



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

## Benefit Program Cost Summary

### Effective 07/01/2019

**Bellevue Public Schools**  
 201 North West Street  
 Bellevue, MI 49021-1099

Group: **019B-APA - Eaton Teachers / Admin**

Employer ID: 019  
 MESSA Field Rep: Tara Wilbur

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 019B	Principal - 110004	FT/PT 019B
Superintendent - 110005	FT/PT 019B		

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx	Single: 3 2-Person: 2 Family: 1	682.61 1,535.88 1,911.31	672.23 1,512.53 1,882.25
<b>Dental</b>	Dent80/80/80/80:1500/1500:2 6083-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 3 2-Person: 3 Family: 0	35.27 68.18 130.78	35.27 68.18 130.78
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 3 2-Person: 3 Family: 0	5.60 12.03 18.12	5.55 11.92 17.95
<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: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 6 Volume: 19,555 Rate per 100: 0.51	17.25	17.25
<b>PAK Life</b>	\$45,000 PAK Life		Individuals: 6 Volume: 270,000 Rate per 1000: 0.09	4.05	4.05
<b>PAK AD&amp;D</b>	\$45,000 PAK AD&D		Individuals: 6 Volume: 270,000 Rate per 1000: 0.03	1.35	1.35
<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>	Dent50/50/50/50:1000/1000:2 6083-0003	Class I: 50%			
		Class II: 50%			
		Class III: 50%			
		Class IV: 50%			
		Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,000			
		X-Rays paid under: Class II			
		Adult Orthodontics: No	Single: 6	14.22	14.22
		Sealants: No	2-Person: 2	27.67	27.67
		Cleanings: 2 per year	Family: 12	55.64	55.64
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 6	5.60	5.55
			2-Person: 2	12.03	11.92
			Family: 12	18.12	17.95
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals: 20	17.25	17.25
		Maximum Benefit: \$2,500	Volume: 65,184		
		Maximum Monthly Salary: \$3,750	Rate per 100: 0.51		
		Waiting Period: 90 Calendar Days Modified Fill			
		Alcohol/Drug: 2 Year Limitation			
		Mental/Nervous: 2 Year Limitation			
		Social Security Offset: Family			
Own Occupation: 2 years Minimum Benefit: 5%					
Survivor Income Benefit: 0 months					
Pre-Existing Conditions: Waived					
Freeze on Offsets: Yes COLA: No					
Educational Supplemental Program: No					
<b>PAK Life</b>	\$50,000 PAK Life		Individuals: 20	4.50	4.50
			Volume: 1,000,000		
			Rate per 1000: 0.09		
<b>PAK AD&amp;D</b>	\$50,000 PAK AD&D		Individuals: 20	1.50	1.50
			Volume: 1,000,000		
			Rate per 1000: 0.03		

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## Benefit Program Cost Summary

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PAK C	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: \$7900 Single/\$15800 Family Total OOP Max: \$7900 Single/\$15800 Family Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$15800 Single/\$31600 Family Prescription Coverage: Essentials by MESSA	Single: 3 2-Person: 1 Family: 7	458.24 1,031.04 1,283.08	451.27 1,015.36 1,263.57
<b>Dental</b>	Dent80/80/80/80:1500/1500:2 6083-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 3 2-Person: 1 Family: 7	35.27 68.18 130.78	35.27 68.18 130.78
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 3 2-Person: 1 Family: 7	5.60 12.03 18.12	5.55 11.92 17.95
<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: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 11 Volume: 35,851 Rate per 100: 0.51	17.25	17.25
<b>PAK Life</b>	\$45,000 PAK Life		Individuals: 11 Volume: 495,000 Rate per 1000: 0.09	4.05	4.05
<b>PAK AD&amp;D</b>	\$45,000 PAK AD&D		Individuals: 11 Volume: 495,000 Rate per 1000: 0.03	1.35	1.35
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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### Effective 07/01/2019

PAK D	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 2	In-Network Deductible: \$2000 Single Cov; \$4000 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: \$4000 Single Cov; \$6750 2-Person & Family Cov Total OOP Max: \$4000 Single Cov; \$6750 2-Person & Family Cov Out-of-Network Deductible: \$4000 Single Cov; \$8000 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$8000 Single Cov; \$16000 2-Person & Family Cov Prescription Coverage: 3-Tier Rx Health Savings Account with Health Equity	Single: 3 2-Person: 0 Family: 0	544.93 1,226.09 1,525.80	536.64 1,207.45 1,502.60
<b>Dental</b>	Dent80/80/80/80:1500/1500:2 6083-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 3 2-Person: 0 Family: 0	35.27 68.18 130.78	35.27 68.18 130.78
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 3 2-Person: 0 Family: 0	5.60 12.03 18.12	5.55 11.92 17.95
<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: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 3 Volume: 9,778 Rate per 100: 0.51	17.25	17.25
<b>PAK Life</b>	\$45,000 PAK Life		Individuals: 3 Volume: 135,000 Rate per 1000: 0.09	4.05	4.05
<b>PAK AD&amp;D</b>	\$45,000 PAK AD&D		Individuals: 3 Volume: 135,000 Rate per 1000: 0.03	1.35	1.35
<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: \$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 Coinsurance: 20% of approved amount after deductible Medical OOP Max Including IN Ded: \$2500 Single/\$5000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$3500 Single/\$7000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$5000 Single/\$10000 Family Prescription Coverage: MESSA Saver Rx	Single: 0 2-Person: 0 Family: 0	610.93 1,374.61 1,710.62	601.64 1,353.71 1,684.61
<b>Dental</b>	Dent80/80/80/80:1500/1500:2 6083-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	35.27 68.18 130.78	35.27 68.18 130.78
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	5.60 12.03 18.12	5.55 11.92 17.95
<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: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 0 Volume: 0 Rate per 100: 0.51	17.25	17.25
<b>PAK Life</b>	\$45,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.09	4.05	4.05
<b>PAK AD&amp;D</b>	\$45,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	1.35	1.35
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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PAK F	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
<b>Medical</b>	MESSA ABC Plan 1	In-Network Deductible: \$1350 Single Cov; \$2700 2-Person & Family Cov Blue Cross Online Visit Copay: N/A Office Visit Copay: N/A Specialist Visit Copay: N/A Urgent Care Copay: N/A Emergency Room Copay: N/A Medical OOP Max Including IN Ded: \$2350 Single Cov; \$4700 2-Person & Family Cov Total OOP Max: \$2350 Single Cov; \$4700 2-Person & Family Cov Out-of-Network Deductible: \$2700 Single Cov; \$5400 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$4700 Single Cov; \$9400 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 0	609.44 1,371.22 1,706.41	600.17 1,350.37 1,680.46
<b>Dental</b>	Dent80/80/80/80:1500/1500:2 6083-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	35.27 68.18 130.78	35.27 68.18 130.78
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 0	5.60 12.03 18.12	5.55 11.92 17.95
<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: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals: 0 Volume: 0 Rate per 100: 0.51	17.25	17.25
<b>PAK Life</b>	\$45,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.09	4.05	4.05
<b>PAK AD&amp;D</b>	\$45,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	1.35	1.35
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000			1.50	1.50

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