



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

Benefit Program Cost Summary

Effective 01/01/2020

Eau Claire Public Schools
6190 W Main Street, Po Box 398
Eau Claire, MI 49111-0398

Group: **473B-Bus Driver, Trans Super**

Employer ID: 473
 MESSA Field Rep: Jacqueline Mast

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID			
Bus Driver/Transportation - 210000	FT/PT 473B					
Plan	Brief Description	Census Used	Rate	Rate W/O Tax		
Medical	MESSA Choices					
	In-Network					
	Deductible: \$100 Single/\$200 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:					
	\$1100 Single/\$2200 Family					
	Rx OOP Max: \$1000 Single/\$2000 Family					
	Total OOP Max: \$2100 Single/\$4200 Family					
	Out-of-Network					
	Deductible: \$250 Single/\$500 Family					
	Coinsurance: 20% of approved amount after deductible					
	Total OOP Max: \$2250 Single/\$4500 Family					
	Prescription Coverage: MESSA Saver Rx					
		Single: 0	872.15	835.80		
		2-Person: 0	1,962.33	1,880.55		
		Family: 0	2,442.02	2,340.24		
Medical	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					
	Health Savings Account with Health Equity					
		Single: 1	695.10	666.13		
		2-Person: 0	1,563.97	1,498.79		
		Family: 0	1,946.28	1,865.16		
Negotiated Life	\$10,000 Negotiated Life	Individuals: 9	0.13	0.13		
		Volume: 90,000				
		Rate per 1000: 0.13				
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	1.50		
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	1.50		

COBRA RATES:

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

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



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Eau Claire Public Schools
6190 W Main Street, Po Box 398
Eau Claire, MI 49111-0398

Group: **473C-Off Pers, Food Srv Adm & Super, 473I-Maintenance, 473J-Principals**

Employer ID: 473
 MESSA Field Rep: Jacqueline Mast

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
Business Manager - 110009	FT/PT	473C	Director of Food Service - 110023	FT/PT	473C
Curriculum Director - 110057	FT/PT	473C	Bookkeeper/Acct - 190003	FT/PT	473C
Secretary - 190022	FT/PT	473C			

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: 2 2-Person: 0 Family: 0	762.99 1,716.74 2,136.39	731.19 1,645.19 2,047.35
Dental	Dent70/70/70/70:1200/1200:2 0488-0014	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 0 Family: 0	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 0 Family: 0	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 2 Volume: 6,930 Rate per 100: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 2 Volume: 50,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 2 Volume: 50,000 Rate per 1000: 0.03	0.75	0.75
Basic Term Life	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
Dental	Dent80/80/80/80:1200/1200:2 0488-0002	Class I: 80%			
		Class II: 80%			
		Class III: 80%			
		Class IV: 80%			
		Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200			
		X-Rays paid under: Class II			
		Adult Orthodontics: No	Single: 0	37.89	
		Sealants: No	2-Person: 1	72.00	
		Cleanings: 2 per year	Family: 1	128.90	
Vision	VSP 3 Plus	Plan year July to July	Single: 0	11.05	10.66
			2-Person: 1	23.72	22.88
			Family: 1	35.73	34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67	Individuals: 2	28.76	28.76
		Maximum Benefit: \$3,000	Volume: 6,930		
		Maximum Monthly Salary: \$4,500	Rate per 100: 0.83		
		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: 2	6.50	6.50
			Volume: 100,000		
			Rate per 1000: 0.13		
PAK AD&D	\$50,000 PAK AD&D		Individuals: 2	1.50	1.50
			Volume: 100,000		
			Rate per 1000: 0.03		

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PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	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 Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 5	681.20 1,532.69 1,907.36	652.81 1,468.81 1,827.87
Dental	Dent70/70/70/70:1200/1200:2 0488-0014	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 5	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 5	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 17,324 Rate per 100: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 5 Volume: 125,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 5 Volume: 125,000 Rate per 1000: 0.03	0.75	0.75
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	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	Single: 0 2-Person: 0 Family: 0	512.20 1,152.46 1,434.17	490.85 1,104.43 1,374.40
Dental	Dent70/70/70/70:1200/1200:2 0488-0014	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 0	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

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Eau Claire Public Schools
6190 W Main Street, Po Box 398
Eau Claire, MI 49111-0398

Group: **473D-Teacher, Counselor**

Employer ID: 473
 MESSA Field Rep: Jacqueline Mast

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 473D	Counselor - 100002	FT/PT 473D

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: 7 2-Person: 1 Family: 4	762.99 1,716.74 2,136.39	731.19 1,645.19 2,047.35
Dental	Dent70/70/70/70:1200/1200:2 0488-0011	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 7 2-Person: 2 Family: 3	26.69 50.65 99.23	
Vision	VSP 3 Plus	Plan year July to July	Single: 7 2-Person: 2 Family: 3	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 12 Volume: 49,973 Rate per 100: 0.49	20.41	20.41
PAK Life	\$25,000 PAK Life		Individuals: 12 Volume: 300,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 12 Volume: 300,000 Rate per 1000: 0.03	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

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PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1200/1200:2 0488-0006	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 2 Family: 7	29.72 56.34 108.81	
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 2 Family: 7	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 45,809 Rate per 100: 0.49	20.41	20.41
PAK Life	\$50,000 PAK Life		Individuals: 11 Volume: 550,000 Rate per 1000: 0.13	6.50	6.50
PAK AD&D	\$50,000 PAK AD&D		Individuals: 11 Volume: 550,000 Rate per 1000: 0.03	1.50	1.50

