



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

Benefit Program Cost Summary

Effective 01/01/2021

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		
Medical			
Medical	Plan	Brief Description	Census Used Rate
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: 0 911.44 2-Person: 0 2,050.73 Family: 0 2,552.01
Basic Term Life	Basic Term Life w/Med \$5,000		1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 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: 1 726.41 2-Person: 0 1,634.43 Family: 0 2,033.95
Basic Term Life	Basic Term Life w/Med \$5,000		1.50

Medical Rate includes 1.547% for federal and state taxes and fees.

Ancillary plans			
	Plan	Brief Description	Census Used Rate
Negotiated Life	\$10,000 Negotiated Life		Individuals: 9 1.40 Volume: 90,000 Rate per 1000: 0.14

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			

Medical	Plan	Brief Description	Census Used	Rate
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: 1	797.37 1,794.07 2,232.63
Basic Term Life	Basic Term Life w/Med \$5,000			1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 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: 4	711.88 1,601.74 1,993.27
Basic Term Life	Basic Term Life w/Med \$5,000			1.50



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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: \$8175 Single/\$16350 Family Total OOP Max: \$8550 Single/\$17100 Family Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$16350 Single/\$32700 Family Prescription Coverage: Essentials by MESSA			
				Single: 0	535.28
				2-Person: 0	1,204.37
				Family: 0	1,498.77
Basic Term Life	Basic Term Life w/Med \$5,000				1.50

Medical Rate includes 1.547% for federal and state taxes and fees.

Ancillary plans with medical					
	Plan	Brief Description	Census Used	Rate	
Dental	Dent70/70/70/70:1200/1200:2 00488-0014	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: 5	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 1 Family: 6	11.05 23.72 35.73	
Negotiated Life	\$25,000 Negotiated Life		Individuals: 7 Volume: 175,000 Rate per 1000: 0.14	3.50	
Negotiated AD&D	\$25,000 Negotiated AD&D		Individuals: 7 Volume: 175,000 Rate per 1000: 0.03	0.75	
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: 9 Volume: 32,486 Rate per 100: 0.77	27.79	



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Ancillary plans without medical				
	Plan	Brief Description	Census Used	Rate
Dental	Dent80/80/80/80:1200/1200:2 00488-0002	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 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: 2 2-Person: 1 Family: 6	11.05 23.72 35.73
Negotiated Life	\$50,000 Negotiated Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.14	7.00
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50
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: 9 Volume: 32,486 Rate per 100: 0.77	27.79

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 01/01/2021

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

Medical	Plan	Brief Description	Census Used	Rate
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: 5 2-Person: 2 Family: 6	797.37 1,794.07 2,232.63
Basic Term Life	Basic Term Life w/Med \$5,000			1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 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: 3 2-Person: 5 Family: 12	711.88 1,601.74 1,993.27
Basic Term Life	Basic Term Life w/Med \$5,000			1.50



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			Single: 1	535.28
			2-Person: 0	1,204.37
			Family: 1	1,498.77
Basic Term Life	Basic Term Life w/Med \$5,000			1.50

Medical Rate includes 1.547% for federal and state taxes and fees.

Ancillary plans with medical				
Plan	Brief Description	Census Used	Rate	
Dental	Dent70/70/70/70:1200/1200:2 00488-0011	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: 7 Family: 21	26.69 50.65 99.23
Vision	VSP 3 Plus	Plan year July to July	Single: 10 2-Person: 9 Family: 25	11.05 23.72 35.73
Negotiated Life	\$25,000 Negotiated Life		Individuals: 35 Volume: 875,000 Rate per 1000: 0.14	3.50
Negotiated AD&D	\$25,000 Negotiated AD&D		Individuals: 35 Volume: 875,000 Rate per 1000: 0.03	0.75
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: 44 Volume: 180,819 Rate per 100: 0.51	20.96



