

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

Quote Summary Exclusively for Jackson County Consortium Rates Effective 01/01/2023 through 12/31/2023

Quote Request ID: 232141

MESSA Field Rep: Julie Berryman Adams

Date Created: 10/10/2022

Quoted Group(s): 060C - JCC ACA Eligible Employees, 153P - JCC ACA Eligible Employees, 227M - JCC ACA Eligible Employees,

253M - JCC ACA Eligible Employees, 430M - JCC ACA Eligible Employees, 437N - JCC ACA Eligible Employees, 563P - JCC ACA Eligible Employees, 572V - JCC ACA Eligible Employees, 586T - JCC ACA Eligible Employees,

751U - JCC ACA Eligible Employees, 950Q - JCC ACA Eligible Employees

Medical plans

				Quote ID 351648			
						Rate	
			Census			w/ no	
Description	Current Benefits	Rate	Us	ed	Quoted Benefits	Discount	
Plan	Choices (6Z)				Choices (6Z)		
IN Deductible:	\$500/\$1000				\$500/\$1000		
IN Coinsurance:	0%	\$730.92		10	0%	\$730.92	
OL/OV/SV Copay:	\$20/\$20/\$20	\$1,644.59	2P:	0	\$20/\$20/\$20	\$1,644.59	
UC/ER Copay:	\$25/\$50	\$2,046.59	F:	0	\$25/\$50	\$2,046.59	
Rx Coverage:	Saver Rx				Saver Rx		
Riders:	EA1				EA1		
Plan	Choices (8F)				Choices (AX)		
IN Deductible:	\$1000/\$2000				\$1000/\$2000		
IN Coinsurance:	0%	\$689.27	S:	0	0%	\$649.45	
OL/OV/SV Copay:	\$20/\$20/\$20	\$1,550.87	2P:	0	\$20/\$20/\$20	\$1,461.29	
UC/ER Copay:	\$25/\$50	\$1,929.94	F:	0	\$25/\$50	\$1,818.48	
Rx Coverage:	Saver Rx				3Tier Mail		
Riders:	EA1				EA1		
Plan	ABC Plan 1 (7U)				ABC Plan 1 (7U)		
IN Deductible:	\$1400/\$2800				\$1500/\$3000		
IN Coinsurance:	0%	\$646.05		3	0%	\$646.05	
OL/OV/SV Copay:	\$0/\$0/\$0	\$1,453.63		0	\$0/\$0/\$0	\$1,453.63	
UC/ER Copay:	\$0/\$0	\$1,808.95	F:	0	\$0/\$0	\$1,808.95	
Rx Coverage:	ABC Rx				ABC Rx		
Riders:	EA1, HEQ				EA1, HEQ		
Plan	Essentials by MESSA (EB)				Not Included in Benefit Package		
IN Deductible:	\$375/\$750						
IN Coinsurance:	20%	\$490.70		0			
OL/OV/SV Copay:	\$10/\$25/\$50	\$1,104.10	2P:	0			
UC/ER Copay:	\$50/\$200	\$1,373.98	F:	0			
Rx Coverage:	EbM						
Riders:	EA1						
Plan	Not Included in Benefit Package				ABC Plan 1 (BR)		
IN Deductible:					\$1500/\$3000		
IN Coinsurance:			S:	6	0%	\$610.61	
OL/OV/SV Copay:			2P:	0	\$0/\$0/\$0	\$1,373.89	
UC/ER Copay:			F:	1	\$0/\$0	\$1,709.71	
Rx Coverage:					3Tier Mail		
Riders:					EA1, HEQ		
Basic Term Life w/Med		.				.	
Volume:	\$5,000	\$1.50		20	\$5,000	\$1.50	