



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: **159E-APA-BBC Transportation**

Employer ID: 159
MESSA Field Rep: Tara Wilbur

Job	FT/PT Eligibility Rule ID
Bus Driver/Transportation - 210000	FT/PT 159E

Job	FT/PT Eligibility Rule ID
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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: 7 2-Person: 2 Family: 0	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	1.50
Basic Term Life	Basic Term Life w/Med \$5,000			
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	1.50
Basic Term Life	Basic Term Life w/Med \$5,000			

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



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Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Dental	Dent80/80/60/60:1000/1000:2 06133-0011	Class I: 80%		
		Class II: 80%		
		Class III: 60%		
		Class IV: 60%		
		Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: No	Single: 13	37.96
Vision	VSP 2 S	Plan year January to January	2-Person: 2	72.26
			Family: 1	132.29
			Single: 13	5.48
			2-Person: 2	11.73
			Family: 1	17.66
Negotiated Life	\$10,000 Negotiated Life		Individuals: 16	1.40
			Volume: 160,000	
			Rate per 1000: 0.14	
Negotiated AD&D	\$10,000 Negotiated AD&D		Individuals: 16	0.30
			Volume: 160,000	
			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.