

# Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: Administration  
 County: Delta  
 Employer ID: 448

Benefit Program As Of Date: 09/01/2016  
 Contact: Mary Aird

**Job** Administrator - 110000 **FT/PT Eligibility Rule ID** FT/PT 448A **Job** **FT/PT Eligibility Rule ID**

PAKA	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$5 Office Visit/\$10 Urgent Care/\$25 ER In-Network OOP Cap: \$1000 Single/\$2000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single/\$4000 Family Prescription Coverage: \$10 Generic/\$20 Brand Name	Single: 699.70 2-Person: 1,574.32 Family: 1,959.15	5HA 20G7 20G8 20G9
<b>Dental</b>	Dent100X/100/80/100:1500/1500: 6488-0003	Class I: 100% Class II: 100% Class III: 80% Class IV: 100% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 37.89 2-Person: 75.01 Family: 136.93	D2304 20GA 20GB 20GC
<b>Vision</b>	VSP 3 G	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G 20GD 20GE 20GF 20GG
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$5,000		43.96	LT3452 20GG
<b>PAK Life</b>	\$100,000 PAK Life		16.00	P10001 20GH
<b>PAK AD&amp;D</b>	\$100,000 PAK AD&D		3.00	K10001 20GI
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM10 001Z

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



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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent100X/100/80/100:1500/1500: 6488-0004	Class I: 100% Class II: 100% Class III: 80% Class IV: 100% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 35.15 2-Person: 70.13 Family: 137.73	D2304B
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G2 2OGM 2OGN 2OGO LT345C 2OGP
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	43.96	
<b>PAK Life</b>	\$100,000 PAK Life		16.00	P10002 2OGQ
<b>PAK AD&amp;D</b>	\$100,000 PAK AD&D		3.00	K10002 2OGR

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## Current Bargained Benefits Group Benefit Program Statement

PAK C	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 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: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 572.55 2-Person: 1,288.23 Family: 1,603.13	7VA
<b>Dental</b>	Dent100X/100/80/100:1500/1500: 6488-0003	Class I: 100% Class II: 100% Class III: 80% Class IV: 100% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 37.89 2-Person: 75.01 Family: 136.93	D2304A
<b>Vision</b>	VSP 3 G	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G1 360I 360J 360K
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G1 360I 360J 360K
<b>PAK Life</b>	\$100,000 PAK Life		16.00	P1000A 360L
<b>PAK AD&amp;D</b>	\$100,000 PAK AD&D		3.00	K1000A 360M
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLMO2 001Z

**COBRA RATES:**

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# Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: **Superintendent**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Aird**

**Job** Superintendent - 110005 **FT/PT Eligibility Rule ID** FT/PT 448B **Job** **FT/PT Eligibility Rule ID** FT/PT 448B

Medical	Plan	Brief Description	Rate	MESSA Codes
	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 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: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 584.23 2-Person: 1,314.52 Family: 1,635.84	TVB
<b>Vision</b>	VSP 3 Plus	Plan year July to July	Single: 10.02 2-Person: 21.54 Family: 32.43	V3P 25B8 25B9 25BA
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$7,500	Replacement %: 66.67 Maximum Benefit: \$7,500 Maximum Monthly Salary: \$11,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Rate per 100: 1.12	LT673 1KWVB
<b>Negotiated Life</b>	\$150,000 Negotiated Life		Rate per 1000: 0.16	N15001 2DKM
<b>Negotiated AD&amp;D</b>	\$150,000 Negotiated AD&D		Rate per 1000: 0.03	A15001 100R
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM11 001Z

**COBRA RATES:**

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

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# Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: **Office Personnel**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Aird**

**Job**  
 Executive Secretary - 190031

**FT/PT Eligibility Rule ID**  
 FT/PT 448D

**Job**  
 Business Assistant - 190055

**FT/PT Eligibility Rule ID**  
 FT/PT 448D

<b>PAKA</b>	<b>Plan</b>	<b>Brief Description</b>	<b>Rate</b>	<b>MESSA Codes</b>
<b>Medical</b>	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 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: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 572.55 2-Person: 1,288.23 Family: 1,603.13	2OIR 2OIS 2OIT
<b>Dental</b>	Dent100X/100/80/100;1500/1500; 6488-0005	Class I: 100% Class II: 100% Class III: 80% Class IV: 100% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year		D2304D
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 36.32 2-Person: 69.27 Family: 124.13	2OIU 2OIV 2OIW
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G4 2OIX 2OY 2OIZ
<b>PAK Life</b>	\$50,000 PAK Life		8.00	P0500A 2OJ0
<b>PAK AD&amp;D</b>	\$50,000 PAK AD&D		1.50	K0500A 2OJ1
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM13 001Z

