.38 0	37.38 0
PAK Life	\$20,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	2.40 0 0.12	2.40 0 0.60
PAK AD&D	\$20,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.60 0 0.03	0.60 0 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.





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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Dental</b>	Dent80/80/80/80:1000/1000:2 6497-0122	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 11 2-Person: 9 Family: 5	34.92 66.34 119.28	
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 11 2-Person: 9 Family: 5	8.97 19.25 28.93	8.65 18.57 27.90
<b>Negotiated LTD</b>	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: 24 Volume: 36,469 Rate per 100: 2.46	37.38	37.38
<b>PAK Life</b>	\$25,000 PAK Life		Individuals: 25 Volume: 625,000 Rate per 1000: 0.12	3.00	3.00
<b>PAK AD&amp;D</b>	\$25,000 PAK AD&D		Individuals: 25 Volume: 625,000 Rate per 1000: 0.03	0.75	0.75

**COBRA RATES:**

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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family  Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family  Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 12 2-Person: 1 Family: 0	578.33 1,301.25 1,619.32	554.23 1,247.03 1,551.84
<b>Dental</b>	Dent80/80/80/80/900/1000:2 6497-0121	Class I: 80% 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 Sealants: No Cleanings: 2 per year	Single: 11 2-Person: 2 Family: 0	38.86 72.20 124.24	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 11 2-Person: 2 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 13 Volume: 19,754 Rate per 100: 2.46	37.38	37.38
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 13 Volume: 260,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 13 Volume: 260,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 3 2-Person: 0 Family: 1	516.34 1,161.77 1,445.75	494.82 1,113.36 1,385.51
<b>Dental</b>	Dent80/80/80/80:900/1000:2 6497-0121	Class I: 80% 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 Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 1 Family: 1	38.86 72.20 124.24	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 2 2-Person: 1 Family: 1	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 4 Volume: 6,078 Rate per 100: 2.46	37.38	37.38
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 4 Volume: 80,000 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 4 Volume: 80,000 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

PAK E	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	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  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	Single: 0 2-Person: 0 Family: 0	545.37 1,227.10 1,527.03	522.64 1,175.97 1,463.40
<b>Dental</b>	Dent80/80/80/80/900/1000:2 6497-0121	Class I: 80% 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 Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	38.86 72.20 124.24	
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	6.70 14.36 21.64	6.46 13.85 20.87
<b>Negotiated LTD</b>	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: 0 Volume: 0 Rate per 100: 2.46	37.38	37.38
<b>PAK Life</b>	\$20,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.12	2.40	2.40
<b>PAK AD&amp;D</b>	\$20,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.60	0.60
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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



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

## Benefit Program Cost Summary

### Effective 01/01/2020

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

Group: **060C-JCC ACA Eligible Employees, 153P-JCC ACA Eligible Employees, 227M-JCC ACA Eligible Employees, 253M-JCC ACAMESSA Field Rep: Julie Berryman Adams Eligible Employees, 430M-JCC ACA Eligible Employees, 437N-JCC ACA Eligible Employees, 563P-JCC ACA Eligible Employees, 572V-JCC ACA Eligible Employees, 586T-JCC ACA** Employer ID: 563

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

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID		
All Employees - 260005	FT/PT 563P				
Medical	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 18 2-Person: 0 Family: 0	590.13 1,327.80 1,652.36	565.54 1,272.47 1,583.51
	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2400 Single Cov; \$4800 2-Person & Family Cov Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov Out-of-Network Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 2 2-Person: 0 Family: 0	526.87 1,185.48 1,475.25	504.92 1,136.08 1,413.78



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## 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
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

**COBRA RATES:**

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

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