

Good health. Good business. Great schools. 1475 Kendale Boulevard, PO Box 2560 East Lansing, MI 48826-2560 800.292.4910 Benefit Program Cost Summary Effective 07/01/2019

Traverse City Area Schools 412 Webster St Traverse City, MI 49686-2669

Group: 242A-Teach, Coun, Soc Worker, Nurs

Employer ID: 242

MESSA Field Rep: Viola Collin

 Job
 FT/PT Eligibility Rule ID
 Job
 FT/PT Eligibility Rule ID

 Teacher - 100000
 FT/PT 242A
 Counselor - 100002
 FT/PT 242A

 Social Worker - 100004
 FT/PT 242A
 FT/PT 242A

DAKA						
PAK A Medical	Plan MESSA Choices	In-Network Deductible: \$300 Single/\$600 Family Blue Cross Online Visit Copay: \$10 Office Visit Copay: \$10 Specialist Visit Copay: \$10 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1300 Single/\$2600 Family Rx OOP Max: \$1000 Single/\$2000 Famil Total OOP Max: \$2300 Single/\$4600 Fail Out-of-Network Deductible: \$600 Single/\$1200 Family Coinsurance: 20% of approved amount a	mily \8		Rate	Rate W/O Tax
		Total OOP Max: \$2600 Single/\$5200 Fail	mily Single: 2-Person:		613.63 1,380.66	604.30 1,359.67
Dental	Dent100X/80S/70/0:0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max X-Rays paid under: Class I	Family:	59	1,718.15	1,692.03
		Adult Orthodontics: No Sealants: Yes Cleanings: 2 per year	Single: 2-Person: Family:	15 17 59	33.15 61.93 110.82	33.15 61.93 110.82
Vision	VSP 3 G	Plan year July to July	Single: 2-Person: Family:	15 17 59	6.09 13.07	6.03     \U 12.95    \.\
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived	Individuals: Volume: Rate per 100:	91 453,70	19.66 20.24 05	19.47 <u>2 1</u> 20.24
PAK Life	\$10,000 PAK Life	Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	Individuals:		0.90	0.90
PAK AD&D	\$10,000 PAK AD&D		Volume: Rate per 1000: Individuals: Volume:	0.09 91	0.30	0.30
Basic Term Life	Basic Term Life w/Med \$5,000		Rate per 1000:	500-00-01 0 000 <b>*</b> 0.000-0.000	1.50	1.50

#### **COBRA RATES:**



PAK B	Plan	Brief Description	Census Us	ed F	Rate	Rate W/O Tax
Dental	Dent100X/80S/70/0:0/1500:2 6421-0002	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max C	Class IV: \$ 0	.49 1.33 54:7	2	1
,		Adult Orthodontics: No Sealants: Yes	Single: 2-Person:	14 10	32.16 61.02	32.16 61.02
		Cleanings: 2 per year	Family:	45	111.82	111.82
Vision	VSP 3 G	Plan year July to July	Single: 2-Person: Family:	14 10 45	6.09 13.07 19.66	6.03 12.95 19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67  Maximum Benefit: \$5,000  Maximum Monthly Salary: \$7,500  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: Volume: Rate per 100:	69 344,01 0.40	20.24	20.24
PAK Life	\$25,000 PAK Life		Individuals: Volume: Rate per 1000:	1,725,	2.25 000	2.25
PAK AD&D	\$25,000 PAK AD&D		Individuals: Volume: Rate per 1000:	69 1,725,	0.75 000	0.75

### **COBRA RATES:**

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

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PAK C	Plan	Brief Description	Census Us	ed Rate	Rate W/O Tax
Medicar	MESSA ABC Plan 1	In-Network  Deductible: \$1350 Single Cov; \$2700 2-Pe 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 & Total OOP Max: \$2350 Single Cov; \$4700 Out-of-Network Deductible: \$2700 Single Cov; \$5400 2-Pe Coinsurance: 20% of approved amount aft Total OOP Max: \$4700 Single Cov; \$9400 Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	SSI.ST 1344.41 2580 2 Family Cov 2-Person & Family Correct deductible	STISI SS nily Cov	
			Single: 2-Person: Family:	48 509.63 52 1,146.67 250 1,426.96	501.88 1,129.23 1,405.26
Dental	Dent100X/80S/70/0:0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max CX-Rays paid under: Class I Adult Orthodontics: No Sealants: Yes	Class IV: \$ 0 Single: 2-Person:	48 33.15 55 61.93	33.15 61.93
Vision	VSP 3 G	Cleanings: 2 per year Plan year July to July	Family: Single: 2-Person:	247 110.82 48 6.09 55 13.07	110.82 6.03 12.95
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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	Rate per 100: 5%	1,745,021 0.40	19.47
PAK Life	\$10,000 PAK Life		Individuals: Volume: Rate per 1000:	3,500,000	0.90
PAK AD&D	\$10,000 PAK AD&D		Individuals: Volume: Rate per 1000:	3,500,000	0.30
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 07/01/2019

