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

## Benefit Program Cost Summary

### Effective 07/01/2017

**Clinton Community Schools**  
 341 East Michigan  
 Clinton, MI 49236-9586

Group: 002A-LCC Teach/Admin/Cust/NonHeadst, 132I-LCC LIEA, LVEA Employer ID: 411  
 Teach, NonUnion, 150C-LCC Teachers, 216A-LCC Admin, Food MESSA Field Rep: Julie Berryman Adams  
 Service, Maint, 216C-LCC Teachers, 298M-LCC Teacher,  
 Couns, Admin, 308A-LCC FT Teach, Cust, Mtc,  
 377A-LCC Teacher/Cust/Admin, 411A-LCC Admin, Teach, Support

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
Teacher - 100000	FT	411A	Administrator - 110000	FT	411A
Principal - 110004	FT	411A	Custodian - 180014	FT	411A
Secretary - 190022	FT	411A	Teaching Assistant - 200014	FT	411A

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER Medical In-Network OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total IN OOP Max: \$2500 Single/\$5000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 106 2-Person: 78 Family: 273	676.31 1,521.71 1,893.67	6Z            248N 248O 248P
Dental	Dent100/80/80/80:1500/1500:2 6492-0005	Class I: 100% 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: 104 2-Person: 84 Family: 269	34.55 69.08 130.64	D0052            248Q 248R 248S
Vision	VSP 2 S	Plan year July to July	Single: 103 2-Person: 84 Family: 270	5.92 12.70 19.12	V2S 248W 248X 248Y
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Replacement %: 66.67 Maximum Benefit: \$6,000 Maximum Monthly Salary: \$9,000 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 457 Volume: 2,091,561 Rate per 100: 0.59	27.10	LT768 15N8
PAK Life	\$45,000 PAK Life		Individuals: 457 Volume: 20,565,000 Rate per 1000: 0.10	4.50	P04501 15N9
PAK AD&D	\$45,000 PAK AD&D		Individuals: 457 Volume: 20,565,000 Rate per 1000: 0.03	1.35	K04501 15N7
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM01 001Z

**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	MESSA Codes
Dental	Dent100/80/80/80:1500/1500:2 6492-0006	Class I: 100% 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: 31 2-Person: 51 Family: 172	34.34 69.20 133.18	D0052A  248T 248U 248V
Vision	VSP 2 S	Plan year July to July	Single: 31 2-Person: 51 Family: 172	5.92 12.70 19.12	V2SA 248Z 2490 2491
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Replacement %: 66.67 Maximum Benefit: \$6,000 Maximum Monthly Salary: \$9,000 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 254 Volume: 1,162,487 Rate per 100: 0.59	27.10	LT768A 15NP
PAK Life	\$50,000 PAK Life		Individuals: 254 Volume: 12,700,000 Rate per 1000: 0.10	5.00	P05001 15NQ
PAK AD&D	\$50,000 PAK AD&D		Individuals: 253 Volume: 12,650,000 Rate per 1000: 0.03	1.50	K05001 15NO

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## Benefit Program Cost Summary

### Effective 07/01/2017

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov Medical In-Network OOP Max Including IN Ded: \$2300 Single Cov; \$4600 2-Person & Family Cov Total IN OOP Max: \$2300 Single Cov; \$4600 2-Person & Family Cov Out-of-Network Ded: \$2600 Single Cov; \$5200 2-Person & Family Cov Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$4600 Single Cov; \$9200 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 41 2-Person: 35 Family: 126	603.81 1,358.60 1,690.68	7U           2JBH 2JBI 2JBJ
Dental	Dent100/80/80/80:1500/1500:2 6492-0005	Class I: 100% 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: 40 2-Person: 35 Family: 126	34.55 69.08 130.64	D0052B           2JBK 2JBL 2JBM
Vision	VSP 2 S	Plan year July to July	Single: 40 2-Person: 35 Family: 126	5.92 12.70 19.12	V2SB 2JBN 2JBO 2JBP
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Replacement %: 66.67 Maximum Benefit: \$6,000 Maximum Monthly Salary: \$9,000 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 201 Volume: 919,921 Rate per 100: 0.59	27.10	LT768B 2JBQ
PAK Life	\$45,000 PAK Life		Individuals: 201 Volume: 9,045,000 Rate per 1000: 0.10	4.50	P04502 2JBR
PAK AD&D	\$45,000 PAK AD&D		Individuals: 201 Volume: 9,045,000 Rate per 1000: 0.03	1.35	K04502 2JBS
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

