



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: 232147
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 10/10/2022

Quoted Group(s): 060G - JCC Superintendent, 153B - JCC Superintendent, 227L - JCC Superintendent, 253L - JCC Superintendent, 430K - JCC Superintendent, 437G - JCC Superintendent, 498B - JCC Superintendent, 563H - JCC Superintendent, 572C - JCC Superintendent, 751A - JCC Superintendent, 950N - JCC Superintendent

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 351654	
				Quoted Benefits	Rate w/ 2% Discount
Plan 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: 0 2P: 1 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% \$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: 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>	\$636.47 \$1,432.07 \$1,782.11
Plan 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: 0 2P: 2 F: 2	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: 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	
Plan IN Deductible: Not Included in Benefit Package IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:			S: 0 2P: 0 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>	\$598.40 \$1,346.42 \$1,675.52
Basic Term Life w/Med Volume:	\$5,000	\$1.50	6	\$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 - 6 members

Description	Current Benefits	Rate	Census Used	Quote ID 351654	
				Quoted Benefits	Rate
Dental (All)*					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$42.07	S: 0	80%	\$ 42.07
Annual Max:	\$2000	\$77.24	2P: 3	\$2000	\$ 77.24
Orthodontics:	80%	\$144.18	F: 7	80%	\$144.18
Lifetime Max:	\$2000			\$2000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision (All)*	VSP 2 S	\$5.98	S: 0	VSP 2 S	\$ 5.98
Plan Year:	Jan-Dec	\$12.79	2P: 3	Jan-Dec	\$ 12.79
		\$19.26	F: 7		\$ 19.26
Life Insurance					
Volume:	\$30,000			\$30,000	
Total Volume:	\$180,000		6	\$180,000	
Rate/\$1,000:		\$0.12			\$ 0.12
Composite Rate:		\$3.60			\$ 3.60
AD&D Coverage					
Volume:	\$30,000			\$30,000	
Total Volume:	\$180,000		6	\$180,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$0.90			\$ 0.90
LTD Benefit (All)*					
Benefit:	66 2/3% Max \$7,000			66 2/3% Max \$7,000	
Max. Monthly Salary:	\$10,500			\$10,500	
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:	\$98,959		10	\$98,959	
Rate/\$100:		\$0.64			\$ 0.64
Composite Rate:		\$63.33			\$ 63.33
Total Monthly Rate/Member - S		\$ 115.88			\$ 115.88
Total Monthly Rate/Member - 2P		\$ 157.86			\$ 157.86
Total Monthly Rate/Member - F		\$ 231.27			\$ 231.27

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

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Ancillary plans without medical - 4 members

Description	Current Benefits	Rate	Census Used	Quote ID 351654	
				Quoted Benefits	Rate
Dental (All)*					
Diag & Prev:	100%			100%	
Basic Services:	80% (X-Rays)			80% (X-Rays)	
Major Services:	80%	\$42.07	S: 0	80%	\$ 42.07
Annual Max:	\$2000	\$77.24	2P: 3	\$2000	\$ 77.24
Orthodontics:	80%	\$144.18	F: 7	80%	\$144.18
Lifetime Max:	\$2000			\$2000	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision (All)*	VSP 2 S	\$5.98	S: 0	VSP 2 S	\$ 5.98
Plan Year:	Jan-Dec	\$12.79	2P: 3	Jan-Dec	\$ 12.79
		\$19.26	F: 7		\$ 19.26
Life Insurance					
Volume:	\$35,000			\$35,000	
Total Volume:	\$140,000		4	\$140,000	
Rate/\$1,000:		\$0.12			\$ 0.12
Composite Rate:		\$4.20			\$ 4.20
AD&D Coverage					
Volume:	\$35,000			\$35,000	
Total Volume:	\$140,000		4	\$140,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$1.05			\$ 1.05
LTD Benefit (All)*					
Benefit:	66 2/3% Max \$7,000			66 2/3% Max \$7,000	
Max. Monthly Salary:	\$10,500			\$10,500	
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:	\$98,959		10	\$98,959	
Rate/\$100:		\$0.64			\$ 0.64
Composite Rate:		\$63.33			\$ 63.33
Total Monthly Rate/Member - S		\$ 116.63			\$ 116.63
Total Monthly Rate/Member - 2P		\$ 158.61			\$ 158.61
Total Monthly Rate/Member - F		\$ 232.02			\$ 232.02

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

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