



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: 232142  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 10/10/2022

**Quoted Group(s): 060E - JCC Cust/Maint/Facilities, 153D - JCC Cust/Maint/Facilities, 227I - JCC Custodial/Maint/Facilities, 253E - JCC Cust/Maint/Facilities, 430B - JCC Custodian Maintenance, 437D - JCC Cust/Maint/Facilities, 498E - JCC Cust/Maint/Facilities, 563L - JCC FT Cust/Maint/Facilities, 572D - JCC Cust/Maint/Facilities, 586S - JCC Cust/Maint/Facilities, 751T - JCC Cust/Maint/Facilities, 950C - JCC Non Union Cust/Maint/Fac**

**Medical plans**

| Description   | Current Benefits | Rate     | Census Used            | Quote ID 351650   |   |
|---|------------------|----------|------------------------|---|---|
|   |                  |          |                        | Quoted Benefits   | Rate w/ 2% Discount                                       |
| <b>Plan</b><br>IN Deductible: \$500/\$1000<br>IN Coinsurance: 0%<br>OL/OV/SV Copay: \$20/\$20/\$20<br>UC/ER Copay: \$25/\$50<br>Rx Coverage: Saver Rx<br>Riders: EA1    |                  | \$716.31 | S: 11<br>2P: 6<br>F: 8 | Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | \$716.31<br>\$1,611.71<br>\$2,005.66                      |
| <b>Plan</b><br>IN Deductible: \$1000/\$2000<br>IN Coinsurance: 0%<br>OL/OV/SV Copay: \$20/\$20/\$20<br>UC/ER Copay: \$25/\$50<br>Rx Coverage: Saver Rx<br>Riders: EA1   |                  | \$675.48 | S: 0<br>2P: 0<br>F: 3  | <i>Choices (AX)</i><br><i>\$1000/\$2000</i><br><i>0%</i><br><i>\$20/\$20/\$20</i><br><i>\$25/\$50</i><br><i>3Tier Mail</i><br><i>EA1</i>    | <i>\$636.47</i><br><i>\$1,432.07</i><br><i>\$1,782.11</i> |
| <b>Plan</b><br>IN Deductible: \$1400/\$2800<br>IN Coinsurance: 0%<br>OL/OV/SV Copay: \$0/\$0/\$0<br>UC/ER Copay: \$0/\$0<br>Rx Coverage: ABC Rx<br>Riders: EA1, HEQ     |                  | \$633.13 | S: 7<br>2P: 8<br>F: 14 | ABC Plan 1 (7U)<br>\$1500/\$3000<br>0%<br>\$0/\$0/\$0<br>\$0/\$0<br>ABC Rx<br>EA1, HEQ  | \$633.13<br>\$1,424.56<br>\$1,772.78                      |
| <b>Plan</b><br>IN Deductible: \$375/\$750<br>IN Coinsurance: 20%<br>OL/OV/SV Copay: \$10/\$25/\$50<br>UC/ER Copay: \$50/\$200<br>Rx Coverage: EbM<br>Riders: EA1        |                  | \$480.89 | S: 0<br>2P: 0<br>F: 0  | Essentials by MESSA (EB)<br>Not Included in Benefit Package   | \$1,082.02<br>\$1,346.50                                  |
| <b>Plan</b><br>IN Deductible: \$1500/\$3000<br>IN Coinsurance: 0%<br>OL/OV/SV Copay: \$0/\$0/\$0<br>UC/ER Copay: \$0/\$0<br>Rx Coverage: 3Tier Mail<br>Riders: EA1, HEQ |                  |          | S: 2<br>2P: 0<br>F: 1  | <i>ABC Plan 1 (BR)</i><br><i>\$1500/\$3000</i><br><i>0%</i><br><i>\$0/\$0/\$0</i><br><i>\$0/\$0</i><br><i>3Tier Mail</i><br><i>EA1, HEQ</i> | <i>\$598.40</i><br><i>\$1,346.42</i><br><i>\$1,675.52</i> |
| <b>Basic Term Life w/Med</b><br>Volume:   | \$5,000          | \$1.50   | 60                     | \$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.*



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**Ancillary plans with medical - 60 members**

