



Benefit Program Cost Summary

Effective 10/01/2011

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

South Lake Schools
 23101 Stadium Blvd.
 St Clair Shores, MI 48080-1172

Group: 891E-Teachers

Employer ID: 891
 MESSA Field Rep: Fred Baker

Job	FT/PT Eligibility Rule ID
Teacher - 100000	FT/PT 891E
Social Worker - 100004	FT/PT 891E

Job	FT/PT Eligibility Rule ID
Counselor - 100002	FT/PT 891E

PAK A	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices 07058-005	In-Network Deductible: \$300/\$600 Out-Of-Network Deductible: \$600/\$1200 OV/UC/ER Copay: \$20/\$25/\$50 RX: SaverRX XVA2 Rider: Yes	Member Only: 24 Member + Dependent: 19 Member + Dependents: 78	567.43 1,276.71 1,418.57	7E 2BQU 2BQV 2BQW
Dental	Dent 50/50/50/50:1000(1000) 6477-0002	Class I: 50% Class II: 50% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Member Only: 1 Member + Dependent: 2 Member + Dependents: 18	19.17 35.76 65.48	D0095A 2BQX 2BQY 2BQZ
Dental	Dent 80/80/80/80:1300(1000) 6477-0001	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,300 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Member Only: 23 Member + Dependent: 17 Member + Dependents: 60	32.68 60.80 110.76	D0212 2BR0 2BR1 2BR2
Vision	VSP 3 Gold	Plan year July to July	Member Only: 24 Member + Dependent: 19 Member + Dependents: 78	8.20 17.62 26.50	V3GA 2BR9 2BRA 2BRB
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 Waiting Period: 90 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: 120 Volume: 744,253 Rate per 100: 0.55	34.11	LT371 19AR
PAK Life	\$40,000 PAK Life		Individuals: 121 Volume: 4,840,000 Rate per 1000: 0.17	6.80	P0400B 19AS
PAK AD&D	\$40,000 PAK AD&D		Individuals: 121 Volume: 4,840,000 Rate per 1000: 0.03	1.20	K0400B 19AQ
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	567.43
Medical - Member + Dependent	1,276.71
Medical - Member + Dependents	1,418.57



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PAK B	Plan	Brief Description	Census Used	Rate	MESSA Codes
Dental	Dent 100/90/90/90:1500(1000) 6477-0003	Class I: 100% Class II: 90% Class III: 90% Class IV: 90% 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	Member Only: 0 Member + Dependent: 0 Member + Dependents: 2	38.26 71.21 134.90	D0075 2BR3 2BR4 2BR5
Dental	Dent 50/50/50/50:1000(1000) 6477-0004	Class I: 50% Class II: 50% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Member Only: 0 Member + Dependent: 2 Member + Dependents: 11	16.81 31.46 60.76	D0095C 2BR6 2BR7 2BR8
Vision	VSP 3 Gold	Plan year July to July	Member Only: 0 Member + Dependent: 2 Member + Dependents: 13	8.20 17.62 26.50	V3G3 2BRC 2BRD 2BRE
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 Waiting Period: 90 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: 15 Volume: 85,368 Rate per 100: 0.55	31.30	LT371B 19B4
PAK Life	\$60,000 PAK Life		Individuals: 15 Volume: 900,000 Rate per 1000: 0.17	10.20	P0600B 19B5
PAK AD&D	\$60,000 PAK AD&D		Individuals: 15 Volume: 900,000 Rate per 1000: 0.03	1.80	K0600B 19B2
PAK Dependent Life	\$10,000/5,000 PAK Dep Life		Individuals: 15 Volume: 150,000 Rate per 1000: 0.29	2.90	PDL010 19B3

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.