

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 ADMINISTE | RATORS JCC All Admin except Supers | | 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: 1 2-Person: 0 Family: 1 | \$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: | 6497-0129 80% 80% 80% \$1,200 80% \$1,000 2 Cleanings | | Single: 1 2-Person: 0 Family: 1 | \$31.10 \$61.46 \$111.98 | \$31.63 \$62.50 \$113.87 | |
| Vision: | VSP 2 S | | Single: 1 2-Person: 0 Family: 1 | \$5.45 \$11.70 \$17.61 | \$5.57 \$11.95 \$17.99 | |
| Life Insurance: Rate/\$1000 Volume Composite: | \$30,000 | | 2 | | \$0.12 \$60,000.00 | |
| AD&D Coverage: Rate/\$1000 Volume Composite: | \$30,000 | | 2 | | \$3.60 \$0.03 \$60,000.00 \$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 | | 2 | | \$0.52 \$10,059.00 \$28.01 | |
| Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family | | | | | \$720.82 \$1,570.10 \$1,984.78 | |
| | 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 | COBRA rates for Dental and Vision are the same as the rates above. | | | |



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|--|---|---------------------------------------|--------------------------------|--|
| Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders: | 6497-0130 80% 80% 80% \$1,000 80% \$1,300 2 Cleanings | Single: 0 2-Person: 0 Family: 0 | \$29.10 \$57.94 \$110.67 | \$29.59 \$58.92 \$112.54 |
| 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: AD&D Coverage: Rate/\$1000 Volume | \$35,000 \$35,000 | 0 | | \$0.12 \$0.00 \$4.20 \$0.03 \$0.00 |
| Composite: 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 | | \$1.05 |
| COLA: Rate/\$100 Covered Salary Composite: | No | | | \$0.52 \$0.00 \$28.01 |
| Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family | | | | \$68.42 \$104.13 \$163.79 |
| | PAK B COBRA RATES: | The COBRA rates for Dental and Vision | are the same as the rates ab | ove. |



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| PAK C - JCC ADMINIST | RATORS JCC All Admin except Supers | i | 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 Saver Rx EA1 | | Single: 1 2-Person: 0 Family: 0 | \$595.56 \$1,338.15 \$1,664.87 | \$608.39 \$1,367.02 \$1,700.79 | |
| Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders: | 6497-0129 80% 80% 80% \$1,200 80% \$1,000 2 Cleanings | | Single: 0 2-Person: 1 Family: 0 | \$31.10 \$61.46 \$111.98 | \$31.63 \$62.50 \$113.87 | |
| Vision: | VSP 2 S | | Single: 0 2-Person: 1 Family: 0 | \$5.45 \$11.70 \$17.61 | \$5.57 \$11.95 \$17.99 | |
| Life Insurance: Rate/\$1000 Volume Composite: | \$30,000 | | 1 | | \$0.12 \$30,000.00 | |
| AD&D Coverage: Rate/\$1000 Volume Composite: | \$30,000 | | 1 | | \$3.60 \$0.03 \$30,000.00 \$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 | | 1 | | \$0.52 | |
| Composite: Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family | | | | | \$3,000.00 \$28.01 \$678.10 \$1,473.98 \$1,865.16 | |
| | 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 | |
| | | The COBRA ra | The COBRA rates for Dental and Vision are the same as the rates above. | | | |



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| PAK D - JCC ADMINISTE | RATORS JCC All Admin except Supers | 3 | Enrollment | 2018 Rates without Taxes | 2018 Rates 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: 1 | \$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: | 6497-0129 80% 80% 81,200 80% \$1,000 2 Cleanings | | Single: 0 2-Person: 0 Family: 1 | \$31.10 \$61.46 \$111.98 | \$31.63 \$62.50 \$113.87 | |
| Vision: | VSP 2 S | | Single: 0 2-Person: 0 Family: 1 | \$5.45 \$11.70 \$17.61 | \$5.57 \$11.95 \$17.99 | |
| Life Insurance: Rate/\$1000 Volume Composite: | \$30,000 | | 1 | | \$0.12 \$30,000.00 | |
| AD&D Coverage: Rate/\$1000 Volume Composite: | \$30,000 | | 1 | | \$3.60 \$0.03 \$30,000.00 \$0.90 | |
| LTD Benefit Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Pre-Exist Cond.: COLA: | 66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary Waived No | | 1 | | | |
| Rate/\$100 Covered Salary Composite: | NO | | | | \$0.52 \$5,544.00 \$28.01 | |
| Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family | | | | | \$613.05 \$1,327.61 \$1,683.02 | |
| | 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 | |
| | | The COBRA ra | ne COBRA rates for Dental and Vision are the same as the rates above. | | | |



800.292.4910

2018 Rate Renewal Exclusively for

Concord Community Schools (430)

(Part of Jackson County Consortium)

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Date Created: 09/13/2017

| PAK E - JCC ADMINISTF | RATORS JCC All Admin except Supers | ; | Enrollment | 2018 Rates without Taxes | 2018 Rate with Taxes | |
|--|---|--------------|--|--------------------------------------|--------------------------------------|--|
| Medical: IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): Rx Coverage: Riders Included: | MESSA Choices \$1000/\$2000 N/A \$20/\$25/\$50 Saver Rx EA1 | | Single: 0 2-Person: 0 Family: 0 | \$561.71 \$1,261.97 \$1,570.07 | \$573.81 \$1,289.19 \$1,603.94 | |
| Miders moladed. | LAI | | | | | |
| Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders: | 6497-0129 80% 80% 80% \$1,200 80% \$1,000 2 Cleanings | | Single: 0 2-Person: 0 Family: 0 | \$31.10 \$61.46 \$111.98 | \$31.63 \$62.50 \$113.87 | |
| | | | | | | |
| 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: | \$30,000 | | 0 | | | |
| Rate/\$1000 Volume Composite: | | | | | \$0.12 \$0.00 \$3.60 | |
| AD&D Coverage: Rate/\$1000 Volume | \$30,000 | | 0 | | \$0.03 \$0.00 | |
| Composite: | | | | | \$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 | | | | \$0.52 \$0.00 \$28.01 | |
| Total Monthly Rate per Member - Single Total Monthly Rate per Member - 2-Person Total Monthly Rate per Member - Family | | | | | \$643.52 \$1,396.15 \$1,768.31 | |
| | PAK E COBRA RATES: | | | | | |
| | , are socialivites. | Medical | Single 2-Person Family | \$560.21 \$1,260.47 \$1,568.57 | \$572.31 \$1,287.69 \$1,602.44 | |
| | | The COBRA ra | The COBRA rates for Dental and Vision are the same as the rates above. | | | |
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