



1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800-292-4910

Benefit Program Cost Summary

Effective 01/01/2025

Frankfort-Elberta Area Schools
 534 11th St
 Frankfort, MI 49635-9351

Group: **484A-Admin and Non Union Employees, 484C-Teacher**
 NOTE: **Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.**

Employer ID: 484
 MESSA Field Rep: Viola Collin

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Counselor - 100002	FT/PT 484A	Principal - 110004	FT/PT 484A
Dir of Food Service/Nutrition - 110052	FT/PT 484A	Dir Early Childhood - 110242	FT/PT 484A
Maintenance Supervisor - 180010	FT/PT 484A	Executive Secretary - 190031	FT/PT 484A

Medical	Plan	Brief Description	Census Used	Rate
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Teladoc Health: 24/7 Care & Mental Health Copay: \$20 Virtual Primary Care Copay: \$20 Office Visit Copay: \$20 Specialist Visit Copay: \$20 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$2000 Single/\$4000 Family Total OOP Max: \$3500 Single/\$7000 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: 5-Tier Rx Includes EA1 Rider	Single: 5 2-Person: 8 Family: 29	789.49 1,776.35 2,210.57
Basic Term Life	Basic Term Life w/Med \$5,000			1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1650 Single Cov; \$3300 2-Person & Family Cov Teladoc 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: \$3650 Single Cov; \$7300 2-Person & Family Cov Total OOP Max: \$3650 Single Cov; \$7300 2-Person & Family Cov Out-of-Network Deductible: \$3300 Single Cov; \$6600 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$7300 Single Cov; \$14600 2-Person & Family Cov Prescription Coverage: 5-Tier Rx Includes EA1 Rider Health Savings Account with Health Equity	Single: 0 2-Person: 0 Family: 0	693.66 1,560.73 1,942.24
Basic Term Life	Basic Term Life w/Med \$5,000			1.50



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Medical	Essentials by MESSA	In-Network Deductible: \$375 Single/\$750 Family Teladoc Health: 24/7 Care & Mental Health Copay: \$10 Virtual Primary Care Copay: \$25 Office Visit Copay: \$25 Specialist Visit Copay: \$50 Urgent Care Copay: \$50 Emergency Room Copay: \$200 Coinsurance: 20% of approved amount after deductible Medical OOP Max Including IN Ded: \$9200 Single/\$18400 Family Total OOP Max: \$9200 Single/\$18400 Family Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$18025 Single/\$36050 Family Prescription Coverage: Essentials by MESSA Includes EA1 Rider	
		Single: 0 584.78 2-Person: 0 1,315.77 Family: 0 1,637.40	
Basic Term Life	Basic Term Life w/Med \$5,000		1.50

Medical Rate includes 1.424% for federal and state taxes and fees.

Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Negotiated Bundled Protection	Accident, Critical Illness, and Hospital Indemnity Coverages		Single: 6 2-Person: 11 Family: 31	22.40 37.48 48.18
Dental	Dent100X/80S/80/80A:UCR/2000:2Class I: 100% 00987-0013	Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: UCR X-Rays paid under: Class I Adult Orthodontics: Yes Sealants: Yes Cleanings: 2 per year	Single: 6 2-Person: 11 Family: 31	44.16 84.79 175.24
Vision	VSP 2 S	Plan year January to January	Single: 6 2-Person: 11 Family: 31	5.48 11.72 17.66
Negotiated Life	\$100,000 Negotiated Life		Individuals: 48 Volume: 4,800,000 Rate per 1000: 0.17	17.00
Negotiated AD&D	\$100,000 Negotiated AD&D		Individuals: 48 Volume: 4,800,000 Rate per 1000: 0.03	3.00
Negotiated LTD	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 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: 48 Volume: 285,330 Rate per 100: 0.30	18.13

COBRA RATES:

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



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



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Teacher - 100000	FT/PT 484C			
Medical				
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