



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

Benefit Program Cost Summary

Effective 01/01/2022

Buckley Community Schools
1101 Red Dr
Traverse City, MI 49684-4465

Group: **383A-Teachers, 383B-Maintenance**
NOTE: **Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.**

Employer ID: 383
MESSA Field Rep: Viola Collin

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Teacher - 100000	FT/PT	383A			
Medical					
Medical	MESSA Choices	In-Network			
		Deductible: \$500 Single/\$1000 Family			
		Blue Cross Online Visit Copay: \$5			
		Office Visit Copay: \$5			
		Specialist Visit Copay: \$5			
		Urgent Care Copay: \$10			
		Emergency Room Copay: \$25			
		Medical OOP Max Including IN Ded:			
		\$1500 Single/\$3000 Family			
		Rx OOP Max: \$1000 Single/\$2000 Family			
		Total OOP Max: \$2500 Single/\$5000 Family			
		Out-of-Network			
		Deductible: \$1000 Single/\$2000 Family			
		Coinsurance: 20% of approved amount after deductible			
		Total OOP Max: \$3000 Single/\$6000 Family			
		Prescription Coverage: MESSA Saver Rx			
		Includes EA1 Rider			
			Single: 7	690.39	
			2-Person: 1	1,553.39	
			Family: 8	1,933.09	
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	
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	592.77	
			2-Person: 4	1,333.74	
			Family: 4	1,659.74	
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	

Medical Rate includes 1.490% for federal and state taxes and fees.



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Ancillary plans				
	Plan	Brief Description	Census Used	Rate
Dental	Dent100/90/90/90:4000/3000:2 06114-0012	Class I: 100%		
		Class II: 90%		
		Class III: 90%		
		Class IV: 90%		
		Annual Max Class I, II, III: \$3,000, Lifetime Max Class IV: \$4,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: No	Single: 10	44.27
		Sealants: No	2-Person: 6	86.25
		Cleanings: 2 per year	Family: 13	172.66
Vision	VSP 3 Plus P 250CL	Plan year September to September	Single: 10	10.30
			2-Person: 6	22.12
			Family: 13	33.26
Negotiated Life	\$50,000 Negotiated Life		Individuals: 29	7.00
			Volume: 1,450,000	
			Rate per 1000: 0.14	
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 29	1.50
			Volume: 1,450,000	
			Rate per 1000: 0.03	
Negotiated LTD	Neg LTD 66 2/3% Max \$7,500	Replacement %: 66.67	Individuals: 29	34.22
		Maximum Benefit: \$7,500	Volume: 110,277	
		Maximum Monthly Salary: \$11,250	Rate per 100: 0.90	
		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		

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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Employer ID: 383
MESSA Field Rep: Viola Collin

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Facilities Maint Worker - 180003	FT/PT	383B			
Medical	Plan	Brief Description	Census Used	Rate	
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$5 Office Visit Copay: \$5 Specialist Visit Copay: \$5 Urgent Care Copay: \$10 Emergency Room Copay: \$25 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 7 2-Person: 1 Family: 8	690.39 1,553.39 1,933.09	
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	
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 2-Person: 4 Family: 4	592.77 1,333.74 1,659.74	
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	

Medical Rate includes 1.490% for federal and state taxes and fees.



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Dental	Dent100/90/90/90:4000/3000:2 06114-0013	Class I: 100%		
		Class II: 90%		
		Class III: 90%		
		Class IV: 90%		
		Annual Max Class I, II, III: \$3,000, Lifetime Max Class IV: \$4,000		
		X-Rays paid under: Class II		
		Adult Orthodontics: No	Single: 10	44.27
		Sealants: No	2-Person: 6	86.25
		Cleanings: 2 per year	Family: 13	172.66
Vision	VSP 3 Plus P 250CL	Plan year September to September	Single: 10	10.30
			2-Person: 6	22.12
			Family: 13	33.26
Negotiated Life	\$50,000 Negotiated Life		Individuals: 29	7.00
			Volume: 1,450,000	
			Rate per 1000: 0.14	
Negotiated AD&D	\$50,000 Negotiated AD&D		Individuals: 29	1.50
			Volume: 1,450,000	
			Rate per 1000: 0.03	
Negotiated LTD	Neg LTD 66 2/3% Max \$7,500	Replacement %: 66.67	Individuals: 29	34.22
		Maximum Benefit: \$7,500	Volume: 110,277	
		Maximum Monthly Salary: \$11,250	Rate per 100: 0.90	
		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		

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Group: **383C-Principals, Admin Secretary, 383E-Superintendent**
NOTE: **Rates and Volumes given below are based on the combined enrollment from all of the groups listed above.**

Employer ID: 383
MESSA Field Rep: Viola Collin

Job	FT/PT Eligibility Rule ID
Principal - 110004	FT/PT 383C

Job	FT/PT Eligibility Rule ID
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Medical	Plan	Brief Description	Census Used	Rate
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$5 Office Visit Copay: \$5 Specialist Visit Copay: \$5 Urgent Care Copay: \$10 Emergency Room Copay: \$25 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	690.39 1,553.39 1,933.09
Basic Term Life	Basic Term Life w/Med \$5,000			1.50

Medical Rate includes 1.490% for federal and state taxes and fees.