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PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	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 Health Savings Account with Health Equity	Single: 2 2-Person: 6 Family: 14	681.20 1,532.69 1,907.36	652.81 1,468.81 1,827.87
Dental	Dent70/70/70/70:1200/1200:2 0488-0011	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 6 Family: 14	26.69 50.65 99.23	
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 6 Family: 14	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 22 Volume: 91,618 Rate per 100: 0.49	20.41	20.41
PAK Life	\$25,000 PAK Life		Individuals: 22 Volume: 550,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 22 Volume: 550,000 Rate per 1000: 0.03	0.75	0.75
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	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	Single: 0 2-Person: 0 Family: 1	512.20 1,152.46 1,434.17	490.85 1,104.43 1,374.40
Dental	Dent70/70/70/70:1200/1200:2 0488-0011	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 1	26.69 50.65 99.23	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 1	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 1 Volume: 4,164 Rate per 100: 0.49	20.41	20.41
PAK Life	\$25,000 PAK Life		Individuals: 1 Volume: 25,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 1 Volume: 25,000 Rate per 1000: 0.03	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

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Group: **473C-Off Pers, Food Srv Adm & Super, 473I-Maintenance, 473J-Principals**

Employer ID: 473
 MESSA Field Rep: Jacqueline Mast

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/PT 473I					
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: 2 2-Person: 0 Family: 0	762.99 1,716.74 2,136.39	731.19 1,645.19 2,047.35		
Dental	Dent70/70/70/70:1200/1200:2 0488-0013	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 0 Family: 0	28.69 51.22 97.31			
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 0 Family: 0	11.05 23.72 35.73	10.66 22.88 34.46		
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 2 Volume: 6,930 Rate per 100: 0.83	28.76	28.76		
PAK Life	\$25,000 PAK Life		Individuals: 2 Volume: 50,000 Rate per 1000: 0.13	3.25	3.25		
PAK AD&D	\$25,000 PAK AD&D		Individuals: 2 Volume: 50,000 Rate per 1000: 0.03	0.75	0.75		
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50		

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PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1200/1200:2 0488-0010	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 1 Family: 1	37.89 72.00 128.90	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 1 Family: 1	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 2 Volume: 6,930 Rate per 100: 0.83	28.76	28.76
PAK Life	\$50,000 PAK Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.13	6.50	6.50
PAK AD&D	\$50,000 PAK AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50	1.50

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Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	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 Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 5	681.20 1,532.69 1,907.36	652.81 1,468.81 1,827.87
Dental	Dent70/70/70/70:1200/1200:2 0488-0013	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 5	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 5	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 17,324 Rate per 100: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 5 Volume: 125,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 5 Volume: 125,000 Rate per 1000: 0.03	0.75	0.75
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 D	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	Single: 0 2-Person: 0 Family: 0	512.20 1,152.46 1,434.17	490.85 1,104.43 1,374.40
Dental	Dent70/70/70/70:1200/1200:2 0488-0013	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 0	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.75	0.75
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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Benefit Program Cost Summary

Effective 01/01/2020

Eau Claire Public Schools
6190 W Main Street, Po Box 398
Eau Claire, MI 49111-0398

Group: **473C-Off Pers, Food Srv Adm & Super, 473I-Maintenance, 473J-Principals**

Employer ID: 473
 MESSA Field Rep: Jacqueline Mast

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 473J				
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: 2 2-Person: 0 Family: 0	762.99 1,716.74 2,136.39	731.19 1,645.19 2,047.35
Dental	Dent70/70/70/70:1200/1200:2 0488-0015	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 0 Family: 0	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 0 Family: 0	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 2 Volume: 6,930 Rate per 100: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 2 Volume: 50,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 2 Volume: 50,000 Rate per 1000: 0.03	0.75	0.75
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	1.50

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2020

PAK B	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Dental	Dent80/80/80/80:1200/1200:2 0488-0008	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 1 Family: 1	37.89 72.00 128.90	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 1 Family: 1	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 2 Volume: 6,930 Rate per 100: 0.83	28.76	28.76
PAK Life	\$50,000 PAK Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.13	6.50	6.50
PAK AD&D	\$50,000 PAK AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50	1.50

COBRA RATES:

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Benefit Program Cost Summary

Effective 01/01/2020

PAK C	Plan	Brief Description	Census Used	Rate	Rate W/O Tax
Medical	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 Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 5	681.20 1,532.69 1,907.36	652.81 1,468.81 1,827.87
Dental	Dent70/70/70/70:1200/1200:2 0488-0015	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 5	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 5	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 17,324 Rate per 100: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 5 Volume: 125,000 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 5 Volume: 125,000 Rate per 1000: 0.03	0.75	0.75
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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Benefit Program Cost Summary

Effective 01/01/2020

PAK D	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	Single: 0 2-Person: 0 Family: 0	512.20 1,152.46 1,434.17	490.85 1,104.43 1,374.40
Dental	Dent70/70/70/70:1200/1200:2 0488-0015	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$1,200, Lifetime Max Class IV: \$1,200 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 0	11.05 23.72 35.73	10.66 22.88 34.46
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67 Maximum Benefit: \$3,000 Maximum Monthly Salary: \$4,500 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: 0.83	28.76	28.76
PAK Life	\$25,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.13	3.25	3.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03	0.75	0.75
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.

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



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Benefit Program Cost Summary

Effective 01/01/2020

Eau Claire Public Schools
6190 W Main Street, Po Box 398
Eau Claire, MI 49111-0398

Group: **473L-ACA Eligible Employees**

Employer ID: 473
 MESSA Field Rep: Jacqueline Mast

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
All Employees - 260005	FT/PT 473L		

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			
		Single: 0	522.66	500.88
		2-Person: 0	1,175.97	1,126.96
		Family: 0	1,463.44	1,402.45
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.

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