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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent100X/100/80/100:1500/1500: 6488-0006	Class I: 100% Class II: 100% Class III: 80% Class IV: 100% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 38.24 2-Person: 80.22 Family: 147.80	D2304E 20J2 20J3 20J4
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G5 20J5 20J6 20J7
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	47.31	LT271G 20J8
<b>PAK Life</b>	\$50,000 PAK Life		8.00	P0500B 20J9
<b>PAK AD&amp;D</b>	\$50,000 PAK AD&D		1.50	K0500B 20JA

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## Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: **Secretary**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Aird**

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

Secretary - 190022

FT/PT 448E

PAKA	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA Choices	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1000 Single/\$2000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single/\$4000 Family Prescription Coverage: MESSA Saver Rx	Single: 636.17 2-Person: 1,431.38 Family: 1,781.26	7F 2JNK 2JNL 2JNM
<b>Dental</b>	Dent80/80/80/80:1500/1000:2 6488-0001	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 30.80 2-Person: 62.10 Family: 112.51	D0216 2JNN 2JNO 2JNP
<b>Vision</b>	VSP 3	Plan year July to July	Single: 6.88 2-Person: 14.80 Family: 22.26	V37 2JNQ 2JNR 2JNS
<b>Negotiated LTD</b>	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	30.78	LT840 2JNT
<b>PAK Life</b>	\$50,000 PAK Life		8.00	P05001 2JNU
<b>PAK AD&amp;D</b>	\$50,000 PAK AD&D		1.50	K05001 2JNV
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLMD1 001Z

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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
Dental	Dent80/80/80/80:1500/1000:2 6488-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 23.28 2-Person: 50.74 Family: 103.54	D0216A
Vision	VSP 3		Single: 6.88 2-Person: 14.80 Family: 22.26	V313 2JNZ 2J00 2J01
Negotiated LTD	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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	30.78	LT840A 2J02
PAK Life	\$50,000 PAK Life		8.00	P05002 2J03
PAK AD&D	\$50,000 PAK AD&D		1.50	K05002 2J04

**COBRA RATES:**

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## Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: Paraprof Wkg Min of 915 hrs/yr  
 County: Delta  
 Employer ID: 448

Benefit Program As Of Date: 09/01/2016  
 Contact: Mary Aird

<u>Job</u>	<u>FT/PT Eligibility Rule ID</u>	<u>Job</u>	<u>FT/PT Eligibility Rule ID</u>
Paraprofessional - 200013	FT/PT 448F		

<u>PAK A</u>	<u>Plan</u>	<u>Brief Description</u>	<u>Rate</u>	<u>MESSA Codes</u>
<b>Medical</b>	MESSA Choices			7FB
<b>Dental</b>	Dent100X/90/90/90:1500/1500:2 6488-0007	In-Network Ded: \$500 Single/\$1000 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1000 Single/\$2000 Family Out-of-Network Ded: \$1000 Single/\$2000 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single/\$4000 Family Prescription Coverage: MESSA Saver Rx	Single: 636.17 2-Person: 1,431.38 Family: 1,781.26	20JB 20JC 20JD
<b>Vision</b>	VSP 3 Plus	Class I: 100% Class II: 90% Class III: 90% Class IV: 90% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 38.36 2-Person: 76.09 Family: 134.40	20JE 20JF 20JG
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Single: 10.02 2-Person: 21.54 Family: 32.43	V3P1 20JH 20JI 20JJ
<b>PAK Life</b>	\$50,000 PAK Life		8.00	P0500C 20JL
<b>PAK AD&amp;D</b>	\$50,000 PAK AD&D		1.50	K0500C 20JM
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM15 001Z