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Ancillary plans with medical - 0 members				
	Plan	Brief Description	Census Used	Rate
Dental	Dent70/70/70/70:4000/2000:2 06114-0008	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$4,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	24.76 48.11 113.94
Vision (All)*	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 2	6.05 12.95 19.51
Negotiated Life (All)*	\$50,000 Negotiated Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.14	7.00
Negotiated AD&D (All)*	\$50,000 Negotiated AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50
Negotiated LTD (All)*	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 Waiting Period: 90 Calendar Days Modified Fill 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: 2 Volume: 15,064 Rate per 100: 0.45	33.89

* Indicates total ancillary plan enrollment and volume for quoted group.



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Ancillary plans without medical - 2 members				
	Plan	Brief Description	Census Used	Rate
Dental	Dent70/70/70/70:4000/2000:2 06114-0009	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$4,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year Plan year July to July	Single: 0 2-Person: 0 Family: 2	29.69 54.39 121.77
Vision (All)*	VSP 2 S		Single: 0 2-Person: 0 Family: 2	6.05 12.95 19.51
Negotiated Life (All)*	\$50,000 Negotiated Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.14	7.00
Negotiated AD&D (All)*	\$50,000 Negotiated AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50
Negotiated LTD (All)*	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 Waiting Period: 90 Calendar Days Modified Fill 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: 2 Volume: 15,064 Rate per 100: 0.45	33.89

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Employer ID: 383
MESSA Field Rep: Viola Collin

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID
Superintendent - 110005	FT/PT	383E			
Medical	Plan	Brief Description	Census Used	Rate	
Medical	MESSA Choices	In-Network Deductible: \$500 Single/\$1000 Family Blue Cross Online Visit Copay: \$5 Office Visit Copay: \$5 Specialist Visit Copay: \$5 Urgent Care Copay: \$10 Emergency Room Copay: \$25 Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family Rx OOP Max: \$1000 Single/\$2000 Family Total OOP Max: \$2500 Single/\$5000 Family Out-of-Network Deductible: \$1000 Single/\$2000 Family Coinsurance: 20% of approved amount after deductible Total OOP Max: \$3000 Single/\$6000 Family Prescription Coverage: MESSA Saver Rx Includes EA1 Rider	Single: 0 2-Person: 0 Family: 0	690.39 1,553.39 1,933.09	
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	

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	Plan	Brief Description	Census Used	Rate
Dental	Dent70/70/70/70:4000/2000:2 06114-0006	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$4,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 0	24.76 48.11 113.94
Vision (All)*	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 2	6.05 12.95 19.51
Negotiated Life (All)*	\$50,000 Negotiated Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.14	7.00
Negotiated AD&D (All)*	\$50,000 Negotiated AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50
Negotiated LTD (All)*	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 Waiting Period: 90 Calendar Days Modified Fill 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: 2 Volume: 15,064 Rate per 100: 0.45	33.89

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	Plan	Brief Description	Census Used	Rate
Dental	Dent70/70/70/70:4000/2000:2 06114-0007	Class I: 70% Class II: 70% Class III: 70% Class IV: 70% Annual Max Class I, II, III: \$2,000, Lifetime Max Class IV: \$4,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 0 2-Person: 0 Family: 2	29.69 54.39 121.77
Vision (All)*	VSP 2 S	Plan year July to July	Single: 0 2-Person: 0 Family: 2	6.05 12.95 19.51
Negotiated Life (All)*	\$50,000 Negotiated Life		Individuals: 2 Volume: 100,000 Rate per 1000: 0.14	7.00
Negotiated AD&D (All)*	\$50,000 Negotiated AD&D		Individuals: 2 Volume: 100,000 Rate per 1000: 0.03	1.50
Negotiated LTD (All)*	Neg LTD 60% Max \$5,000	Replacement %: 60.00 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$8,333 Waiting Period: 90 Calendar Days Modified Fill 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: 2 Volume: 15,064 Rate per 100: 0.45	33.89

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