



Benefit Program Cost Summary
Effective 10/01/2011

*2011-12
 New Rates
 10/1/11
 ASM*

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

Marion Public Schools
 510 W Main St; PO Box 0
 Marion, MI 49665

Group: 156C-Administration

Employer ID: 156
 MESSA Field Rep: Carol Barrett

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Administrator - 110000	FT/PT 156C		
PAK A	Plan	Brief Description	Census Used Rate MESSA Codes
Medical	MESSA Choices II 07064-012	In-Network Deductible: \$200/\$400 Out-Of-Network Deductible: \$400/\$800 OV/UC/ER Copay: \$20/\$25/\$50 RX: \$10/\$20	Member Only: 0 582.19 Member + Dependent: 1 1,309.93 Member + Dependents: 1 1,455.47 3K 2G5S 2G5T 2G5U
Dental	Dent75/75/75/75:1300/1000:2 0457-0008	Class I: 75% Class II: 75% Class III: 75% Class IV: 75% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Member Only: 0 36.31 Member + Dependent: 1 67.22 Member + Dependents: 1 109.11 D0627 2G5V 2G5W 2G5X
Vision	VSP 2 Silver	Plan year July to July	Member Only: 0 6.12 Member + Dependent: 1 13.16 Member + Dependents: 1 19.82 V2S 2G5Y 2G60
Negotiated LTD	Neg LTD 70% Max \$2,500	Replacement %: 70.00 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,571 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: 2 56.46 Volume: 6,642 Rate per 100: 1.70 LT686 2G64
PAK Life	\$30,000 PAK Life		Individuals: 2 4.20 Volume: 60,000 Rate per 1000: 0.14 P03001 2G66
PAK AD&D	\$30,000 PAK AD&D		Individuals: 2 0.90 Volume: 60,000 Rate per 1000: 0.03 K03001 2G69
Basic Term Life	Basic Term Life w/Med \$5,000		1.50 BTLM01 001Z

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above, Medical COBRA rates for PAK A are as follows:

Medical - Member Only	582.19
Medical - Member + Dependent	1,309.93
Medical - Member + Dependents	1,455.47

*2 per.
 1453.37*

*full
 1647.96*



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Benefit Program Cost Summary Effective 10/01/2011

PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent75/75/75/75:1300/1000:2 0457-0009	Class I: 75% Class II: 75% Class III: 75% Class IV: 75% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Member Only: 0 Member + Dependent: 1 Member + Dependents: 1	34.71 64.34 107.45	D0627A 2G6A 2G6B 2G6C
Vision	VSP 2 Silver	Plan year July to July	Member Only: 0 Member + Dependent: 1 Member + Dependents: 1	6.12 13.16 19.82	V2SA 2G61 2G62 2G63
Negotiated LTD	Neg LTD 70% Max \$2,500	Replacement %: 70.00 Maximum Benefit: \$2,500 Maximum Monthly Salary: \$3,571 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: 2 Volume: 6,071 Rate per 100: 1.70	51.60	LT686A 2G65
PAK Life	\$30,000 PAK Life		Individuals: 2 Volume: 60,000 Rate per 1000: 0.14	4.20	P0300A 2G67
PAK AD&D	\$30,000 PAK AD&D		Individuals: 2 Volume: 60,000 Rate per 1000: 0.03	0.90	K0300A 2G68

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.

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