



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

Benefit Program Cost Summary

Effective 01/01/2020

Atlanta Community Schools
10500 Co Rd 489, PO Box 619
Atlanta, MI 49709-0619

Group: 289C-Teacher

Employer ID: 289
MESSA Field Rep: Robert Kwiatkoski

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Faculty Member - 100041	FT/PT 289C	Special Education - 100008	FT/PT 289C
Teacher - 100000	FT/PT 289C		

PAK A	Plan	Brief Description	Census Used
Medical	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 SaverRx Mandatory Mail	Single: 2 2-Person: 3 Family: 5
Dental	Dent100/80/80/80:3000/1000:2 6146-0003	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$3,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 2 2-Person: 3 Family: 5
Vision	VSP 3 Plus	Plan year July to July	Single: 2 2-Person: 3 Family: 5
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness 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: 10 Volume: 38,714 Rate per 100: 0.92
PAK Life	\$40,000 PAK Life		Individuals: 10 Volume: 400,000 Rate per 1000: 0.14
PAK AD&D	\$40,000 PAK AD&D		Individuals: 10 Volume: 400,000 Rate per 1000: 0.03
Basic Term Life	Basic Term Life w/Med \$5,000		

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
Dental	Dent100/80/80/80:3000/1000:2 6146-0005	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$3,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 1 Family: 3
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 1 Family: 3
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness 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: 4 Volume: 15,486 Rate per 100: 0.92
PAK Life	\$45,000 PAK Life		Individuals: 4 Volume: 180,000 Rate per 1000: 0.14
PAK AD&D	\$45,000 PAK AD&D		Individuals: 4 Volume: 180,000 Rate per 1000: 0.03

COBRA RATES:

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PAK C	Plan	Brief Description	Census Used
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 ABCRx Mandatory Mail Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 0
Dental	Dent100/80/80/80:3000/1000:2 6146-0003	Class I: 100% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$3,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0
Vision	VSP 3 Plus	Plan year July to July	Single: 0 2-Person: 0 Family: 0
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 60 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness 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: 0.92
PAK Life	\$40,000 PAK Life		Individuals: 0 Volume: 0 Rate per 1000: 0.14
PAK AD&D	\$40,000 PAK AD&D		Individuals: 0 Volume: 0 Rate per 1000: 0.03
Basic Term Life	Basic Term Life w/Med \$5,000		

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.