



1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

**2022 Rate Renewal Exclusively for
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC ACA UNAFIL EMP - JCC ACA Unaffiliated Elig Emp

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ no Discount	2022 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$647.83 \$1,457.63 \$1,813.93	\$692.58 \$1,558.31 \$1,939.21
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$610.91 \$1,374.55 \$1,710.54	\$653.11 \$1,469.50 \$1,828.69
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 2 2-Person: 0 Family: 0	\$578.39 \$1,301.39 \$1,619.48	\$612.16 \$1,377.37 \$1,714.04
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 1 2-Person: 0 Family: 0	\$434.93 \$978.59 \$1,217.79	\$464.96 \$1,046.18 \$1,301.89
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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 Date Created: 08/16/2021

Quoted Group(s): JCC ADMINISTRATORS - JCC All Admin except Supers

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 1 Family: 4	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	5	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

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Quoted Group(s): JCC ADMINISTRATORS - JCC All Admin except Supers

Ancillary plans with medical - 130 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-09 80% 80% (X-Rays) 80% \$1,200 80% \$1,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 4	\$33.01 \$62.02 \$115.86	\$34.86 \$65.36 \$120.57
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 0 2-Person: 1 Family: 5	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$150,000	5	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$150,000	5	\$0.03 \$0.90	\$0.03 \$0.90
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$36,010	6	\$0.49 \$28.32	\$0.46 \$27.51
Total Monthly Rate per Member: Single			\$72.79	\$73.35
Total Monthly Rate per Member: 2-Person			\$109.75	\$111.25
Total Monthly Rate per Member: Family			\$171.15	\$173.48

COBRA RATES:

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

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 Date Created: 08/16/2021

Quoted Group(s): JCC ADMINISTRATORS - JCC All Admin except Supers

Ancillary plans without medical - 28 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-10 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$31.88 \$60.33 \$117.67	\$32.63 \$61.49 \$115.52
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 0 2-Person: 1 Family: 5	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$35,000	1	\$0.12 \$4.20	\$0.12 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$35,000	1	\$0.03 \$1.05	\$0.03 \$1.05
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$36,010	6	\$0.49 \$28.32	\$0.46 \$27.51
Total Monthly Rate per Member: Single			\$72.41	\$71.87
Total Monthly Rate per Member: 2-Person			\$108.81	\$108.13
Total Monthly Rate per Member: Family			\$173.71	\$169.18

COBRA RATES:

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 Date Created: 08/16/2021

Quoted Group(s): JCC FT CMF - JCC FT Cust.Maint.Fac

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 2 Family: 2	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	4	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

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Quoted Group(s): JCC FT CMF - JCC FT Cust.Maint.Fac

Ancillary plans with medical - 65 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-13 80% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 1 Family: 2	\$35.65 \$66.01 \$117.79	\$34.49 \$64.21 \$116.90
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 1 2-Person: 2 Family: 2	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$80,000	4	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$80,000	4	\$0.03 \$0.60	\$0.03 \$0.60
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,500 \$5,250 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$14,794	5	\$1.05 \$35.09	\$0.94 \$31.73
Total Monthly Rate per Member: Single			\$80.70	\$75.70
Total Monthly Rate per Member: 2-Person			\$119.01	\$112.82
Total Monthly Rate per Member: Family			\$178.35	\$172.53

COBRA RATES:

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Quoted Group(s): JCC FT CMF - JCC FT Cust.Maint.Fac

Ancillary plans without medical - 11 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-14 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jul-Jun	Single: 0 2-Person: 1 Family: 0	\$36.17 \$68.82 \$127.71	\$35.95 \$68.01 \$124.81
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 1 2-Person: 2 Family: 2	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$25,000	1	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$25,000	1	\$0.03 \$0.75	\$0.03 \$0.75
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,500 \$5,250 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$14,794	5	\$1.05 \$35.09	\$0.94 \$31.73
Total Monthly Rate per Member: Single			\$81.97	\$77.91
Total Monthly Rate per Member: 2-Person			\$122.57	\$117.37
Total Monthly Rate per Member: Family			\$189.02	\$181.19

COBRA RATES:

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Quote #: 349311
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 Date Created: 08/16/2021

Quoted Group(s): JCC FT FS - JCC FT Food Service

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 1 2-Person: 0 Family: 0	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC FT FS - JCC FT Food Service

