

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

10/10/2022

Quoted Group(s): 253I - JCC FT Parapro/Aide/Teach Asst, 563D - JCC FT Parapro/Aide/Teach Asst, 572L - JCC FT Parapro/Aide/Teach Asst, 586E - JCC FT Parapro/Aide/Teach Asst, 9500 - JCC FT Parapro/Aide/Teach Asst

Medical plans

Description Current Benefits Rate w/ 2% Description Current Benefits Rate Used Quoted Benefits Discount Plan Choices (6Z) Choices (6Z) Choices (6Z) Choices (6Z) S500/\$1000 S500/\$1000 IN Deductible: \$500/\$1000 \$500/\$					Quote ID 351647	
Description Current Benefits Rate Used Quoted Benefits Discount Plan Choices (6Z) Choices (6Z) Choices (6Z) Stool/\$1000 Stool/\$1000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Plan Choices (6Z) Choices (6Z) IN Deductible: \$500/\$1000 \$500/\$1000 IN Coinsurance: 0% \$716.31 S: 1 0% \$716.31 OL/OV/SV Copay: \$20/\$20/\$20 \$1,611.71 2P: 2 \$20/\$20/\$20 \$1,611.71			Censu	IS	w/ 2%	
IN Deductible: \$500/\$1000 \$500/\$1000 IN Coinsurance: 0% \$716.31 S: 1 0% \$716.31 OL/OV/SV Copay: \$20/\$20/\$20 \$1,611.71 2P: 2 \$20/\$20/\$20 \$1,611.71	Description	Current Benefits Rate	Used		Quoted Benefits Discount	
IN Coinsurance: 0% \$716.31 S: 1 0% \$716.31 OL/OV/SV Copay: \$20/\$20/\$20 \$1,611.71 2P: 2 \$20/\$20/\$20 \$1,611.71	Plan	Choices (6Z)			Choices (6Z)	
OL/OV/SV Copay: \$20/\$20/\$20 \$1,611.71 2P: 2 \$20/\$20 \$1,611.71	IN Deductible:	\$500/\$1000			\$500/\$1000	
	IN Coinsurance:	0% \$716.31	S:	1	0% \$716.31	
	OL/OV/SV Copay:	\$20/\$20/\$20 \$1,611.71	2P: 2	2	\$20/\$20/\$20 \$1,611.71	
UC/ER Copay: \$25/\$50 \$2,005.66 F: 1 \$25/\$50 \$2,005.66	UC/ER Copay:	\$25/\$50 \$2,005.66	F: 1	1	\$25/\$50 \$2,005.66	
Rx Coverage: Saver Rx Saver Rx	Rx Coverage:	Saver Rx			Saver Rx	
Riders: EA1 EA1	Riders:	EA1				
Plan Choices (8F) Choices (AX)	Plan	Choices (8F)			Choices (AX)	
IN Deductible: \$1000/\$2000 \$1000/\$2000	IN Deductible:				\$1000/\$2000	
IN Coinsurance: 0% \$675.48 S: 0 0% \$636.47	IN Coinsurance:				· · · · · · · · · · · · · · · · · · ·	
OL/OV/SV Copay: \$20/\$20/\$20 \$1,519.85 2P: 1 \$20/\$20 \$1,432.07	OL/OV/SV Copay:	\$20/\$20/\$20 \$1,519.85	2P:			
UC/ER Copay: \$25/\$50 \$1,891.35 F: 0 \$25/\$50 \$1,782.11	UC/ER Copay:	\$25/\$50 \$1,891.35	F: (0	\$25/\$50 \$1,782.11	
Rx Coverage: Saver Rx 3Tier Mail	Rx Coverage:	Saver Rx			3Tier Mail	
Riders: EA1 EA1	Riders:	EA1			EA1	
Plan ABC Plan 1 (7U) ABC Plan 1 (7U)	Plan	ABC Plan 1 (7U)			. ,	
IN Deductible: \$1400/\$2800 \$1500/\$3000	IN Deductible:					
IN Coinsurance: 0% \$633.13 S: 3 0% \$633.13	IN Coinsurance:				-	
OL/OV/SV Copay: \$0/\$0/\$0 \$1,424.56 2P: 0 \$0/\$0/\$0 \$1,424.56	OL/OV/SV Copay:	\$0/\$0/\$0 \$1,424.56	2P:	0	\$0/\$0/\$0 \$1,424.56	
UC/ER Copay: \$0/\$0 \$1,772.78 F: 0 \$0/\$0 \$1,772.78			F: (
Rx Coverage: ABC Rx ABC Rx	°					
Riders: EA1, HEQ EA1, HEQ	Riders:	· · · · · · · · · · · · · · · · · · ·		_		
Plan Essentials by MESSA (EB) Not Included in Benefit Package		, , ,			Not Included in Benefit Package	
IN Deductible: \$375/\$750	IN Deductible:					
IN Coinsurance: 20% \$480.89 S: 0		• • • • • •	1			
OL/OV/SV Copay: \$10/\$25/\$50 \$1,082.02 2P: 0				-		
UC/ER Copay: \$50/\$200 \$1,346.50 F: 0			F: (0		
Rx Coverage: EbM	Ŭ,					
Riders: EA1						
Plan Not Included in Benefit Package ABC Plan 1 (BR)		Not Included in Benefit Package				
IN Deductible: \$1500/\$3000					* * * * * * * * * * * * * * * * * * *	
IN Coinsurance: S: 0 0% \$598.40						
OL/OV/SV Copay: 2P: 1 \$0/\$0/\$0 \$1,346.42			1			
UC/ER Copay: F: 0 \$0/\$0 \$1,675.52			F: (-	Prove Pro	
Rx Coverage: 3Tier Mail	Ŭ,					
Riders: EA1, HEQ					EA1, HEQ	
Basic Term Life w/Med						
Volume: \$5,000 \$1.50 9 \$5,000 \$1.50	Volume:	\$5,000 \$1.50		9	\$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



