



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: 232139
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 10/10/2022

Quoted Group(s): 060D - JCC All Admins Except Super, 153A - JCC All Admins Except Superintendent, 227A - JCC All Admins Except Superintendent, 253C - JCC All Admins Except Superintendent, 430C - JCC Admin except Supt, 437B - JCC All Admins Except Superintendent, 498C - JCC All Admins Except Super, 563B - JCC All Admins Except Superintendent, 572B - JCC All Admins Except Superintendent, 586M - JCC Administration, 751B - JCC All Admins Except Superintendent, 950M - JCC All Admins Except Superintendent

Medical plans

| Description | Current Benefits | Rate | Census Used | Quote ID 351646 | |
|---|------------------|--------------------------------------|--------------------------|---|---|
| | | | | Quoted Benefits | Rate w/ 2% Discount |
| Plan IN Deductible: \$500/\$1000 IN Coinsurance: 0% OL/OV/SV Copay: \$20/\$20/\$20 UC/ER Copay: \$25/\$50 Rx Coverage: Saver Rx Riders: EA1 | | \$716.31 | S: 9 2P: 13 F: 40 | Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1 | \$716.31 \$1,611.71 \$2,005.66 |
| Plan IN Deductible: \$1000/\$2000 IN Coinsurance: 0% OL/OV/SV Copay: \$20/\$20/\$20 UC/ER Copay: \$25/\$50 Rx Coverage: Saver Rx Riders: EA1 | | \$675.48 \$1,519.85 \$1,891.35 | S: 1 2P: 0 F: 3 | <i>Choices (AX)</i> <i>\$1000/\$2000</i> <i>0%</i> <i>\$20/\$20/\$20</i> <i>\$25/\$50</i> <i>3Tier Mail</i> <i>EA1</i> | <i>\$636.47</i> <i>\$1,432.07</i> <i>\$1,782.11</i> |
| Plan IN Deductible: \$1400/\$2800 IN Coinsurance: 0% OL/OV/SV Copay: \$0/\$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: ABC Rx Riders: EA1, HEQ | | \$633.13 \$1,424.56 \$1,772.78 | S: 12 2P: 14 F: 52 | ABC Plan 1 (7U) \$1500/\$3000 0% \$0/\$0/\$0 \$0/\$0 ABC Rx EA1, HEQ | \$633.13 \$1,424.56 \$1,772.78 |
| Plan IN Deductible: \$375/\$750 IN Coinsurance: 20% OL/OV/SV Copay: \$10/\$25/\$50 UC/ER Copay: \$50/\$200 Rx Coverage: EbM Riders: EA1 | | \$480.89 \$1,082.02 \$1,346.50 | S: 0 2P: 0 F: 0 | Essentials by MESSA (EB) Not Included in Benefit Package | |
| Plan IN Deductible: \$1500/\$3000 IN Coinsurance: 0% OL/OV/SV Copay: \$0/\$0/\$0 UC/ER Copay: \$0/\$0 Rx Coverage: 3Tier Mail Riders: EA1, HEQ | | | S: 0 2P: 0 F: 0 | <i>ABC Plan 1 (BR)</i> <i>\$1500/\$3000</i> <i>0%</i> <i>\$0/\$0/\$0</i> <i>\$0/\$0</i> <i>3Tier Mail</i> <i>EA1, HEQ</i> | <i>\$598.40</i> <i>\$1,346.42</i> <i>\$1,675.52</i> |
| Basic Term Life w/Med Volume: | \$5,000 | \$1.50 | 144 | \$5,000 | \$1.50 |

The above rates are based on plans and enrollment as of 10/07/2022. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Julie Berryman Adams, at 800.292.4910. Page 1



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: 232139
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 10/10/2022

Quoted Group(s): 060D - JCC All Admins Except Super, 153A - JCC All Admins Except Superintendent, 227A - JCC All Admins Except Superintendent, 253C - JCC All Admins Except Superintendent, 430C - JCC Admin except Supt, 437B - JCC All Admins Except Superintendent, 498C - JCC All Admins Except Super, 563B - JCC All Admins Except Superintendent, 572B - JCC All Admins Except Superintendent, 586M - JCC Administration, 751B - JCC All Admins Except Superintendent, 950M - JCC All Admins Except Superintendent

