



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: 232140
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 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, 950O - JCC FT Parapro/Aide/Teach Asst**

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 351647	
				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: 1 2P: 2 F: 1	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: 1 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: 3 2P: 0 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: 1 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	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 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



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Ancillary plans with medical - 9 members

Description	Current Benefits	Rate	Census Used	Quote ID 351647	
				Quoted Benefits	Rate
Dental (All)*					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$40.22	S: 13	80%	\$ 40.22
Annual Max:	\$2000	\$77.14	2P: 11	\$2000	\$ 77.14
Orthodontics:	80%	\$144.38	F: 23	80%	\$144.38
Lifetime Max:	\$2000			\$2000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 2 S	\$5.98	S: 3	VSP 2 S	\$ 5.98
Plan Year:	Jan-Dec	\$12.79	2P: 5	Jan-Dec	\$ 12.79
		\$19.26	F: 1		\$ 19.26
Life Insurance					
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					
Volume:	\$25,000			\$25,000	
Total Volume:	\$225,000		9	\$225,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.75			\$ 0.75
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/Member - S		\$ 70.97			\$ 70.97
Total Monthly Rate/Member - 2P		\$ 114.70			\$ 114.70
Total Monthly Rate/Member - F		\$ 188.41			\$ 188.41

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

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Ancillary plans without medical - 38 members

Description	Current Benefits	Rate	Census Used	Quote ID 351647	
				Quoted Benefits	Rate
Dental (All)*					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$40.22	S: 13	80%	\$ 40.22
Annual Max:	\$2000	\$77.14	2P: 11	\$2000	\$ 77.14
Orthodontics:	80%	\$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:	Jan-Dec	\$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/Member - S		\$ 73.73			\$ 73.73
Total Monthly Rate/Member - 2P		\$ 119.81			\$ 119.81
Total Monthly Rate/Member - F		\$ 195.66			\$ 195.66

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

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