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Ancillary plans with medical - 9 members

	S WILLI IIICUICAI -			613		17		
					Quote ID 35164	+/		
			0.000					
Description	Current Benefits	Rate	Cen: Use		Quoted Benefits	Rate		
Dental (All)*	Current Benefits	Rate	US	a	Quoted benefits	Rate		
Diag & Prev:	100%				100%			
Basic Services:					80% (X-Rays)			
	80% (X-Rays)	¢ 40.00	<u> </u>	40		¢ 40.00		
Major Services:		\$40.22 \$77.14	S: 2P:	13		\$ 40.22 \$ 77.14		
Annual Max:			2P: F:	11	•	\$ 77.14 \$144.38		
Orthodontics:		144.38	F:	23		\$144.38		
Lifetime Max:	\$2000				\$2000			
Riders:	2 Cleanings				2 Cleanings			
Plan Year:	Jan-Dec	\$5.00			Jan-Dec	* 5 0 0		
Vision	VSP 2 S	\$5.98	S:	3		\$ 5.98		
Plan Year:		\$12.79	2P: F:	5	Jan-Dec	\$ 12.79		
		\$19.26	F:	1		\$ 19.26		
Life Insurance	* 25 222				* 05 000			
Volume:	\$25,000			~	\$25,000			
Total Volume:	\$225,000	* * **		9	\$225,000			
Rate/\$1,000:		\$0.12				\$ 0.12		
Composite Rate:		\$3.00				\$ 3.00		
AD&D Coverage	0 05 000				*			
Volume:	\$25,000			•	\$25,000			
Total Volume:	\$225,000	# 0.00		9	\$225,000	* • • • •		
Rate/\$1,000:		\$0.03				\$ 0.03		
Composite Rate:		\$0.75				\$ 0.75		
LTD Benefit (All)*	00 0/00/ May #0 500				00 0/00/ 14- 00 500			
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:	\$97,800			47	\$97,800			
Rate/\$100:		\$1.01				\$ 1.01		
Composite Rate:		\$21.02				\$ 21.02		
Total Monthly Rate/Member - S \$ 70.97 \$ 70.97								
Total Monthly Rate/Memb		114.70			\$			
Total Monthly Rate/Member - F \$ 188.41 \$ 188.41								

* 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 - 38 members

Anchary plans without medical - 36 members									
					Quote ID 35164	47			
		_	Cen			_			
Description	Current Benefits	Rate	Us	ed	Quoted Benefits	Rate			
Dental (All)*									
Diag & Prev:	100%				100%				
Basic Services:	80% (X-Rays)	• · · · · ·			80% (X-Rays)				
Major Services:		\$40.22	S:	13	80%	\$ 40.22			
Annual Max:		\$77.14	2P:	11	\$2000	\$ 77.14			
Orthodontics:		144.38	F:	23	80%	\$144.38			
Lifetime Max:	\$2000				\$2000				
Riders:	2 Cleanings				2 Cleanings				
Plan Year:	Jan-Dec				Jan-Dec				
Vision	VSP 3 G	\$7.99	S:	10	VSP 3 G	\$ 7.99			
Plan Year:		\$17.15	2P:	6	Jan-Dec	\$ 17.15			
		\$25.76	F:	22		\$ 25.76			
Life Insurance									
Volume:	\$30,000				\$30,000				
Total Volume:	\$1,140,000			38	\$1,140,000				
Rate/\$1,000:		\$0.12				\$ 0.12			
Composite Rate:		\$3.60				\$ 3.60			
AD&D Coverage									
Volume:	\$30,000				\$30,000				
Total Volume:	\$1,140,000			38	\$1,140,000				
Rate/\$1,000:		\$0.03				\$ 0.03			
Composite Rate:		\$0.90				\$ 0.90			
LTD Benefit (All)*									
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:	\$97,800			47	\$97,800				
Rate/\$100:		\$1.01				\$ 1.01			
Composite Rate:		\$21.02				\$ 21.02			
Total Monthly Rate/Memb	oer - S \$	73.73			9	5 73.73			
Total Monthly Rate/Memb	oer - 2P \$	119.81			9	5 119.81			
Total Monthly Rate/Memb	oer - F \$	195.66			9	5 195.66			

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

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