



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

Benefit Program Cost Summary

Effective 01/01/2019

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

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

Employer ID: 019
 MESSA Field Rep: Tara Wilbur

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

PAK A	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx	Single: 4 2-Person: 3 Family: 7	821.30 1,847.93 2,299.64	808.81 1,819.83 2,264.67
Dental	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: 4 2-Person: 3 Family: 7	35.27 68.18 130.78	35.27 68.18 130.78
Vision	VSP 2 S	Plan year July to July	Single: 4 2-Person: 3 Family: 7	5.60 12.03 18.12	5.55 11.92 17.95
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: 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: 14 Volume: 47,360 Rate per 100: 0.51	17.25	17.25
PAK Life	\$45,000 PAK Life		Individuals: 14 Volume: 630,000 Rate per 1000: 0.09	4.05	4.05
PAK AD&D	\$45,000 PAK AD&D		Individuals: 14 Volume: 630,000 Rate per 1000: 0.03	1.35	1.35
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

COBRA RATES:

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



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PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	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: 1	14.22	14.22
		Sealants: No	2-Person: 2	27.67	27.67
		Cleanings: 2 per year	Family: 11	55.64	55.64
Vision	VSP 2 S	Plan year July to July	Single: 1	5.60	5.55
			2-Person: 2	12.03	11.92
			Family: 11	18.12	17.95
Negotiated LTD	Neg LTD 66 2/3% Max \$2,500	Replacement %: 66.67	Individuals: 14	17.25	17.25
		Maximum Benefit: \$2,500	Volume: 47,360		
		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					
PAK Life	\$50,000 PAK Life		Individuals: 14	4.50	4.50
			Volume: 700,000		
			Rate per 1000: 0.09		
PAK AD&D	\$50,000 PAK AD&D		Individuals: 14	1.50	1.50
			Volume: 700,000		
			Rate per 1000: 0.03		

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PAK C	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: \$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: 1 2-Person: 0 Family: 2	551.34 1,240.52 1,543.76	542.96 1,221.66 1,520.29
Dental	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: 1 2-Person: 0 Family: 2	35.27 68.18 130.78	35.27 68.18 130.78
Vision	VSP 2 S	Plan year July to July	Single: 1 2-Person: 0 Family: 2	5.60 12.03 18.12	5.55 11.92 17.95
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: 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: 10,149 Rate per 100: 0.51	17.25	17.25
PAK Life	\$45,000 PAK Life		Individuals: 3 Volume: 135,000 Rate per 1000: 0.09	4.05	4.05
PAK AD&D	\$45,000 PAK AD&D		Individuals: 3 Volume: 135,000 Rate per 1000: 0.03	1.35	1.35
Basic Term Life	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
Medical	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: \$3000 Single Cov; \$6000 2-Person & Family Cov Total OOP Max: \$3000 Single Cov; \$6000 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: \$6000 Single Cov; \$12000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 3 2-Person: 0 Family: 2	686.23 1,544.01 1,921.45	675.80 1,520.53 1,892.23
Dental	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: 2	35.27 68.18 130.78	35.27 68.18 130.78
Vision	VSP 2 S	Plan year July to July	Single: 3 2-Person: 0 Family: 2	5.60 12.03 18.12	5.55 11.92 17.95
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: 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: 5 Volume: 16,914 Rate per 100: 0.51	17.25	17.25
PAK Life	\$45,000 PAK Life		Individuals: 5 Volume: 225,000 Rate per 1000: 0.09	4.05	4.05
PAK AD&D	\$45,000 PAK AD&D		Individuals: 5 Volume: 225,000 Rate per 1000: 0.03	1.35	1.35
Basic Term Life	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.