PAK D	Plan	Brief Description	Census Us	sed	Rate	Rate W/O Tax
Medical	MESSA ABC Plan 1	In-Network				
		Deductible: \$1350 Single Cov; \$2700 2-Pe	rson & Family C	ov		
		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				
		Coinsurance: 20% of approved amount after	er deductible			
		Medical OOP Max Including IN Ded:				
		\$3350 Single Cov; \$6700 2-Person 8	k Family Cov			
		Total OOP Max: \$3350 Single Cov; \$6700	2-Person & Fan	nily Co	V	
		Out-of-Network				
		Deductible: \$2700 Single Cov; \$5400 2-Pe		ov		
		Coinsurance: 40% of approved amount after				
		Total OOP Max: \$6700 Single Cov; \$13400 Prescription Coverage: MESSA ABCRx Mandato		шиу с	,0V	
		Health Savings Account with Health Equity	i y ivian			
		, ,	Single:	0	456.17	449.23
			2-Person:	0	1,026.38	1,010.77
	D		Family:	0	1,277.26	1,257.84
Dental	Dent100X/80S/70/0:0/1500:2	Class I: 100%				
	6421-0001	Class II: 80% Class III: 70%				
		Class IV: 0%				
		Annual Max Class I, II, III: \$1,500, Lifetime Max C	lass IV: \$ 0			
		X-Rays paid under: Class I	λιασσ τν. φ σ			
		Adult Orthodontics: No	Single:	0	33.15	33.15
		Sealants: Yes	2-Person:	0	61.93	61.93
		Cleanings: 2 per year	Family:	0	110.82	110.82
Vision	VSP 3 G	Plan year July to July	Single:	0	6.09	6.03
			2-Person:	0	13.07	12.95
Negotiated LTD	Nog I TD 66 2/29/ May \$5 000	Daylessan 10/10007	Family:	0	19.66	19,47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000	Individuals: Volume:		20,24	20.24
		Maximum Benefit. \$5,000  Maximum Monthly Salary: \$7,500	Rate per 100:			
		Waiting Period: 90 Calendar Days Modified Fill	Nate per 100.	0.40		
		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				
PAK Life	\$10,000 PAK Life	Educational Supplemental Program: No	Individuals:	0	0.90	0.90
	4.0,000 1711 Eno		Volume:		0.50	0.90
			Rate per 1000:			
PAK AD&D	\$10,000 PAK AD&D		Individuals:		0.30	0.30
			Volume:	0		
B. J. T. 117	5 . 7		Rate per 1000:	0.03		
Basic Term Life	Basic Term Life w/Med \$5,000				1.50	1.50

### **COBRA RATES:**



PAK E	Plan	Brief Description	Census Us	ed	Rate	Rate W/O Tax
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 Coinsurance: 20% of approved amount aft Medical OOP Max Including IN Ded: \$3000 Single/\$6000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$4000 Single/\$8000 Famil Out-of-Network Deductible: \$2000 Single/\$4000 Family Coinsurance: 40% of approved amount aft Total OOP Max: \$6000 Single/\$12000 Family Corescription Coverage: MESSA Saver Rx	ly er deductible			
		Frescription Coverage. MESSA Saver Ax	Single:	0	485.77	478.38
			2-Person:	0	1,092.98	1,076.36
			Family:	0	1,360.15	1,339.47
Dental	Dent100X/80S/70/0:0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max CX-Rays paid under: Class I				00.45
		Adult Orthodontics: No	Single:	0	33.15	33.15
		Sealants: Yes	2-Person: Family:	0 0	61.93 110.82	61.93 110.82
Vision	VSP 3 G	Cleanings: 2 per year Plan year July to July	Single:	0	6.09	6.03
7101011		· i.a., you, our, to our,	2-Person:	Õ	13.07	12.95
			Family:	0	19.66	19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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: Volume: Rate per 100: 5%	0 0.40	20.24	20.24
PAK Life	\$10,000 PAK Life		Individuals: Volume: Rate per 1000:	0	0.90	0.90
PAK AD&D	\$10,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0	0.30	0.30
Basic Term Life	Basic Term Life w/Med \$5,000		rate per 1000.	0,03	1.50	1.50

