MESSA
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: **159B-APA-BBC Administrators**

Employer ID: 159
MESSA Field Rep: Tara Wilbur

Job	FT/PT	Eligibility Rule ID
Administrative Secretary - 110001	FT/PT	159B
Dir of Bldg & Grounds - 110010	FT/PT	159B
Athletic Director - 110021	FT/PT	159B
Financial/Payroll Sec - 110026	FT/PT	159B
Dir of Finance & Oper - 110042	FT/PT	159B
Program Manager - 110088	FT/PT	159B

Job	FT/PT	Eligibility Rule ID
Principal - 110004	FT/PT	159B
Asst Principal - 110012	FT/PT	159B
Director of Food Service - 110023	FT/PT	159B
Technology Director - 110030	FT/PT	159B
Accounts Payable - 110068	FT/PT	159B
Supervisor Transportation - 110110	FT/PT	159B

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: 2-Person: Family:	1 3 12	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: 2-Person: Family:	0 0 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: 2-Person: Family:	0 0 0	714.34 1,607.27 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: 2-Person: Family:	0 0 0	652.61 1,468.37 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: 2-Person: Family:	0 0 0	718.61 1,616.87 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	Dent100/100S/90/80A:2000/1800 06133-0020	Class I: 100% Class II: 100% Class III: 90% Class IV: 80% Annual Max Class I, II, III: $1,800, Lifetime Max Class IV: $2,000 X-Rays paid under: Class II Adult Orthodontics: Yes Sealants: Yes Cleanings: 2 per year	Single: 2-Person: Family:	1 2 15	47.79 89.59 179.14
Vision	MESSA Vision Preferred	Plan year January to January	Single: 2-Person: Family:	1 3 15	6.18 13.25 19.95
Negotiated Life	$60,000 Negotiated Life		Individuals: Volume: Rate per 1000:	18 1,080,000 0.14	8.40
Negotiated AD&D	$60,000 Negotiated AD&D		Individuals: Volume: Rate per 1000:	18 1,080,000 0.03	1.80
Negotiated LTD	Neg LTD 66 2/3% Max $6,000	Replacement %: 66.67 Maximum Benefit: $6,000 Maximum Monthly Salary: $9,000 Waiting Period: 30 Calendar Days Modified Fill Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Social Security Offset: Primary 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: Volume: Rate per 100:	18 140,180 0.53	41.28

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.