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

Benefit Program Cost Summary
Effective 01/01/2021

Potterville Public Schools
420 North High Street
Potterville, MI 48876-0337

Group: **825C-APA - Eaton All Employees**

Employer ID: 825
MESSA Field Rep: Tara Wilbur

Job	FT/PT	Eligibility Rule ID
Teacher - 100000	FT/PT	825C
Principal - 110004	FT/PT	825C
Coordinator - 110019	FT/PT	825C
Admin Asst - 110079	FT/PT	825C
Adult Ed Secretary - 190012	FT/PT	825C
Director - 110003	FT/PT	825C
Superintendent - 110005	FT/PT	825C
Executive Assistant - 110033	FT/PT	825C
Custodian - 180014	FT/PT	825C
Paraprofessional - 200013	FT/PT	825C

Medical

	Plan	Brief Description	Census Used		Rate
Medical	MESSA Choices	In-Network Deductible: $1000 Single/$2000 Family Blue Cross Online Visit Copay: $20 Office Visit Copay: $20 Specialist Visit Copay: $20 Urgent Care Copay: $25 Emergency Room Copay: $50 Medical OOP Max Including IN Ded: $2000 Single/$4000 Family Rx OOP Max: $1000 Single/$2000 Family Total OOP Max: $3000 Single/$6000 Family Out-of-Network Deductible: $2000 Single/$4000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: $4000 Single/$8000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 2-Person: Family:	2 1 3	742.34 1,670.27 2,078.55
Basic Term Life	Basic Term Life w/Med $5,000				1.50
Medical	MESSA Choices	In-Network Deductible: $1000 Single/$2000 Family Blue Cross Online Visit Copay: $20 Office Visit Copay: $20 Specialist Visit Copay: $20 Urgent Care Copay: $25 Emergency Room Copay: $50 Coinsurance: 20% of approved amount after deductible Medical OOP Max Including IN Ded: $3000 Single/$6000 Family Rx OOP Max: $1000 Single/$2000 Family Total OOP Max: $4000 Single/$8000 Family Out-of-Network Deductible: $2000 Single/$4000 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: $6000 Single/$12000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 2-Person: Family:	8 3 2	669.92 1,507.34 1,875.78
Basic Term Life	Basic Term Life w/Med $5,000				1.50

This benefit program statement was created on: 10/07/2020

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Medical	MESSA ABC Plan 1	In-Network			
		Deductible: $1400 Single Cov; $2800 2-Person & Family Cov			
		Blue Cross Online Visit Copay: $0			
		Office Visit Copay: $0			
		Specialist Visit Copay: $0			
		Urgent Care Copay: $0			
		Emergency Room Copay: $0			
		Medical OOP Max Including IN Ded:			
		$2400 Single Cov; $4800 2-Person & Family Cov			
		Total OOP Max: $2400 Single Cov; $4800 2-Person & Family Cov			
		Out-of-Network			
		Deductible: $2800 Single Cov; $5600 2-Person & Family Cov			
		Coinsurance: 20% of approved amount after deductible			
		Total OOP Max: $4800 Single Cov; $9600 2-Person & Family Cov			
		Prescription Coverage: MESSA ABC Rx			
		Includes EA1 Rider			
		Health Savings Account with Health Equity			
			Single:	2	702.82
			2-Person:	3	1,581.37
			Family:	7	1,967.89
Basic Term Life	Basic Term Life w/Med $5,000				1.50
Medical	MESSA ABC Plan 2	In-Network			
		Deductible: $2000 Single Cov; $4000 2-Person & Family Cov			
		Blue Cross Online Visit Copay: $0			
		Office Visit Copay: $0			
		Specialist Visit Copay: $0			
		Urgent Care Copay: $0			
		Emergency Room Copay: $0			
		Medical OOP Max Including IN Ded:			
		$2000 Single Cov; $3000 2-Person & Family Cov			
		Total OOP Max: $4000 Single Cov; $7000 2-Person & Family Cov			
		Out-of-Network			
		Deductible: $4000 Single Cov; $8000 2-Person & Family Cov			
		Coinsurance: 20% of approved amount after deductible			
		Total OOP Max: $4000 Single Cov; $8000 2-Person & Family Cov			
		Prescription Coverage: 3-Tier Rx			
		Includes EA1 Rider			
		Health Savings Account with Health Equity			
			Single:	5	628.45
			2-Person:	1	1,414.01
			Family:	15	1,759.63
Basic Term Life	Basic Term Life w/Med $5,000				1.50
Medical	Essentials by MESSA	In-Network			
		Deductible: $375 Single/$750 Family			
		Blue Cross Online Visit Copay: $10			
		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:			
		$8175 Single/$16350 Family			
		Total OOP Max: $8550 Single/$17100 Family			
		Out-of-Network			
		Deductible: $750 Single/$1500 Family			
		Coinsurance: 40% of approved amount after deductible			
		Total OOP Max: $16350 Single/$32700 Family			
		Prescription Coverage: Essentials by MESSA			
		Includes EA1 Rider			
			Single:	0	528.49
			2-Person:	1	1,189.11
			Family:	2	1,479.76

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Basic Term Life	Basic Term Life w/Med $5,000	1.50	

Medical Rate includes 1.547% for federal and state taxes and fees.

COBRA RATES:

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

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