| Description                    | Current Benefits          |           | Census Used | Quote ID 351650           |           |
|--------------------------------|---------------------------|-----------|-------------|---------------------------|-----------|
|                                | Rate                      |           |             | Quoted Benefits           | Rate      |
| <b>Dental (All)*</b>           |                           |           |             |                           |           |
| Diag & Prev:                   | 100%                      |           |             | 100%                      |           |
| Basic Services:                | 80% (X-Rays)              |           |             | 80% (X-Rays)              |           |
| Major Services:                | 80%                       | \$39.37   | S: 25       | 80%                       | \$ 39.37  |
| Annual Max:                    | \$2000                    | \$74.01   | 2P: 17      | \$2000                    | \$ 74.01  |
| Orthodontics:                  | 80%                       | \$140.62  | F: 31       | 80%                       | \$140.62  |
| Lifetime Max:                  | \$2000                    |           |             | \$2000                    |           |
| Riders:                        | 2 Cleanings               |           |             | 2 Cleanings               |           |
| Plan Year:                     | Jan-Dec                   |           |             | Jan-Dec                   |           |
| <b>Vision (All)*</b>           | VSP 2 S                   | \$5.98    | S: 25       | VSP 2 S                   | \$ 5.98   |
| Plan Year:                     | Jan-Dec                   | \$12.79   | 2P: 17      | Jan-Dec                   | \$ 12.79  |
|                                |                           | \$19.26   | F: 31       |                           | \$ 19.26  |
| <b>Life Insurance</b>          |                           |           |             |                           |           |
| Volume:                        | \$20,000                  |           |             | \$20,000                  |           |
| Total Volume:                  | \$1,200,000               |           | 60          | \$1,200,000               |           |
| Rate/\$1,000:                  |                           | \$0.12    |             |                           | \$ 0.12   |
| Composite Rate:                |                           | \$2.40    |             |                           | \$ 2.40   |
| <b>AD&amp;D Coverage</b>       |                           |           |             |                           |           |
| Volume:                        | \$20,000                  |           |             | \$20,000                  |           |
| Total Volume:                  | \$1,200,000               |           | 60          | \$1,200,000               |           |
| Rate/\$1,000:                  |                           | \$0.03    |             |                           | \$ 0.03   |
| Composite Rate:                |                           | \$0.60    |             |                           | \$ 0.60   |
| <b>LTD Benefit (All)*</b>      |                           |           |             |                           |           |
| Benefit:                       | 66 2/3% Max \$3,500       |           |             | 66 2/3% Max \$3,500       |           |
| Max. Monthly Salary:           | \$5,250                   |           |             | \$5,250                   |           |
| 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:                        | \$244,181                 |           | 71          | \$244,181                 |           |
| Rate/\$100:                    |                           | \$0.97    |             |                           | \$ 0.97   |
| Composite Rate:                |                           | \$33.36   |             |                           | \$ 33.36  |
| Total Monthly Rate/Member - S  |                           | \$ 81.71  |             |                           | \$ 81.71  |
| Total Monthly Rate/Member - 2P |                           | \$ 123.16 |             |                           | \$ 123.16 |
| Total Monthly Rate/Member - F  |                           | \$ 196.24 |             |                           | \$ 196.24 |

\* 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.**



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**Ancillary plans without medical - 13 members**

| Description                    | Current Benefits          | Rate      | Census Used | Quote ID 351650           |           |
|--------------------------------|---------------------------|-----------|-------------|---------------------------|-----------|
|                                |                           |           |             | Quoted Benefits           | Rate      |
| <b>Dental (All)*</b>           |                           |           |             |                           |           |
| Diag & Prev:                   | 100%                      |           |             | 100%                      |           |
| Basic Services:                | 80% (X-Rays)              |           |             | 80% (X-Rays)              |           |
| Major Services:                | 80%                       | \$39.37   | S: 25       | 80%                       | \$ 39.37  |
| Annual Max:                    | \$2000                    | \$74.01   | 2P: 17      | \$2000                    | \$ 74.01  |
| Orthodontics:                  | 80%                       | \$140.62  | F: 31       | 80%                       | \$140.62  |
| Lifetime Max:                  | \$2000                    |           |             | \$2000                    |           |
| Riders:                        | 2 Cleanings               |           |             | 2 Cleanings               |           |
| Plan Year:                     | Jan-Dec                   |           |             | Jan-Dec                   |           |
| <b>Vision (All)*</b>           | VSP 2 S                   | \$5.98    | S: 25       | VSP 2 S                   | \$ 5.98   |
| Plan Year:                     | Jan-Dec                   | \$12.79   | 2P: 17      | Jan-Dec                   | \$ 12.79  |
|                                |                           | \$19.26   | F: 31       |                           | \$ 19.26  |
| <b>Life Insurance</b>          |                           |           |             |                           |           |
| Volume:                        | \$25,000                  |           |             | \$25,000                  |           |
| Total Volume:                  | \$325,000                 |           | 13          | \$325,000                 |           |
| Rate/\$1,000:                  |                           | \$0.12    |             |                           | \$ 0.12   |
| Composite Rate:                |                           | \$3.00    |             |                           | \$ 3.00   |
| <b>AD&amp;D Coverage</b>       |                           |           |             |                           |           |
| Volume:                        | \$25,000                  |           |             | \$25,000                  |           |
| Total Volume:                  | \$325,000                 |           | 13          | \$325,000                 |           |
| Rate/\$1,000:                  |                           | \$0.03    |             |                           | \$ 0.03   |
| Composite Rate:                |                           | \$0.75    |             |                           | \$ 0.75   |
| <b>LTD Benefit (All)*</b>      |                           |           |             |                           |           |
| Benefit:                       | 66 2/3% Max \$3,500       |           |             | 66 2/3% Max \$3,500       |           |
| Max. Monthly Salary:           | \$5,250                   |           |             | \$5,250                   |           |
| 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:                        | \$244,181                 |           | 71          | \$244,181                 |           |
| Rate/\$100:                    |                           | \$0.97    |             |                           | \$ 0.97   |
| Composite Rate:                |                           | \$33.36   |             |                           | \$ 33.36  |
| Total Monthly Rate/Member - S  |                           | \$ 82.46  |             |                           | \$ 82.46  |
| Total Monthly Rate/Member - 2P |                           | \$ 123.91 |             |                           | \$ 123.91 |
| Total Monthly Rate/Member - F  |                           | \$ 196.99 |             |                           | \$ 196.99 |

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

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