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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent100X/90/90/90:1500/1500:2 6488-0008	Class I: 100% Class II: 90% Class III: 90% Class IV: 90% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 36.15 2-Person: 73.95 Family: 136.14	D2093A
<b>Vision</b>	VSP 3 Plus	Plan year July to July	Single: 10.02 2-Person: 21.54 Family: 32.43	V3P10 2OJQ 2OJR 2OJS
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	43.54	LT2712 2OJT
<b>PAK Life</b>	\$50,000 PAK Life		8.00	P0500D 2OJU
<b>PAK AD&amp;D</b>	\$50,000 PAK AD&D		1.50	K0500D 2OJV

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## Current Bargained Benefits Group Benefit Program Statement

PAK C	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA ABC Plan 1			7VC
		In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 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: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 572.55 2-Person: 1,288.23 Family: 1,603.13	363J 363K 363L
<b>Dental</b>	Dent100X/90/90/90:1500/1500:2 6488-0007	Class I: 100% Class II: 90% Class III: 90% Class IV: 90% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class I Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July		D2093B
<b>Vision</b>	VSP 3 Plus		Single: 38.36 2-Person: 76.09 Family: 134.40	363M 363N 363O
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Single: 10.02 2-Person: 21.54 Family: 32.43	V3P11 363P 363Q 363R
<b>PAK Life</b>	\$50,000 PAK Life		8.00	P0500E 363S
<b>PAK AD&amp;D</b>	\$50,000 PAK AD&D		1.50	K0500E 363T
<b>Basic Term Life</b>	Basic Term Life w/ Med \$5,000		1.50	BTLMD3 001Z

**COBRA RATES:**

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## Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: Paraprof < 915 hrs/yr  
 County: Delta  
 Employer ID: 448

Benefit Program As Of Date: 09/01/2016  
 Contact: Mary Alrd

**Job**  
 Paraprofessional - 200013

**FT/PT Eligibility Rule ID**  
 PT 448H

**FT/PT Eligibility Rule ID**

**Subgroup(s):** Wkg less than 915 hrs/yr

Negotiated Life	Plan	Brief Description	Rate per 1000:	Rate	MESSA Codes
	\$50,000 Negotiated Life			0.16	N0500G 2DKV

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# Current Bargained Benefits Group Benefit Program Statement

Delta Schoolcraft ISD  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: Full Time Teacher  
 County: Delta  
 Employer ID: 448

Benefit Program As Of Date: 09/01/2016  
 Contact: Mary Aird

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	MESSA Codes
Teacher - 100000	FT 4481			
PAKA	Plan	Brief Description	Rate	MESSA Codes
Medical	MESSA Choices	In-Network Ded: \$300 Single/\$600 Family In-Network Copay: \$20 Office Visit/\$25 Urgent Care/\$50 ER In-Network OOP Cap: \$1000 Single/\$2000 Family Out-of-Network Ded: \$600 Single/\$1200 Family Out-of-Network Coins: 20% of approved amount after deductible Out-of-Network OOP Cap: \$2000 Single/\$4000 Family Prescription Coverage: MESSA Saver Rx	Single: 671.55 2-Person: 1,510.97 Family: 1,880.32	7EB 36HT 36HU 36HV
Dental	Dent100/100/80/80:1500/1500:2 6488-0009	Class I: 100% Class II: 100% 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 Plan year July to July	Single: 42.63 2-Person: 83.51 Family: 146.04	D0893
Vision	VSP 3 G	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G10 36HZ 3610 3611 LT271C 3614
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500		37.19	
PAK Life	\$75,000 PAK Life		11.25	P07501 3612
PAK AD&D	\$75,000 PAK AD&D		2.25	K07501 3613
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	BTLM07 001Z

Single 774.09  
 Two 1663.25  
 Family 2103.48

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



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## Current Bargained Benefits Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
Dental	Dent100/100/80/80:1500/1500:2 6488-0010	Class I: 100% Class II: 100% 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 Plan year July to July	Single: 46.50 2-Person: 91.09 Family: 159.28	D0893A 36I5 36I6 36I7
Vision	VSP 3 G	Plan year July to July	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G11 36I8 36I9 36IA
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	37.19	LT271E 36ID
PAK Life	\$75,000 PAK Life		11.25	P07502 36IB
PAK AD&D	\$75,000 PAK AD&D		2.25	K07502 36IC

