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2018 Rate Renewal Exclusively for

Concord Community Schools (430)

(Part of Jackson County Consortium)

Renewal Effective 01/01/2018

Quote #: 340246

MESSA Field Rep: Julie Berryman Adams

Date Created: 09/13/2017

PAK A - JCC SUPERINTENDENT JCC Superintendents			Enrollment	2018 Rates without Taxes	2018 Rates with Taxes	
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA Choices \$500/\$1000 N/A \$20/\$25/\$50 \$10/\$20 EA1		Single: 0 2-Person: 0 Family: 0	\$637.38 \$1,432.25 \$1,781.96	\$651.11 \$1,463.14 \$1,820.41	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	6497-0133 80% 80% 80% \$1,200 80% \$1,000 2 Cleanings		Single: 0 2-Person: 0 Family: 0	\$35.50 \$68.60 \$124.50	\$36.10 \$69.76 \$126.60	
Vision:	VSP 2 S		Single: 0 2-Person: 0 Family: 0	\$5.45 \$11.70 \$17.61	\$5.57 \$11.95 \$17.99	
Life Insurance: Rate/\$1000 Volume Composite:	\$30,000		0		\$0.12 \$0.00	
AD&D Coverage: Rate/\$1000 Volume Composite:	\$30,000		0		\$3.60 \$0.03 \$0.00 \$0.90	
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary Composite:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary Waived No		0		\$0.69 \$0.00 \$62.39	
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family					\$759.67 \$1,611.74 \$2,031.89	
	PAK A COBRA RATES:	Medical	Single 2-Person Family	\$635.88 \$1,430.75 \$1,780.46	\$649.61 \$1,461.64 \$1,818.91	
		The COBRA ra	The COBRA rates for Dental and Vision are the same as the rates above.			



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PAK B - JCC SUPERINTENDENT JCC Superintendents		Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Dental:	6497-0134	Single: 0	\$31.90	\$32.44
Class I:	80%	2-Person: 0	\$64.82	\$65.91
Class II:	80%	Family: 0	\$114.58	\$116.51
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	80%			
Lifetime Max:	\$1,300			
Riders:	2 Cleanings			
Vision:	VSP 2 S	Single: 0 2-Person: 0 Family: 0	\$5.45 \$11.70 \$17.61	\$5.57 \$11.95 \$17.99
Life Insurance:	\$35,000	0		
Rate/\$1000	Ψ33,000	U		* 0.40
Volume				\$0.12
Composite:				\$0.00
AD&D Coverage:	\$35,000	0		\$4.20
Rate/\$1000	400,000	Ů		\$0.03
Volume				\$0.00
Composite:				\$1.05
LTD Benefit	66 2/3% Max \$7,000	0		
Max Monthly Salary:	\$10,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.69
Covered Salary Composite:				\$0.00 \$62.39
Total Monthly Rate per Member - Single				\$105.65
Total Monthly Rate per N				\$145.50
Total Monthly Rate per N	flember - Family			\$202.14

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/13/2017. Rates will be effective for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.

PAK B COBRA RATES:



