



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

Benefit Program Cost Summary

Effective 04/01/2023

Lapeer County ISD
1996 W Oregon
Lapeer, MI 48446-1121

Group: 661G-Administration, 661H-Superintendent, Asst. Superinten,
661I-Secretary and Technical, 661J-Paraprofessional
NOTE: Rates and Volumes given below are based on the combined
enrollment from all of the groups listed above.

Employer ID: 661
MESSA Field Rep: Tim Heim

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Superintendent - 110005	FT/PT 661H		

Medical	Plan	Brief Description	Census Used	Rate
Medical	MESSA Choices	In-Network Deductible: \$200 Single/\$400 Family Blue Cross Online Visit Copay: \$10 Office Visit Copay: \$10 Specialist Visit Copay: \$10 Urgent Care Copay: \$25 Emergency Room Copay: \$50 Medical OOP Max Including IN Ded: \$1200 Single/\$2400 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2200 Single/\$4400 Family Out-of-Network Deductible: \$400 Single/\$800 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$2400 Single/\$4800 Family Prescription Coverage: \$10.00/\$20.00	Single: 1 2-Person: 0 Family: 1	1,002.54 2,255.69 2,807.10
Basic Term Life	Basic Term Life w/Med \$5,000			1.50
Medical	MESSA ABC Plan 1	In-Network Deductible: \$1500 Single Cov; \$3000 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: \$2500 Single Cov; \$5000 2-Person & Family Cov Total OOP Max: \$2500 Single Cov; \$5000 2-Person & Family Cov Out-of-Network Deductible: \$3000 Single Cov; \$6000 2-Person & Family Cov Coinsurance: 20% of approved amount after deductible Total OOP Max: \$5000 Single Cov; \$10000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 8 2-Person: 9 Family: 12	752.90 1,694.04 2,108.14
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 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: \$4000 Single Cov; \$7500 2-Person & Family Cov Total OOP Max: \$4000 Single Cov; \$7500 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: 3-Tier Rx Health Savings Account with Health Equity	
		Single: 0 673.21 2-Person: 0 1,514.71 Family: 0 1,884.98	
Basic Term Life	Basic Term Life w/Med \$5,000		1.50

Medical Rate includes 1.335% for federal and state taxes and fees.

Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Dental	Dent100/90/90/90A:2000/1500:2 00305-0012	Class I: 100% Class II: 90% Class III: 90% Class IV: 90% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$2,000 X-Rays paid under: Class II Adult Orthodontics: Yes Sealants: No Cleanings: 2 per year	Single: 6 2-Person: 13 Family: 22	49.38 91.59 165.04
Vision	VSP 3 Plus P 250CL	Plan year January to January	Single: 6 2-Person: 13 Family: 22	9.31 20.00 30.07
Negotiated Life	\$100,000 Negotiated Life		Individuals: 41 Volume: 2,475,000 Rate per 1000: 0.14	8.57
Negotiated AD&D	\$100,000 Negotiated AD&D		Individuals: 41 Volume: 2,475,000 Rate per 1000: 0.03	1.84
Negotiated LTD	Neg LTD 70% Max \$5,000	Replacement %: 70.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,143 Waiting Period: 90 Calendar Days Straight Wait Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness 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	Individuals: 41 Volume: 187,169 Rate per 100: 0.74	34.68

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.



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Lapeer County ISD
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Lapeer, MI 48446-1121

Group: 661E-Vocational Education Teachers

Employer ID: 661
MESSA Field Rep: Tim Heim

Job	FT/PT Eligibility Rule ID
Vocational Education - 100031	FT/PT 661E

Job	FT/PT Eligibility Rule ID
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Medical	Plan	Brief Description	Census Used	Rate
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: \$3000 Single Cov; \$6000 2-Person & Family Cov Total OOP Max: \$3000 Single Cov; \$6000 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: \$6000 Single Cov; \$12000 2-Person & Family Cov Prescription Coverage: MESSA ABC Rx Health Savings Account with Health Equity	Single: 0 2-Person: 1 Family: 3	704.62 1,585.39 1,972.93
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: \$4000 Single Cov; \$7500 2-Person & Family Cov Total OOP Max: \$4000 Single Cov; \$7500 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: 3-Tier Rx Health Savings Account with Health Equity	Single: 3 2-Person: 2 Family: 9	673.21 1,514.71 1,884.98
Basic Term Life	Basic Term Life w/Med \$5,000			1.50

Medical Rate includes 1.335% for federal and state taxes and fees.