Single 104.91  
Two 158.36  
Family 234.90

### COBRA RATES:

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



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## Current Bargained Benefits Group Benefit Program Statement

PAK C	Plan	Brief Description	Rate	MESSA Codes
Medical	MESSA ABC Plan 1	In-Network Ded: \$1300 Single Cov; \$2600 2-Person & Family Cov In-Network OOP Cap: \$1000 Single Cov; \$2000 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: \$2000 Single Cov; \$4000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 572.55 2-Person: 1,288.23 Family: 1,603.13	7VD 36IE 36IF 36IG
Dental	Dent100/100/80/80:1500/1500:2 6488-0009	Class I: 100% Class II: 100% 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 Plan year July to July	Single: 42.63 2-Person: 83.51 Family: 146.04	D0893B 36IH 36II 36IU
Vision	VSP 3 G	Plan year July to July	Single: 7.72 2-Person: 16.58 Family: 24.93	V3G3 36IK 36IL 36IM
Negotiated LTD	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	37.19	LT271H 36IP
PAK Life	\$75,000 PAK Life		11.25	P0750B 36IN
PAK AD&D	\$75,000 PAK AD&D		2.25	K0750B 36IO
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	BTLM04 001Z

**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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## Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: **Part Time Teacher**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Aird**

**Job** Teacher - 100000      **FT/PT Eligibility Rule ID** PT 448J      **Job**      **FT/PT Eligibility Rule ID** LT271D 322I

Negotiated LTD	Plan	Brief Description	Rate	MESSA Codes
	Neg LTD 66 2/3% Max \$3,500	Replacement %: 66.67 Maximum Benefit: \$3,500 Maximum Monthly Salary: \$5,250 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness 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: Yes Educational Supplemental Program: No	Rate per 100: 2.71	LT271D 322I

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





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## Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: **Retired Teach After 4/01/2000**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Aird**

**Job** Teacher - 100000  
**FT/PT Eligibility Rule ID** FT/PT 448K

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

Plan	Brief Description	Rate	MESSA Codes
<b>Negotiated Life</b>	\$75,000 Negotiated Life	Rate per 1000: 0.16	N07501 2DKZ

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



# Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
**2525 3rd Ave S**  
**Escanaba, MI 49829-1258**

Group: **Retired Admin Life only**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Alrd**

**Job** Administrator - 110000  
**FT/PT Eligibility Rule ID** FT/PT 448L

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

Negotiated Life	Plan	Brief Description	Rate per 1000:	Rate	MESSA Codes
	\$100,000 Negotiated Life			0.36	N10001 2DL0

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



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## Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: **Retire Adim Bef 7.16 Age 65+**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Aird**

**Job** Administrator - 110000  
**FT/PT Eligibility Rule ID** FT/PT 448P

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

**Subgroup(s):** Retiree age 65 and over

Plan	Brief Description	Rate	MESSA Codes
Negotiated Life	\$10,000 Negotiated Life	Rate per 1000: 0.36	N0100B 2DL1

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



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# Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

Group: **Retired Office Per to age 65**  
 County: **Delta**  
 Employer ID: **448**

Benefit Program As Of Date: **09/01/2016**  
 Contact: **Mary Aird**

**Job** Executive Secretary - 110025  
**FT/PT Eligibility Rule ID** FT/PT 448R

**Job** Business Assistant - 190055  
**FT/PT Eligibility Rule ID** FT/PT 448R

<b>Negotiated Life</b>	<b>Plan</b>	<b>Brief Description</b>	<b>Rate</b>	<b>MESSA Codes</b>
	\$50,000 Negotiated Life		Rate per 1000: 0.16	N0500H 2EIL

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



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# Current Bargained Benefits Group Benefit Program Statement

**Delta Schoolcraft ISD**  
 2525 3rd Ave S  
 Escanaba, MI 49829-1258

**Group: Retired Paraprofessionals**  
 County: Delta  
 Employer ID: 448

**Benefit Program As Of Date: 09/01/2016**  
 Contact: Mary Aird

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID	Plan	Brief Description	Rate	MESSA Codes
Paraprofessional - 200013	FT/PT 448S			\$10,000 Negotiated Life		Rate per 1000: 0.16	N01002 2GX3

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