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Ancillary plans without medical				
	Plan	Brief Description	Census Used	Rate
Dental	Dent80/80/80/80:1200/1200:2 00488-0006	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: 5	29.72 56.34 108.81
Vision	VSP 3 Plus	Plan year July to July	Single: 10 2-Person: 9 Family: 25	11.05 23.72 35.73
Negotiated Life	\$50,000 Negotiated Life		Individuals: 9 Volume: 450,000 Rate per 1000: 0.14	7.00
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 9 Volume: 450,000 Rate per 1000: 0.03	1.50
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: 44 Volume: 180,819 Rate per 100: 0.51	20.96

COBRA RATES:

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

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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
Facilities Maint Worker - 180003	FT/PT 473I		

Medical	Plan	Brief Description	Census Used	Rate
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: 1	797.37 1,794.07 2,232.63
Basic Term Life	Basic Term Life w/Med \$5,000			1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 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: 4	711.88 1,601.74 1,993.27
Basic Term Life	Basic Term Life w/Med \$5,000			1.50



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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: \$8175 Single/\$16350 Family Total OOP Max: \$8550 Single/\$17100 Family Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$16350 Single/\$32700 Family Prescription Coverage: Essentials by MESSA			
				Single: 0	535.28
				2-Person: 0	1,204.37
				Family: 0	1,498.77
Basic Term Life	Basic Term Life w/Med \$5,000				1.50

Medical Rate includes 1.547% for federal and state taxes and fees.

Ancillary plans with medical					
	Plan	Brief Description	Census Used	Rate	
Dental	Dent70/70/70/70:1200/1200:2 00488-0013	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: 5	28.69 51.22 97.31	
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 1 Family: 6	11.05 23.72 35.73	
Negotiated Life	\$25,000 Negotiated Life		Individuals: 7 Volume: 175,000 Rate per 1000: 0.14	3.50	
Negotiated AD&D	\$25,000 Negotiated AD&D		Individuals: 7 Volume: 175,000 Rate per 1000: 0.03	0.75	
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: 9 Volume: 32,486 Rate per 100: 0.77	27.79	



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Effective 01/01/2021

Ancillary plans without medical				
	Plan	Brief Description	Census Used	Rate
Dental	Dent80/80/80/80:1200/1200:2 00488-0010	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	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: 2	11.05
			2-Person: 1	23.72
			Family: 6	35.73
Negotiated Life	\$50,000 Negotiated Life		Individuals: 2	7.00
			Volume: 100,000	
			Rate per 1000: 0.14	
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 2	1.50
			Volume: 100,000	
			Rate per 1000: 0.03	
Negotiated LTD	Neg LTD 66 2/3% Max \$3,000	Replacement %: 66.67	Individuals: 9	27.79
		Maximum Benefit: \$3,000	Volume: 32,486	
		Maximum Monthly Salary: \$4,500	Rate per 100: 0.77	
		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		

COBRA RATES:

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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			
Medical				
	Plan	Brief Description	Census Used	Rate
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: 1	797.37 1,794.07 2,232.63
Basic Term Life	Basic Term Life w/Med \$5,000			1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov Blue Cross Online Visit Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 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: 4	711.88 1,601.74 1,993.27
Basic Term Life	Basic Term Life w/Med \$5,000			1.50



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	Plan	Brief Description	Census Used	Rate
Dental	Dent80/80/80/80:1200/1200:2 00488-0008	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: 2 2-Person: 1 Family: 6	11.05 23.72 35.73
Negotiated Life	\$50,000 Negotiated Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.14	7.00
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50
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: 9 Volume: 32,486 Rate per 100: 0.77	27.79

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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		

Medical	Plan	Brief Description	Census Used	Rate
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: \$8175 Single/\$16350 Family Total OOP Max: \$8550 Single/\$17100 Family Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$16350 Single/\$32700 Family Prescription Coverage: Essentials by MESSA	Single: 0 2-Person: 0 Family: 0	546.20 1,228.95 1,529.36
Basic Term Life	Basic Term Life w/Med \$5,000			1.50

Medical Rate includes 1.547% for federal and state taxes and fees.

COBRA RATES:

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