Ancillary plans with medical - 144 members

| Description | Current Benefits | | Census Used | Quote ID 351646 | |
|--------------------------------|---------------------------|-----------|-------------|---------------------------|-----------|
| | Rate | | | Quoted Benefits | Rate |
| Dental (All)* | | | | | |
| Diag & Prev: | 100% | | | 100% | |
| Basic Services: | 80% (X-Rays) | | | 80% (X-Rays) | |
| Major Services: | 80% | \$36.88 | S: 24 | 80% | \$ 36.88 |
| Annual Max: | \$2000 | \$69.72 | 2P: 37 | \$2000 | \$ 69.72 |
| Orthodontics: | 80% | \$135.88 | F: 111 | 80% | \$135.88 |
| Lifetime Max: | \$2000 | | | \$2000 | |
| Riders: | 2 Cleanings | | | 2 Cleanings | |
| Plan Year: | Jan-Dec | | | Jan-Dec | |
| Vision (All)* | VSP 2 S | \$5.98 | S: 24 | VSP 2 S | \$ 5.98 |
| Plan Year: | Jan-Dec | \$12.79 | 2P: 37 | Jan-Dec | \$ 12.79 |
| | | \$19.26 | F: 111 | | \$ 19.26 |
| Life Insurance | | | | | |
| Volume: | \$30,000 | | | \$30,000 | |
| Total Volume: | \$4,320,000 | | 144 | \$4,320,000 | |
| Rate/\$1,000: | | \$0.12 | | | \$ 0.12 |
| Composite Rate: | | \$3.60 | | | \$ 3.60 |
| AD&D Coverage | | | | | |
| Volume: | \$30,000 | | | \$30,000 | |
| Total Volume: | \$4,320,000 | | 144 | \$4,320,000 | |
| Rate/\$1,000: | | \$0.03 | | | \$ 0.03 |
| Composite Rate: | | \$0.90 | | | \$ 0.90 |
| LTD Benefit (All)* | | | | | |
| Benefit: | 66 2/3% Max \$7,000 | | | 66 2/3% Max \$7,000 | |
| Max. Monthly Salary: | \$10,500 | | | \$10,500 | |
| Waiting Period: | 90 CDMF | | | 90 CDMF | |
| Alcohol/Drug: | Same as any other illness | | | Same as any other illness | |
| Mental/Nervous: | Same as any other illness | | | Same as any other illness | |
| Soc. Sec. Offset: | Primary | | | Primary | |
| Own-Occupation: | 2 years | | | 2 years | |
| Pre-Exist Condition: | Waived | | | Waived | |
| COLA: | No | | | No | |
| SS Freeze: | Yes | | | Yes | |
| Volume: | \$1,033,989 | | 172 | \$1,033,989 | |
| Rate/\$100: | | \$0.46 | | | \$ 0.46 |
| Composite Rate: | | \$27.65 | | | \$ 27.65 |
| Total Monthly Rate/Member - S | | \$ 75.01 | | | \$ 75.01 |
| Total Monthly Rate/Member - 2P | | \$ 114.66 | | | \$ 114.66 |
| Total Monthly Rate/Member - F | | \$ 187.29 | | | \$ 187.29 |

* Indicates total ancillary plan enrollment and volume for quoted group(s).

The above rates are based on plans and enrollment as of 10/07/2022. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Julie Berryman Adams, at 800.292.4910.



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: 232139
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 10/10/2022

Quoted Group(s): 060D - JCC All Admins Except Super, 153A - JCC All Admins Except Superint, 227A - JCC All Admins Except Superint, 253C - JCC All Admins Except Superint, 430C - JCC Admin except Supt, 437B - JCC All Admins Except Superint, 498C - JCC All Admins Except Super, 563B - JCC All Admins Except Superint, 572B - JCC All Admins Except Superint, 586M - JCC Administration, 751B - JCC All Admins Except Superint, 950M - JCC All Admins Except Superint

Ancillary plans without medical - 28 members

| Description | Current Benefits | Rate | Census Used | Quote ID 351646 | |
|--------------------------------|---------------------------|-----------|-------------|---------------------------|-----------|
| | | | | Quoted Benefits | Rate |
| Dental (All)* | | | | | |
| Diag & Prev: | 100% | | | 100% | |
| Basic Services: | 80% (X-Rays) | | | 80% (X-Rays) | |
| Major Services: | 80% | \$36.88 | S: 24 | 80% | \$ 36.88 |
| Annual Max: | \$2000 | \$69.72 | 2P: 37 | \$2000 | \$ 69.72 |
| Orthodontics: | 80% | \$135.88 | F: 111 | 80% | \$135.88 |
| Lifetime Max: | \$2000 | | | \$2000 | |
| Riders: | 2 Cleanings | | | 2 Cleanings | |
| Plan Year: | Jan-Dec | | | Jan-Dec | |
| Vision (All)* | VSP 2 S | \$5.98 | S: 24 | VSP 2 S | \$ 5.98 |
| Plan Year: | Jan-Dec | \$12.79 | 2P: 37 | Jan-Dec | \$ 12.79 |
| | | \$19.26 | F: 111 | | \$ 19.26 |
| Life Insurance | | | | | |
| Volume: | \$35,000 | | | \$35,000 | |
| Total Volume: | \$980,000 | | 28 | \$980,000 | |
| Rate/\$1,000: | | \$0.12 | | | \$ 0.12 |
| Composite Rate: | | \$4.20 | | | \$ 4.20 |
| AD&D Coverage | | | | | |
| Volume: | \$35,000 | | | \$35,000 | |
| Total Volume: | \$980,000 | | 28 | \$980,000 | |
| Rate/\$1,000: | | \$0.03 | | | \$ 0.03 |
| Composite Rate: | | \$1.05 | | | \$ 1.05 |
| LTD Benefit (All)* | | | | | |
| Benefit: | 66 2/3% Max \$7,000 | | | 66 2/3% Max \$7,000 | |
| Max. Monthly Salary: | \$10,500 | | | \$10,500 | |
| Waiting Period: | 90 CDMF | | | 90 CDMF | |
| Alcohol/Drug: | Same as any other illness | | | Same as any other illness | |
| Mental/Nervous: | Same as any other illness | | | Same as any other illness | |
| Soc. Sec. Offset: | Primary | | | Primary | |
| Own-Occupation: | 2 years | | | 2 years | |
| Pre-Exist Condition: | Waived | | | Waived | |
| COLA: | No | | | No | |
| SS Freeze: | Yes | | | Yes | |
| Volume: | \$1,033,989 | | 172 | \$1,033,989 | |
| Rate/\$100: | | \$0.46 | | | \$ 0.46 |
| Composite Rate: | | \$27.65 | | | \$ 27.65 |
| Total Monthly Rate/Member - S | | \$ 75.76 | | | \$ 75.76 |
| Total Monthly Rate/Member - 2P | | \$ 115.41 | | | \$ 115.41 |
| Total Monthly Rate/Member - F | | \$ 188.04 | | | \$ 188.04 |

* Indicates total ancillary plan enrollment and volume for quoted group(s).

The above rates are based on plans and enrollment as of 10/07/2022. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Julie Berryman Adams, at 800.292.4910.