



Benefit Program Cost Summary Effective 10/01/2011

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: 156F-Transportation & Parapro

Employer ID: 156
MESSA Field Rep: Carol Barrett

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Paraprofessional - 200013	FT/PT 156F	Bus Driver/Transportation - 210000	FT/PT 156F

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices 07064-013	In-Network Deductible: \$300/\$600 Out-Of-Network Deductible: \$600/\$1200 OV/UC/ER Copay: \$20/\$25/\$50 RX: \$10/\$20	Member Only: 6 Member + Dependent: 1 Member + Dependents: 1	571.61 1,286.13 1,429.03	5E 2HGS 2HGT 2HGU
Dental	Dent75/75/75/75:1300/1000:2 0000-0000	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: 5 Member + Dependents: 3	28.18 52.49 93.88	D0627D 2HGV 2HW 2HGX
Vision	VSP 2 Silver	Plan year July to July	Member Only: 0 Member + Dependent: 5 Member + Dependents: 3	6.12 13.16 19.82	V2SE 2HGY 2HGZ 2HH0
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: 8 Volume: 7,957 Rate per 100: 2.25	22.38	LT686D 2HH1
PAK Life	\$30,000 PAK Life		Individuals: 8 Volume: 240,000 Rate per 1000: 0.14	4.20	P0300D 2HH2 <i>6.60</i>
PAK AD&D	\$30,000 PAK AD&D		Individuals: 8 Volume: 240,000 Rate per 1000: 0.03	0.90	K0300D 2HH3
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	571.61
Medical - Member + Dependent	1,286.13
Medical - Member + Dependents	1,429.03

2 per Bus dri
2 per
634.89 - 714.29
1380.76
1571.71
Full for



MESSA
www.messa.org

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PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent75/75/75/75:1300/1000:2 0000-0000	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: 3	27.60 51.42 94.09	D0627E 2HH4 2HH5 2HH6
Vision	VSP 2 Silver	Plan year July to July	Member Only: 0 Member + Dependent: 1 Member + Dependents: 3	6.12 13.16 19.82	V2SF 2HH7 2HH8 2HH9
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: 4 Volume: 4,486 Rate per 100: 2.25	25.23	LT686E 2HHB
PAK Life	\$30,000 PAK Life		Individuals: 4 Volume: 120,000 Rate per 1000: 0.14	0.90	P0300E 2HHD
PAK AD&D	\$30,000 PAK AD&D		Individuals: 4 Volume: 120,000 Rate per 1000: 0.03	4.20	K0300E 2HHE

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.

Double
94.91

full year
144.24