



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

Benefit Program Cost Summary

Effective 01/01/2026

Marshall Public Schools
100 E Green St
Marshall, MI 49068-1594

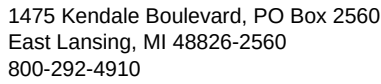
Group: **159K-APA-BBC Central Off Personnel**

Employer ID: 159
MESSA Field Rep: Tara Wilbur

Job	FT/PT Eligibility Rule ID
Custodial Supervisor - 110149	FT/PT 159K
Non Union Personnel - 110323	FT/PT 159K
Intervention Spec - 200063	FT/PT 159K

Job	FT/PT Eligibility Rule ID
Curriculum Technology - 110286	FT/PT 159K
Central Office Clerk - 190044	FT/PT 159K

Medical				
	Plan	Brief Description	Census Used	Rate
Medical	MESSA Choices	In-Network Deductible: \$1000 Single/\$2000 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: \$2000 Single/\$4000 Family Rx OOP Max: \$2000 Single/\$4000 Family Total OOP Max: \$4000 Single/\$8000 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: 3-Tier Rx Includes EA1 Rider	Single: 0 2-Person: 2 Family: 1	965.77 2,172.98 2,704.16
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 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: \$4000 Single Cov; \$8000 2-Person & Family Cov Total OOP Max: \$4000 Single Cov; \$8000 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: \$8000 Single Cov; \$16000 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	786.57 1,769.78 2,202.40
Basic Term Life	Basic Term Life w/Med \$5,000			1.50



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Medical	MESSA ABC Plan 2	In-Network			
		Deductible: \$2000 Single Cov; \$4000 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			
		Coinsurance: 20% of approved amount after deductible			
		Medical OOP Max Including IN Ded:			
		\$5000 Single Cov; \$8500 2-Person & Family Cov			
		Total OOP Max: \$5000 Single Cov; \$8500 2-Person & Family Cov			
		Out-of-Network			
		Deductible: \$4000 Single Cov; \$8000 2-Person & Family Cov			
		Coinsurance: 40% of approved amount after deductible			
		Total OOP Max: \$10000 Single Cov; \$20000 2-Person & Family Cov			
		Prescription Coverage: 5-Tier Rx			
		Includes EA1 Rider			
		Health Savings Account with Health Equity			
			Single:	0	714.34
			2-Person:	0	1,607.27
			Family:	0	2,000.15
Basic Term Life	Basic Term Life w/Med \$5,000				1.50
Medical	MESSA ABC Plan 3	In-Network			
		Deductible: \$3500 Single Cov; \$7000 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			
		Coinsurance: 20% of approved amount after deductible			
		Medical OOP Max Including IN Ded:			
		\$6500 Single Cov; \$13000 2-Person & Family Cov			
		Total OOP Max: \$6500 Single Cov; \$13000 2-Person & Family Cov			
		Out-of-Network			
		Deductible: \$7000 Single Cov; \$14000 2-Person & Family Cov			
		Coinsurance: 40% of approved amount after deductible			
		Total OOP Max: \$13000 Single Cov; \$26000 2-Person & Family Cov			
		Prescription Coverage: 5-Tier Rx			
		Includes EA1 Rider			
		Health Savings Account with Health Equity			
			Single:	0	652.61
			2-Person:	0	1,468.37
			Family:	0	1,827.31
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: \$10600 Single/\$21200 Family Total OOP Max: \$10600 Single/\$21200 Family Out-of-Network Deductible: \$750 Single/\$1500 Family Coinsurance: 40% of approved amount after deductible Total OOP Max: \$21200 Single/\$42400 Family Prescription Coverage: Essentials by MESSA Includes EA1 Rider			
			Single:	0	718.61
			2-Person:	0	1,616.87
			Family:	0	2,012.11
Basic Term Life	Basic Term Life w/Med \$5,000				1.50

Medical Rate includes 1.447% for federal and state taxes and fees.

Ancillary plans					
	Plan	Brief Description	Census Used	Rate	
Dental	Dent100/100/90/80A:1500/1000:2 06133-0017	Class I: 100%			
		Class II: 100%			
		Class III: 90%			
		Class IV: 80%			
		Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,500			
		X-Rays paid under: Class II			
		Adult Orthodontics: Yes	Single: 0	48.06	
		Sealants: No	2-Person: 2	91.74	
		Cleanings: 2 per year	Family: 1	174.48	
Vision	VSP 2	Plan year January to January	Single: 0	4.87	
			2-Person: 2	10.45	
			Family: 1	15.73	
Negotiated Life	\$60,000 Negotiated Life		Individuals: 3	8.40	
			Volume: 180,000		
			Rate per 1000: 0.14		
Negotiated AD&D	\$60,000 Negotiated AD&D		Individuals: 3	1.80	
			Volume: 180,000		
			Rate per 1000: 0.03		

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.