

Benefit Program Cost Summary Effective 01/01/2025

Frankfort-Elberta Area Schools 534 11th St

Group: 484A-Admin and Non Union Employees, 484C-Teacher

Frankfort, MI 49635-9351

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

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: 5 789.49 2-Person: 8 1,776.35 Family: 29 2,210.57 Basic Term Life Basic Term Life w/Med \$5,000	Medical				
Deductible: \$500 Single/\$1000 Family			·	Census Used	Rate
Basic Term Life Basic Term Life w/Med \$5,000	Medical		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 of Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: 5-Tier Rx	deductible	
Basic Term Life Basic Term Life w/Med \$5,000 In-Network				•	
Basic Term Life Basic Term Life w/Med \$5,000 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: 0 693.66 2-Person: 0 1,560.73 Family: 0 1,942.24					' I
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: 0 693.66 2-Person: 0 1,560.73 Family: 0 1,942.24	Basic Term Life	Basic Term Life w/Med \$5,000		•	· · · · · · · · · · · · · · · · · · ·
	Medical	MESSA ABC Plan 1	Deductible: \$1650 Single Cov; \$3300 2-Persor 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 & F. Total OOP Max: \$3650 Single Cov; \$7300 2-F Out-of-Network Deductible: \$3300 Single Cov; \$6600 2-Persor Coinsurance: 20% of approved amount after Council Coop Max: \$7300 Single Cov; \$14600 2-Persoription Coverage: 5-Tier Rx Includes EA1 Rider	amily Cov Person & Family Con on & Family Cov deductible -Person & Family Single: 0	Cov 693.66 1,560.73
	Basic Term Life	Basic Term Life w/Med \$5 000		Family: 0	



Benefit Program Cost Summary Effective 01/01/2025

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 Us	hes	Rate	
Negotiated Bundled	Accident, Critical Illness, and	Bitel Description	Single:	6	22.40	
Protection	Hospital Indemnity Coverages		2-Person:	11	37.48	
	, corruges		Family:	31	48.18	
Dental	Dent100X/80S/80/80A:UCR/2000	0:2Class I: 100%	•			
	00987-0013	Class II: 80%				
		Class III: 80%				
		Class IV: 80%				
		Annual Max Class I, II, III: \$2,000, Lifetime M	lax Class IV: UCR			
		X-Rays paid under: Class I				
		Adult Orthodontics: Yes	Single:	6	44.16	
		Sealants: Yes	2-Person:	11	84.79	
		Cleanings: 2 per year	Family:	31	175.24	
Vision	VSP 2 S	Plan year January to January	Single:	6	5.48	
			2-Person:	11	11.72	
			Family:	31	17.66	
Negotiated Life	\$100,000 Negotiated Life		Individuals:	48	17.00	
			Volume:		000	
			Rate per 1000:			
Negotiated AD&D	\$100,000 Negotiated AD&D		Individuals:	48	3.00	
			Volume:	, ,	000	
			Rate per 1000:			
Negotiated LTD	Neg LTD 60% Max \$5,000	Replacement %: 60.00		48	18.13	
		Maximum Benefit: \$5,000	Volume:	,	30	
		Maximum Monthly Salary: \$8,333	Rate per 100:	0.30		
		Waiting Period: 90 Calendar Days Modified F	Fill			
		Alcohol/Drug: 2 Year Limitation				
		Mental/Nervous: 2 Year Limitation				
		Social Security Offset: Family				
		Own Occupation: 2 years Minimum Bene	efit: 5%			
		Survivor Income Benefit: 0 months				
		Pre-Existing Conditions: Waived				
		Freeze on Offsets: Yes COLA: No				
		Educational Supplemental Program: No				

COBRA RATES:

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



Benefit Program Cost Summary Effective 01/01/2025

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



Benefit Program Cost Summary Effective 01/01/2025

Employer ID: 484

MESSA Field Rep: Viola Collin

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.

b FT/PT Eligibility Rule ID Job FT/PT Eligibility Rule ID

Teacher - 100000 FT/PT 484C

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Medical	Plan	Brief Description	Census Used	Pato
Medical	Plan MESSA Choices	Brief Description In-Network	Census Usea	Rate
nculcal	MEGON CHOICES	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	La alca e Chil	
		Coinsurance: 20% of approved amount after of	deductible	
		Total OOP Max: \$3000 Single/\$6000 Family		
		Prescription Coverage: 5-Tier Rx Includes EA1 Rider		
		Includes LAT Ridel	Single: 5	789.49
			2-Person: 8	1,776.35
			Family: 29	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-Perso	n & 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 & Fa	amily Cov	
		Total OOP Max: \$3650 Single Cov; \$7300 2-F	Person & Family C	Cov
		Out-of-Network		
		Deductible: \$3300 Single Cov; \$6600 2-Perso		
		Coinsurance: 20% of approved amount after of		
			Person & Family	Cov
		Total OOP Max: \$7300 Single Cov; \$14600 2-	T CISOII & I allilly	· · · · · · · · · · · · · · · · · · ·
		Prescription Coverage: 5-Tier Rx	T CISOII & I AIIIIIY	
		Prescription Coverage: 5-Tier Rx Includes EA1 Rider	T erson & r anniy	
		Prescription Coverage: 5-Tier Rx		
		Prescription Coverage: 5-Tier Rx Includes EA1 Rider	Single: 0	693.66
		Prescription Coverage: 5-Tier Rx Includes EA1 Rider		



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		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:	-	1,315.77	
		Family:	-	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	Diag	Puisé Passaintian	Compression		2-4-	
Negatioted Dundled	Plan	Brief Description	Census Us		Rate	
Negotiated Bundled Protection	Accident, Critical Illness, and		Single:	6	22.40	
Protection	Hospital Indemnity Coverages		2-Person: Family:	11 31	37.48 48.18	
Dental	Dent100X/80S/80/80A:UCR/2000	0:2Class I: 100%	i airiily.	- 51	40.10	
	00987-0015	Class II: 80%				
	0000. 00.0	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	Single:	6	44.16	
		Sealants: Yes	2-Person:	11	84.79	
		Cleanings: 2 per year	Family:	31	175.24	
Vision	VSP 2 S	Plan year January to January	Single:	6	5.48	
		, , ,	2-Person:	11	11.72	
			Family:	31	17.66	
Negotiated Life	\$100,000 Negotiated Life		Individuals:	48	17.00	
	_		Volume:	4,800,0	000	
			Rate per 1000:	0.17		
Negotiated AD&D	\$100,000 Negotiated AD&D		Individuals:	48	3.00	
			Volume:	4,800,0	000	
			Rate per 1000:	0.03		
Negotiated LTD	Neg LTD 60% Max \$5,000	Replacement %: 60.00	Individuals:	48	18.13	
		Maximum Benefit: \$5,000	Volume:	285,33	0	
		Maximum Monthly Salary: \$8,333	Rate per 100:	0.30		
		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				

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