### **COBRA RATES:**



PAK F	Plan	Brief Description	Census Us	ed	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 Total OOP Max: \$3000 Single/\$6000 Fami				
		Prescription Coverage: MESSA Saver Rx	· <del>'</del>			
			Single: 2-Person: Family:	0 0 0	570.83 1,284.36 1,598.31	562.15 1,264.83 1,574.01
Dental	Dent100X/80S/70/0:0/1500:2 6421-0001	Class I: 100% Class II: 80% Class III: 70% Class IV: 0% Annual Max Class I, II, III: \$1,500, Lifetime Max CX-Rays paid under: Class I	Class IV: \$ 0			
		Adult Orthodontics: No	Single:	0	33,15	33.15
		Sealants: Yes	2-Person:	0	61.93	61.93
		Cleanings: 2 per year	Family:	0	110.82	110.82
Vision	VSP 3 G	Plan year July to July	Single:	0	6.09	6.03
			2-Person:	0	13.07	12.95
			Family:	0	19.66	19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 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	Individuals: Volume: Rate per 100:	0	20,24	20.24
		Educational Supplemental Program: No				
PAK Life	\$10,000 PAK Life		Individuals: Volume: Rate per 1000:	0	0.90	0.90
PAK AD&D	\$10,000 PAK AD&D		Individuals: Volume: Rate per 1000:	0 0	0.30	0.30
Basic Term Life	Basic Term Life w/Med \$5,000		F 21 1 2 2 3 1		1,50	1.50

### COBRA RATES:



PAK G	Plan	Brief Description	Census Us	ed	Rate	Rate W/O Tax
Medical	MESSA Choices	In-Network				
		Deductible: \$300 Single/\$600 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:				
		\$1300 Single/\$2600 Family				
		Rx OOP Max: \$1000 Single/\$2000 Family				
•		Total OOP Max: \$2300 Single/\$4600 Famil	ly			
		Out-of-Network				
		Deductible: \$600 Single/\$1200 Family				
		Coinsurance: 20% of approved amount after				
		Total OOP Max: \$2600 Single/\$5200 Famil	ly			
		Prescription Coverage: MESSA Saver Rx				ĺ
			Single:	0	602.57	593.41
			2-Person:	0	1,355.79	1,335.17
			Family:	0	1,687.19	1,661.54
Dental	Dent100X/80S/70/0:0/1500:2	Class I: 100%				
	6421-0001	Class II: 80%				
		Class III: 70%			*	
		Class IV: 0%				
		Annual Max Class I, II, III: \$1,500, Lifetime Max C	Class IV: \$ 0			
		X-Rays paid under: Class I				
		Adult Orthodontics: No	Single:	0	33.15	33.15
		Sealants: Yes	2-Person:	0	61.93	61.93
		Cleanings: 2 per year	Family:	0	110.82	110.82
Vision	VSP 3 G	Plan year July to July	Single:	0	6.09	6.03
			2-Person:	0	13.07	12.95
		WHI	Family:	0	19.66	19.47
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67	Individuals:		20.24	20.24
		Maximum Benefit: \$5,000	Volume:			
		Maximum Monthly Salary: \$7,500	Rate per 100:	0.40		
		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	0%			
		Survivor Income Benefit: 0 months				
		Pre-Existing Conditions: Waived				
		Freeze on Offsets: Yes COLA: No				
		Educational Supplemental Program: No				0.00
PAK Life	\$10,000 PAK Life		Individuals:		0.90	0.90
			Volume:			
	040 000 DALC - DOD		Rate per 1000:		~ ~ ~	
PAK AD&D	\$10,000 PAK AD&D		Individuals:		0.30	0.30
			Volume:			
	D-1-T17 04 107 000		Rate per 1000:	0.03	4 50	4.50
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.