



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: 232143
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 10/10/2022

Quoted Group(s): 060I - JCC FT Food Service, 498F - JCC FT Food Service, 563N - JCC FT Food Service, 572S - JCC FT Food Service, 950K - JCC FT Food Service

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 351651	
				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 \$1,611.71 \$2,005.66	S: 5 2P: 3 F: 4	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: 0 2P: 0 F: 0	<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: 4 2P: 1 F: 0	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: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Not Included in Benefit Package		S: 0 2P: 0 F: 2	<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	19	\$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 - 19 members

Description	Current Benefits	Rate	Census Used	Quote ID 351651	
				Quoted Benefits	Rate
Dental (All)*					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$37.71	S: 10	80%	\$ 37.71
Annual Max:	\$2000	\$70.64	2P: 5	\$2000	\$ 70.64
Orthodontics:	80%	\$139.48	F: 6	80%	\$139.48
Lifetime Max:	\$2000			\$2000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision (All)*	VSP 2 S	\$5.98	S: 10	VSP 2 S	\$ 5.98
Plan Year:	Jan-Dec	\$12.79	2P: 5	Jan-Dec	\$ 12.79
		\$19.26	F: 6		\$ 19.26
Life Insurance					
Volume:	\$20,000			\$20,000	
Total Volume:	\$380,000		19	\$380,000	
Rate/\$1,000:		\$0.12			\$ 0.12
Composite Rate:		\$2.40			\$ 2.40
AD&D Coverage					
Volume:	\$20,000			\$20,000	
Total Volume:	\$380,000		19	\$380,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.60			\$ 0.60
LTD Benefit (All)*					
Benefit:	66 2/3% Max \$2,500			66 2/3% Max \$2,500	
Max. Monthly Salary:	\$3,750			\$3,750	
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:	\$50,544		21	\$50,544	
Rate/\$100:		\$1.44			\$ 1.44
Composite Rate:		\$34.66			\$ 34.66
Total Monthly Rate/Member - S		\$ 81.35			\$ 81.35
Total Monthly Rate/Member - 2P		\$ 121.09			\$ 121.09
Total Monthly Rate/Member - F		\$ 196.40			\$ 196.40

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

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Ancillary plans without medical - 2 members

Description	Current Benefits	Rate	Census Used	Quote ID 351651	
				Quoted Benefits	Rate
Dental (All)*					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$37.71	S: 10	80%	\$ 37.71
Annual Max:	\$2000	\$70.64	2P: 5	\$2000	\$ 70.64
Orthodontics:	80%	\$139.48	F: 6	80%	\$139.48
Lifetime Max:	\$2000			\$2000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision (All)*	VSP 2 S	\$5.98	S: 10	VSP 2 S	\$ 5.98
Plan Year:	Jan-Dec	\$12.79	2P: 5	Jan-Dec	\$ 12.79
		\$19.26	F: 6		\$ 19.26
Life Insurance					
Volume:	\$25,000			\$25,000	
Total Volume:	\$50,000		2	\$50,000	
Rate/\$1,000:		\$0.12			\$ 0.12
Composite Rate:		\$3.00			\$ 3.00
AD&D Coverage					
Volume:	\$25,000			\$25,000	
Total Volume:	\$50,000		2	\$50,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.75			\$ 0.75
LTD Benefit (All)*					
Benefit:	66 2/3% Max \$2,500			66 2/3% Max \$2,500	
Max. Monthly Salary:	\$3,750			\$3,750	
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:	\$50,544		21	\$50,544	
Rate/\$100:		\$1.44			\$ 1.44
Composite Rate:		\$34.66			\$ 34.66
Total Monthly Rate/Member - S		\$ 82.10			\$ 82.10
Total Monthly Rate/Member - 2P		\$ 121.84			\$ 121.84
Total Monthly Rate/Member - F		\$ 197.15			\$ 197.15

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

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