Ancillary plans with medical - 11 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-11 80% 80% (X-Rays) 80% \$1,000 80% \$900 2 Cleanings Jul-Jun	Single: 1 2-Person: 0 Family: 0	\$35.37 \$68.63 \$123.20	\$35.45 \$62.95 \$113.80
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 0 Family: 0	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$20,000	1	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$20,000	1	\$0.03 \$0.60	\$0.03 \$0.60
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$2,500 \$3,750 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$3,511	2	\$2.84 \$46.54	\$2.36 \$45.31
Total Monthly Rate per Member: Single			\$91.87	\$90.24
Total Monthly Rate per Member: 2-Person			\$133.08	\$125.14
Total Monthly Rate per Member: Family			\$195.21	\$183.01

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Quoted Group(s): JCC FT FS - JCC FT Food Service

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-12 80% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 0 Family: 0	\$35.66 \$66.27 \$113.28	\$35.99 \$66.98 \$116.12
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 0 Family: 0	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$25,000	1	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$25,000	1	\$0.03 \$0.75	\$0.03 \$0.75
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$2,500 \$3,750 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$3,511	2	\$2.84 \$46.54	\$2.36 \$45.31
Total Monthly Rate per Member: Single			\$92.91	\$91.53
Total Monthly Rate per Member: 2-Person			\$131.47	\$129.92
Total Monthly Rate per Member: Family			\$186.04	\$186.08

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Quoted Group(s): JCC FT PARA.AID.TA - JCC FT Paras.Aides.TA

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 3 2-Person: 0 Family: 0	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	3	\$1.50	\$1.50

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Quoted Group(s): JCC FT PARA.AID.TA - JCC FT Paras.Aides.TA

Ancillary plans with medical - 13 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-05 80% 80% (X-Rays) 80% \$1,200 80% \$1,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 1 Family: 0	\$39.77 \$73.53 \$131.20	\$39.26 \$71.92 \$123.83
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 1 Family: 0	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$75,000	3	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$75,000	3	\$0.03 \$0.75	\$0.03 \$0.75
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,500 \$5,250 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$15,701	9	\$1.29 \$20.70	\$1.29 \$21.62
Total Monthly Rate per Member: Single			\$71.18	\$71.11
Total Monthly Rate per Member: 2-Person			\$112.89	\$111.17
Total Monthly Rate per Member: Family			\$178.12	\$170.10

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

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**2022 Rate Renewal Exclusively for
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC FT PARA.AID.TA - JCC FT Paras.Aides.TA

Ancillary plans without medical - 36 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-06 80% 80% (X-Rays) 80% \$1,200 80% \$1,000 2 Cleanings Jul-Jun	Single: 2 2-Person: 0 Family: 4	\$36.10 \$69.83 \$126.70	\$36.51 \$70.16 \$125.32
Vision Plan Year:	VSP 3 G Jul-Jun	Single: 2 2-Person: 0 Family: 4	\$9.31 \$20.00 \$30.05	\$8.67 \$18.60 \$27.96
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$180,000	6	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$180,000	6	\$0.03 \$0.90	\$0.03 \$0.90
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,500 \$5,250 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$15,701	9	\$1.29 \$20.70	\$1.29 \$21.62

Total Monthly Rate per Member: Single \$70.61 \$71.30
 Total Monthly Rate per Member: 2-Person \$115.03 \$114.88
 Total Monthly Rate per Member: Family \$181.95 \$179.40

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

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

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**2022 Rate Renewal Exclusively for
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(Part of Jackson County Consortium)

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): JCC FT SECRETARIES - JCC FT Secretaries

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 2 Family: 0	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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**2022 Rate Renewal Exclusively for
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Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC FT SECRETARIES - JCC FT Secretaries

Ancillary plans with medical - 114 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-15 80% 80% (X-Rays) 80% \$1,000 80% \$900 2 Cleanings Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$32.47 \$62.06 \$112.18	\$33.02 \$63.82 \$115.69
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 0 2-Person: 2 Family: 0	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.03 \$0.60	\$0.03 \$0.60
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,500 \$5,250 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$16,748	6	\$0.70 \$22.70	\$0.63 \$21.13
Total Monthly Rate per Member: Single			\$65.13	\$63.63
Total Monthly Rate per Member: 2-Person			\$102.67	\$101.83
Total Monthly Rate per Member: Family			\$160.35	\$160.72

