



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: 232144  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 10/10/2022

**Quoted Group(s): 060F - JCC FT Secretaries, 153N - JCC FT Secretaries, 227E - JCC FT Secretaries, 253K - JCC FT Secretaries, 430J - JCC Secretaries, 437C - JCC FT Secretaries, 498D - JCC FT Secretaries, 563M - JCC FT Secretaries, 572F - JCC FT Secretaries, 586G - JCC FT Secretaries, 751D - JCC FT Secretaries, 950P - JCC FT Secretaries**

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 351652	
				Quoted Benefits	Rate w/ 2% Discount
<b>Plan</b> IN Deductible: \$500/\$1000 IN Coinsurance: 0% \$716.31 OL/OV/SV Copay: \$20/\$20/\$20 \$1,611.71 UC/ER Copay: \$25/\$50 \$2,005.66 Rx Coverage: Saver Rx Riders: EA1			S: 15 2P: 10 F: 27	Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	<b>\$716.31</b> <b>\$1,611.71</b> <b>\$2,005.66</b>
<b>Plan</b> IN Deductible: \$1000/\$2000 IN Coinsurance: 0% \$675.48 OL/OV/SV Copay: \$20/\$20/\$20 \$1,519.85 UC/ER Copay: \$25/\$50 \$1,891.35 Rx Coverage: Saver Rx Riders: EA1			S: 0 2P: 3 F: 4	<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>	<b>\$636.47</b> <b>\$1,432.07</b> <b>\$1,782.11</b>
<b>Plan</b> IN Deductible: ABC Plan 1 (7U) \$1400/\$2800 IN Coinsurance: 0% \$633.13 OL/OV/SV Copay: \$0/\$0/\$0 \$1,424.56 UC/ER Copay: \$0/\$0 \$1,772.78 Rx Coverage: ABC Rx Riders: EA1, HEQ			S: 7 2P: 16 F: 18	ABC Plan 1 (7U) \$1500/\$3000 0% \$0/\$0/\$0 \$0/\$0 ABC Rx EA1, HEQ	<b>\$633.13</b> <b>\$1,424.56</b> <b>\$1,772.78</b>
<b>Plan</b> IN Deductible: Essentials by MESSA (EB) \$375/\$750 IN Coinsurance: 20% \$480.89 OL/OV/SV Copay: \$10/\$25/\$50 \$1,082.02 UC/ER Copay: \$50/\$200 \$1,346.50 Rx Coverage: EbM Riders: EA1			S: 0 2P: 0 F: 0	Not Included in Benefit Package	
<b>Plan</b> IN Deductible: Not Included in Benefit Package IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:			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>	<b>\$598.40</b> <b>\$1,346.42</b> <b>\$1,675.52</b>
<b>Basic Term Life w/Med</b> Volume:	\$5,000	\$1.50	102	\$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 - 102 members**

Description	Current Benefits	Rate	Census Used	Quote ID 351652	
				Quoted Benefits	Rate
<b>Dental (All)*</b>					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$37.47	S: 36	80%	\$ 37.47
Annual Max:	\$2000	\$72.21	2P: 39	\$2000	\$ 72.21
Orthodontics:	80%	\$139.00	F: 71	80%	\$139.00
Lifetime Max:	\$2000			\$2000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
<b>Vision</b>	VSP 2 S	\$5.98	S: 21	VSP 2 S	\$ 5.98
Plan Year:	Jan-Dec	\$12.79	2P: 30	Jan-Dec	\$ 12.79
		\$19.26	F: 51		\$ 19.26
<b>Life Insurance</b>					
Volume:	\$20,000			\$20,000	
Total Volume:	\$2,040,000		102	\$2,040,000	
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:	\$2,040,000		102	\$2,040,000	
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:	\$491,327		145	\$491,327	
Rate/\$100:		\$0.62			\$ 0.62
Composite Rate:		\$21.01			\$ 21.01
Total Monthly Rate/Member - S		\$ 67.46			\$ 67.46
Total Monthly Rate/Member - 2P		\$ 109.01			\$ 109.01
Total Monthly Rate/Member - F		\$ 182.27			\$ 182.27

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

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**Ancillary plans without medical - 44 members**

Description	Current Benefits		Census Used	Quote ID 351652	
	Rate			Quoted Benefits	Rate
<b>Dental (All)*</b>					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$37.47	S: 36	80%	\$ 37.47
Annual Max:	\$2000	\$72.21	2P: 39	\$2000	\$ 72.21
Orthodontics:	80%	\$139.00	F: 71	80%	\$139.00
Lifetime Max:	\$2000			\$2000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
<b>Vision</b>	VSP 3 G	\$7.99	S: 15	VSP 3 G	\$ 7.99
Plan Year:	Jan-Dec	\$17.15	2P: 9	Jan-Dec	\$ 17.15
		\$25.76	F: 20		\$ 25.76
<b>Life Insurance</b>					
Volume:	\$25,000			\$25,000	
Total Volume:	\$1,100,000		44	\$1,100,000	
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:	\$1,100,000		44	\$1,100,000	
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:	\$491,327		145	\$491,327	
Rate/\$100:		\$0.62			\$ 0.62
Composite Rate:		\$21.01			\$ 21.01
Total Monthly Rate/Member - S		\$ 70.22			\$ 70.22
Total Monthly Rate/Member - 2P		\$ 114.12			\$ 114.12
Total Monthly Rate/Member - F		\$ 189.52			\$ 189.52

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

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