



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

Benefit Program Cost Summary

Effective 01/01/2024

Alba Public Schools
 5935 Elm St
 Elmira, MI 49730-8303

Group: **316B-Teachers & Admin Secretary**

Employer ID: 316
 MESSA Field Rep: Viola Collin

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 316B	Administrative Secretary - 110001	FT/PT 316B

Medical	Plan	Brief Description	Census Used	Rate
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Teledoc Health: 24/7 Care & Mental Health Copay: \$5 Virtual Primary Care Copay: \$5 Office Visit Copay: \$5 Specialist Visit Copay: \$5 Urgent Care Copay: \$10 Emergency Room Copay: \$25 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 Includes EA1 Rider	Single: 3 860.32 2-Person: 0 1,935.73 Family: 1 2,408.89	
Basic Term Life	Basic Term Life w/Med \$5,000			1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1600 Single Cov; \$3200 2-Person & Family Cov Teledoc Health: 24/7 Care & Mental Health Copay: \$0 Virtual Primary Care Copay: \$0 Office Visit Copay: \$0 Specialist Visit Copay: \$0 Urgent Care Copay: \$0 Emergency Room Copay: \$0 Medical OOP Max Including IN Ded: \$2600 Single Cov; \$5200 2-Person & Family Cov Total OOP Max: \$2600 Single Cov; \$5200 2-Person & Family Cov Out-of-Network Deductible: \$3200 Single Cov; \$6400 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$5200 Single Cov; \$10400 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 0 738.66 2-Person: 2 1,662.00 Family: 0 2,068.25	
Basic Term Life	Basic Term Life w/Med \$5,000			1.50

Medical Rate includes 1.336% for federal and state taxes and fees.



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Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Dental	Dent100/100/100/80:UCR/3000:2 00480-0002	Class I: 100% Class II: 100% Class III: 100% Class IV: 80% Annual Max Class I, II, III: \$3,000, Lifetime Max Class IV: UCR X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 3 2-Person: 2 Family: 2	46.63 90.41 180.35
Vision	VSP 3 Plus P 250CL	Plan year January to January	Single: 3 2-Person: 2 Family: 2	9.31 20.00 30.07
Negotiated Life	\$50,000 Negotiated Life		Individuals: 7 Volume: 350,000 Rate per 1000: 0.19	9.50
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 7 Volume: 350,000 Rate per 1000: 0.03	1.50
Negotiated LTD	Neg LTD 70% Max \$5,000	Replacement %: 70.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,143 Waiting Period: 60 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	Individuals: 7 Volume: 24,705 Rate per 100: 1.38	48.70

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.