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

# Benefit Program Cost Summary
# Effective 01/01/2026

**Riverside-Hagar School**
**P.O. Box 40**
**Riverside, MI 49084-0133**

Group: **389A-Teachers**

Employer ID: 389
MESSA Field Rep: Jim Gleason

| Job | FT/PT | Eligibility Rule ID | Job | FT/PT | Eligibility Rule ID |
|---|---|---|---|---|---|
| Teacher - 100000 | FT/PT | 389A | | | |

**Medical**

| | Plan | Brief Description | Census Used | | Rate |
|---|---|---|---|---|---|
| **Medical** | MESSA Choices | In-Network | | | |
| | | Deductible: $300 Single/$600 Family | | | |
| | | Teladoc Health: | | | |
| | | 24/7 Care & Mental Health Copay: $5 | | | |
| | | Virtual Primary Care Copay: $5 | | | |
| | | Office Visit Copay: $5 | | | |
| | | Specialist Visit Copay: $5 | | | |
| | | Urgent Care Copay: $10 | | | |
| | | Emergency Room Copay: $25 | | | |
| | | Medical OOP Max Including IN Ded: | | | |
| | | $1300 Single/$2600 Family | | | |
| | | Rx OOP Max: $2000 Single/$4000 Family | | | |
| | | Total OOP Max: $3300 Single/$6600 Family | | | |
| | | Out-of-Network | | | |
| | | Deductible: $600 Single/$1200 Family | | | |
| | | Coinsurance: 20% of approved amount after deductible | | | |
| | | Total OOP Max: $2600 Single/$5200 Family | | | |
| | | Prescription Coverage: 3-Tier Rx | | | |
| | | | Single: | 2 | 1,248.30 |
| | | | 2-Person: | 0 | 2,808.68 |
| | | | Family: | 0 | 3,495.24 |
| **Basic Term Life** | Basic Term Life w/Med $5,000 | | | | 1.50 |

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** | Dent100/90/90/0:0/1000:2<br>06340-0003 | Class I: 100%<br>Class II: 90%<br>Class III: 90%<br>Class IV: 0%<br>Annual Max Class I, II, III: $1,000, Lifetime Max Class IV: $ 0<br>X-Rays paid under: Class II<br>Adult Orthodontics: No<br>Sealants: No<br>Cleanings: 2 per year | Single:<br>2-Person:<br>Family: | 5<br>0<br>0 | 37.02<br>67.03<br>118.18 |
| **Vision** | VSP 3 Plus P | Plan year January to January | Single:<br>2-Person:<br>Family: | 5<br>0<br>0 | 10.48<br>22.50<br>33.85 |
| **Negotiated Life** | $10,000 Negotiated Life | | Individuals:<br>Volume:<br>Rate per 1000: | 5<br>50,000<br>0.19 | 1.90 |
| **Negotiated AD&D** | $10,000 Negotiated AD&D | | Individuals:<br>Volume:<br>Rate per 1000: | 5<br>50,000<br>0.03 | 0.30 |
| **Negotiated LTD** | Neg LTD 66 2/3% Max $4,000 | Replacement %: 66.67<br>Maximum Benefit: $4,000<br>Maximum Monthly Salary: $6,000<br>Waiting Period: 90 Calendar Days Modified Fill<br>Alcohol/Drug: 2 Year Limitation<br>Mental/Nervous: 2 Year Limitation<br>Social Security Offset: Family<br>Own Occupation: 2 years Minimum Benefit: 5%<br>Survivor Income Benefit: 0 months<br>Pre-Existing Conditions: Waived<br>Freeze on Offsets: Yes COLA: No<br>Educational Supplemental Program: No | Individuals:<br>Volume:<br>Rate per 100: | 5<br>25,787<br>0.62 | 31.98 |

**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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