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MESSA Choices \$500/\$1000 N/A \$20/\$25/\$50 Saver Rx EA1 6497-0133 80% 80% 80% \$1,200 80% \$1,000 2 Cleanings		Single: 0 2-Person: 0 Family: 1 Single: 0 2-Person: 0 Family: 1	\$595.56 \$1,338.15 \$1,664.87 \$35.50 \$68.60 \$124.50	\$608.39 \$1,367.02 \$1,700.79 \$36.10 \$69.76 \$126.60
80% 80% 80% \$1,200 80% \$1,000 2 Cleanings		2-Person: 0 Family: 1	\$68.60	\$69.76
VSP 2 S				
		Single: 0 2-Person: 0 Family: 1	\$5.45 \$11.70 \$17.61	\$5.57 \$11.95 \$17.99
\$30,000		1		\$0.12 \$30,000.00
\$30,000		1		\$3.60 \$0.03 \$30,000.00 \$0.90
66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary Waived No		1		\$0.69 \$8,500.00
Covered Salary Composite: Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family				\$62.39 \$716.95 \$1,515.62 \$1,912.27
PAK C COBRA RATES:	Medical	Single 2-Person Family	\$594.06 \$1,336.65 \$1,663.37	\$606.89 \$1,365.52 \$1,699.29
	610,500 PO CDMF Same as any other illness Same as any other illness Primary Waived No er - Single er - 2-Person er - Family	610,500 60 CDMF Same as any other illness Same as any other illness Primary Waived No er - Single er - 2-Person er - Family PAK C COBRA RATES: Medical	610,500 60 CDMF Same as any other illness Same as any other illness Primary Waived No er - Single er - 2-Person er - Family PAK C COBRA RATES: Medical Single 2-Person Family	B10,500 B0 CDMF Same as any other illness Same as any other illness Primary Waived No er - Single er - 2-Person er - Family PAK C COBRA RATES: Medical Single 2-Person \$1,336.65



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PAK D - JCC SUPERINTENDENT JCC Superintendents			Enrollment	2018 Rates without Taxes	2018 Rate with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included:	MESSA ABC Plan 1 \$1350 1P; \$2700 2P&FF N/A N/A ABC Rx EA1		Single: 0 2-Person: 0 Family: 0	\$531.88 \$1,194.88 \$1,486.58	\$543.34 \$1,220.65 \$1,518.65
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	6497-0133 80% 80% 80% \$1,200 80% \$1,000 2 Cleanings		Single: 0 2-Person: 0 Family: 0	\$35.50 \$68.60 \$124.50	\$36.10 \$69.76 \$126.60
Vision:	VSP 2 S		Single: 0 2-Person: 0 Family: 0	\$5.45 \$11.70 \$17.61	\$5.57 \$11.95 \$17.99
Life Insurance: Rate/\$1000 Volume Composite:	\$30,000		0		\$0.12 \$0.00
AD&D Coverage: Rate/\$1000 Volume Composite:	\$30,000		0		\$3.60 \$0.03 \$0.00 \$0.90
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: Rate/\$100 Covered Salary	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary Waived No		0		\$0.69 \$0.00
Composite: Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family					\$62.39 \$651.90 \$1,369.25 \$1,730.13
	PAK D COBRA RATES:	Medical	Single 2-Person Family	\$530.38 \$1,193.38 \$1,485.08	\$541.84 \$1,219.15 \$1,517.15



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PAK E - JCC SUPERINTENDENT JCC Superintendents			Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage:	MESSA Choices \$1000/\$2000 N/A \$20/\$25/\$50 Saver Rx		Single: 0 2-Person: 0 Family: 0	\$561.71 \$1,261.97 \$1,570.07	\$573.81 \$1,289.19 \$1,603.94
Riders Included:	EA1				
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders:	6497-0133 80% 80% 80% \$1,200 80% \$1,000 2 Cleanings		Single: 0 2-Person: 0 Family: 0	\$35.50 \$68.60 \$124.50	\$36.10 \$69.76 \$126.60
Vision:	VSP 2 S		Single: 0 2-Person: 0 Family: 0	\$5.45 \$11.70 \$17.61	\$5.57 \$11.95 \$17.99
Life Insurance: Rate/\$1000 Volume Composite:	\$30,000		0		\$0.12 \$0.00
AD&D Coverage: Rate/\$1000 Volume Composite:	\$30,000		0		\$3.60 \$0.03 \$0.00 \$0.90
LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary Waived		0		
COLA: Rate/\$100 Covered Salary Composite:	No				\$0.69 \$0.00 \$62.39
Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family					\$682.37 \$1,437.79 \$1,815.42
	PAK E COBRA RATES:	Medical	Single 2-Person Family	\$560.21 \$1,260.47 \$1,568.57	\$572.31 \$1,287.69 \$1,602.44
	The COBRA rates for Dental and Vision are the				ove.