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Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Dental	Dent100/90S/90/90A:6000/6000:2 00305-0007	Class I: 100%		
		Class II: 90%		
		Class III: 90%		
		Class IV: 90%		
		Annual Max Class I, II, III: \$6,000, Lifetime Max Class IV: \$6,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: Yes	Single: 3	52.63
		Sealants: Yes	2-Person: 4	105.31
		Cleanings: 2 per year	Family: 14	201.88
Vision	VSP 3 Plus P	Plan year January to January	Single: 4	10.46
			2-Person: 4	22.46
			Family: 13	33.80
Negotiated Life	\$50,000 Negotiated Life		Individuals: 21	7.00
			Volume: 1,050,000	
			Rate per 1000: 0.14	
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 21	1.50
			Volume: 1,050,000	
			Rate per 1000: 0.03	
Negotiated LTD	Neg LTD 70% Max \$6,000	Replacement %: 70.00	Individuals: 21	41.45
		Maximum Benefit: \$6,000	Volume: 122,591	
		Maximum Monthly Salary: \$8,571	Rate per 100: 0.71	
		Waiting Period: 90 Calendar Days Straight Wait		
		Alcohol/Drug: Same as any other illness		
		Mental/Nervous: Same as any other illness		
		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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Lapeer County ISD
1996 W Oregon
Lapeer, MI 48446-1121

Group: 661C-Special Education Teachers

Employer ID: 661
MESSA Field Rep: Tim Heim

Job	FT/PT Eligibility Rule ID
Special Education - 100008	FT/PT 661C

Job	FT/PT Eligibility Rule ID
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Medical	Plan	Brief Description	Census Used	Rate
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: \$4000 Single Cov; \$7500 2-Person & Family Cov Total OOP Max: \$4000 Single Cov; \$7500 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: 3-Tier Rx with Mandatory Mail Includes EA1 Rider Health Savings Account with Health Equity		
			Single: 6	665.34
			2-Person: 3	1,497.03
			Family: 13	1,862.95
Basic Term Life	Basic Term Life w/Med \$5,000			1.50

Medical Rate includes 1.335% for federal and state taxes and fees.



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Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Dental	Dent100/100S/100/100A:6000/600 00305-0006	Class I: 100%		
		Class II: 100%		
		Class III: 100%		
		Class IV: 100%		
		Annual Max Class I, II, III: \$6,000, Lifetime Max Class IV: \$6,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: Yes	Single: 5	55.32
		Sealants: Yes	2-Person: 5	107.09
		Cleanings: 2 per year	Family: 15	217.32
Vision	VSP 3 Plus P 250CL	Plan year January to January	Single: 5	9.31
			2-Person: 5	20.00
			Family: 15	30.07
Negotiated Life	\$50,000 Negotiated Life		Individuals: 25	7.00
			Volume: 1,250,000	
			Rate per 1000: 0.14	
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 25	1.50
			Volume: 1,250,000	
			Rate per 1000: 0.03	
Negotiated LTD	Neg LTD 70% Max \$5,000	Replacement %: 70.00	Individuals: 25	53.51
		Maximum Benefit: \$5,000	Volume: 142,325	
		Maximum Monthly Salary: \$7,143	Rate per 100: 0.94	
		Waiting Period: 30 Calendar Days Straight Wait		
		Alcohol/Drug: Same as any other illness		
		Mental/Nervous: Same as any other illness		
		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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1996 W Oregon
Lapeer, MI 48446-1121

Group: 661A-Sp Ed Instr Aide & Prof Asst

Employer ID: 661
MESSA Field Rep: Tim Heim

Job	FT/PT Eligibility Rule ID
Admin Asst - 110079	FT/PT 661A

Job	FT/PT Eligibility Rule ID
Teaching Assistant - 200014	FT/PT 661A

Medical	Plan	Brief Description	Census Used	Rate
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: \$4000 Single Cov; \$7500 2-Person & Family Cov Total OOP Max: \$4000 Single Cov; \$7500 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: 3-Tier Rx with Mandatory Mail Includes EA1 Rider Health Savings Account with Health Equity		
			Single: 7	665.34
			2-Person: 4	1,497.03
			Family: 7	1,862.95
Basic Term Life	Basic Term Life w/Med \$5,000			1.50

Medical Rate includes 1.335% for federal and state taxes and fees.



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Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Dental	Dent100/100/100/100A:6000/6000 00305-0017	Class I: 100%		
		Class II: 100%		
		Class III: 100%		
		Class IV: 100%		
		Annual Max Class I, II, III: \$6,000, Lifetime Max Class IV: \$6,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: Yes	Single: 10	56.47
		Sealants: No	2-Person: 5	111.36
		Cleanings: 2 per year	Family: 11	209.04
Vision	VSP 3 Plus P 250CL	Plan year January to January	Single: 10	9.31
			2-Person: 5	20.00
			Family: 11	30.07
Negotiated Life	\$30,000 Negotiated Life		Individuals: 26	4.20
			Volume: 780,000	
			Rate per 1000: 0.14	
Negotiated AD&D	\$30,000 Negotiated AD&D		Individuals: 26	0.90
			Volume: 780,000	
			Rate per 1000: 0.03	
Negotiated LTD	Neg LTD 70% Max \$3,000	Replacement %: 70.00	Individuals: 26	21.53
		Maximum Benefit: \$3,000	Volume: 52,305	
		Maximum Monthly Salary: \$4,286	Rate per 100: 1.07	
		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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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.