



Benefit Program Cost Summary Effective 10/01/2009

SEA

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices II 07062-012	In-Network Deductible: \$200/\$400 Out-Of-Network Deductible: \$400/\$800 OV/UC/ER Copay: \$10/\$25/\$50 RX: \$10/\$20 Adult Immunization Rider: Yes	Member Only: 7 Member + Dependent: 14 Member + Dependents: 43	1,158.26 1,158.26 1,158.26	3L 2BGC 2BGD 2BGE
Dental	Dent 75/75/50/50:1500(1000) 6341-0005	Class I: 75% Class II: 75% Class III: 50% Class IV: 50% Annual Max Class I, II, III: \$1,000, Lifetime Max Class IV: \$1,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Member Only: 7 Member + Dependent: 14 Member + Dependents: 43	72.12 72.12 72.12	D0149C 2BGL 2BGM 2BGN
Vision	VSP 2	Plan year July to July	Member Only: 7 Member + Dependent: 14 Member + Dependents: 43	14.49 14.49 14.49	V26 2BGX 2BGY 2BGZ
Negotiated LTD	Neg LTD 66 2/3% Max \$5,000	Replacement %: 66.67 Maximum Benefit: \$5,000 Maximum Monthly Salary: \$7,500 Waiting Period: 60 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	Individuals: 64 Volume: 287,772 Rate per 100: 0.62	27.88	LT354C 1E0M
PAK Life	\$40,000 PAK Life		Individuals: 64 Volume: 2,560,000 Rate per 1000: 0.14	5.60	P04001 1E0N
PAK AD&D	\$40,000 PAK AD&D		Individuals: 64 Volume: 2,560,000 Rate per 1000: 0.03	1.20	K04001 1E0O
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above, Medical COBRA rates for PAK C are as follows:

Medical - Member Only	507.73
Medical - Member + Dependent	1,142.39
Medical - Member + Dependents	1,269.32

Please refer to plan coverage booklets for a complete description of benefits.



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 East Lansing, MI 48826-2560
 800.292.4910

Benefit Program Cost Summary
Effective 10/01/2009

Administrators

PAK C	Plan	Brief Description	Census Used	Rate	MESSA Codes
Medical	MESSA Choices II 07062-012	In-Network Deductible: \$200/\$400 Out-Of-Network Deductible: \$400/\$800 OV/UC/ER Copay: \$20/\$25/\$50 RX: \$10/\$20 Adult Immunization Rider: Yes	Member Only: 0 Member + Dependent: 0 Member + Dependents: 2	1,240.70 1,240.70 1,240.70	3K 2BH3 2BH4 2BH5
Dental	Dent 100/90/90/90:4000(1500) 6341-0007	Class I: 100% Class II: 90% Class III: 90% Class IV: 90% Annual Max Class I, II, III: \$1,500, Lifetime Max Class IV: \$4,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Member Only: 0 Member + Dependent: 0 Member + Dependents: 2	121.98 121.98 121.98	D0298B 2BHC 2BHD 2BHE
Vision	VSP 2	Plan year July to July	Member Only: 0 Member + Dependent: 0 Member + Dependents: 2	15.62 15.62 15.62	V29 2BHL 2BHM 2BHN
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 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: Yes Educational Supplemental Program: No	Individuals: 2 Volume: 13,505 Rate per 100: 1.51	101.96	LT497E 1E10
PAK Life	\$30,000 PAK Life		Individuals: 2 Volume: 60,000 Rate per 1000: 0.14	4.20	P0300D 1E11
PAK AD&D	\$30,000 PAK AD&D		Individuals: 2 Volume: 60,000 Rate per 1000: 0.03	0.90	K0300D 1E12
Basic Term Life	Basic Term Life w/Med \$5,000			1.50	BTLM02 001Z

COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above. Medical COBRA rates for PAK C are as follows:

Medical - Member Only	496.28
Medical - Member + Dependent	1,116.63
Medical - Member + Dependents	1,240.70

Please refer to plan coverage booklets for a complete description of benefits.

COBRA NOTICE
 NOTICE OF THE RIGHTS OF
 INDIVIDUALS TO EXTEND THEIR HEALTH CARE
 COVERAGE UNDER GROUP-TERM LIFE INSURANCE
 COVERAGE UNDER GROUP-TERM ACCIDENT AND SICKNESS
 COVERAGE UNDER GROUP-TERM DENTAL AND VISION
 COVERAGE UNDER GROUP-TERM DISABILITY BENEFITS
 COVERAGE UNDER GROUP-TERM FLEXIBLE SPENDING ACCOUNTS
 COVERAGE UNDER GROUP-TERM DEFERRED COMPENSATION PLANS
 COVERAGE UNDER GROUP-TERM PENSION PLANS
 COVERAGE UNDER GROUP-TERM ANNUAL RETIREMENT PLANS
 COVERAGE UNDER GROUP-TERM ROLLOVER INVESTMENT PLANS
 COVERAGE UNDER GROUP-TERM INVESTMENT PLANS
 COVERAGE UNDER GROUP-TERM DEFERRED ANNUITIES
 COVERAGE UNDER GROUP-TERM ANNUAL RETIREMENT PLANS
 COVERAGE UNDER GROUP-TERM ROLLOVER INVESTMENT PLANS
 COVERAGE UNDER GROUP-TERM INVESTMENT PLANS
 COVERAGE UNDER GROUP-TERM DEFERRED ANNUITIES