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## Benefit Program Cost Summary

### Effective 07/01/2017

PAK D	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA ABC Plan 2	In-Network Ded: \$2000 Single Cov; \$4000 2-Person & Family Cov In-Network Coins: 10% of approved amount after deductible Medical In-Network OOP Max Including IN Ded: \$4000 Single Cov; \$6550 2-Person & Family Cov Total IN OOP Max: \$4000 Single Cov; \$6550 2-Person & Family Cov Out-of-Network Ded: \$4000 Single Cov; \$8000 2-Person & Family Cov Out-of-Network Coins: 30% of approved amount after deductible Out-of-Network OOP Cap: \$8000 Single Cov; \$16000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 13 2-Person: 5 Family: 28	527.75 1,187.46 1,477.71	9I            2ND3 2ND4 2ND5
Dental	Dent100/80/80/80:1500/1500:2 6492-0005	Class I: 100% 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: 13 2-Person: 9 Family: 24	34.55 69.08 130.64	D0052C            2ND6 2ND7 2ND8
Vision	VSP 2 S	Plan year July to July	Single: 13 2-Person: 9 Family: 24	5.92 12.70 19.12	V2SC 2ND9 2NDA 2NDB
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Replacement %: 66.67 Maximum Benefit: \$6,000 Maximum Monthly Salary: \$9,000 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 46 Volume: 210,529 Rate per 100: 0.59	27.10	LT768C 2NDC
PAK Life	\$45,000 PAK Life		Individuals: 46 Volume: 2,070,000 Rate per 1000: 0.10	4.50	P0450B 2NDD
PAK AD&D	\$45,000 PAK AD&D		Individuals: 46 Volume: 2,070,000 Rate per 1000: 0.03	1.35	K0450B 2NDE
Basic Term Life	Basic Term Life w/ Med \$5,000			1.50	BTLM03 001Z

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## Benefit Program Cost Summary

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PAK E	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network Coins: 20% of approved amount after deductible Medical In-Network OOP Max including IN Ded: \$2500 Single/\$5000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total IN OOP Max: \$3500 Single/\$7000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 40% of approved amount after deductible Out-of-Network OOP Cap: \$5000 Single/\$10000 Family Prescription Coverage: MESSA SaverRx Mandatory Mail Includes EA1 Rider	Single: 11 2-Person: 16 Family: 40	596.80 1,342.80 1,671.03	9X           34JZ 34K0 34K4
Dental	Dent100/80/80/80:1500/1500:2 6492-0005	Class I: 100% 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: 13 2-Person: 15 Family: 39	34.55 69.08 130.64	D0052D           34K5 34K6 34K7
Vision	VSP 2 S	Plan year July to July	Single: 13 2-Person: 15 Family: 39	5.92 12.70 19.12	V2SD 34K8 34K9 34KA
Negotiated LTD	Neg LTD 66 2/3% Max \$6,000	Replacement %: 66.67 Maximum Benefit: \$6,000 Maximum Monthly Salary: \$9,000 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: 67 Volume: 306,640 Rate per 100: 0.59	27.10	LT768D 34KB
PAK Life	\$45,000 PAK Life		Individuals: 67 Volume: 3,015,000 Rate per 1000: 0.10	4.50	P0450C 34KC
PAK AD&D	\$45,000 PAK AD&D		Individuals: 67 Volume: 3,015,000 Rate per 1000: 0.03	1.35	K0450C 34KD
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM05 001Z

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