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

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**2022 Rate Renewal Exclusively for
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC FT SECRETARIES - JCC FT Secretaries

Ancillary plans without medical - 41 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-16 80% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings Jul-Jun	Single: 1 2-Person: 2 Family: 1	\$31.04 \$59.75 \$114.04	\$31.54 \$59.91 \$111.02
Vision Plan Year:	VSP 3 G Jul-Jun	Single: 1 2-Person: 2 Family: 1	\$9.31 \$20.00 \$30.05	\$8.67 \$18.60 \$27.96
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$100,000	4	\$0.03 \$0.75	\$0.03 \$0.75
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$3,500 \$5,250 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$16,748	6	\$0.70 \$22.70	\$0.63 \$21.13

Total Monthly Rate per Member: Single \$66.80 \$65.09
 Total Monthly Rate per Member: 2-Person \$106.20 \$103.39
 Total Monthly Rate per Member: Family \$170.54 \$163.86

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

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(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC FT TRANSPORT - JCC FT Transportation

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 2 2-Person: 0 Family: 0	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	2	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC FT TRANSPORT - JCC FT Transportation

Ancillary plans with medical - 16 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-01 80% 80% (X-Rays) 80% \$1,000 80% \$900 2 Cleanings Jul-Jun	Single: 2 2-Person: 0 Family: 0	\$38.86 \$72.20 \$124.24	\$38.19 \$70.95 \$123.52
Vision Plan Year:	VSP 2 S Jul-Jun	Single: 2 2-Person: 0 Family: 0	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$40,000	2	\$0.03 \$0.60	\$0.03 \$0.60
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$2,500 \$3,750 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$13,335	7	\$2.38 \$37.58	\$1.91 \$36.15

Total Monthly Rate per Member: Single \$86.40 \$83.82
 Total Monthly Rate per Member: 2-Person \$127.69 \$123.98
 Total Monthly Rate per Member: Family \$187.29 \$183.57

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

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**2022 Rate Renewal Exclusively for
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(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC FT TRANSPORT - JCC FT Transportation

Ancillary plans without medical - 18 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-02 80% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings Jul-Jun	Single: 3 2-Person: 2 Family: 0	\$34.92 \$66.34 \$119.28	\$40.42 \$75.55 \$131.11
Vision Plan Year:	VSP 3 G Jul-Jun	Single: 3 2-Person: 2 Family: 0	\$9.31 \$20.00 \$30.05	\$8.67 \$18.60 \$27.96
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$125,000	5	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$125,000	5	\$0.03 \$0.75	\$0.03 \$0.75
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$2,500 \$3,750 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$13,335	7	\$2.38 \$37.58	\$1.91 \$36.15
Total Monthly Rate per Member: Single			\$85.56	\$88.99
Total Monthly Rate per Member: 2-Person			\$127.67	\$134.05
Total Monthly Rate per Member: Family			\$190.66	\$198.97

COBRA RATES:

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**2022 Rate Renewal Exclusively for
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(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC PARA.AID.TA - JCC PT Paras.Aides.TAs

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 0 2-Person: 0 Family: 0	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$0	0	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$0	0	\$0.03 \$0.60	\$0.03 \$0.60
Total Monthly Rate per Member: Single			\$9.96	\$9.48
Total Monthly Rate per Member: 2-Person			\$17.91	\$16.88
Total Monthly Rate per Member: Family			\$25.47	\$23.90

COBRA RATES:

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Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC PT FOOD SERV - JCC PT Food Service/Aide

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$160,000	8	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$160,000	8	\$0.03 \$0.60	\$0.03 \$0.60



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 Date Created: 08/16/2021

Quoted Group(s): JCC PT SEC.CMF - JCC PT Sec. Cust. Maint. Fac

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Vision Plan Year:	VSP 3 G	Single: 0 2-Person: 0 Family: 0	\$9.31 \$20.00 \$30.05	\$8.67 \$18.60 \$27.96
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$0	0	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$0	0	\$0.03 \$0.75	\$0.03 \$0.75
Total Monthly Rate per Member: Single			\$13.06	\$12.42
Total Monthly Rate per Member: 2-Person			\$23.75	\$22.35
Total Monthly Rate per Member: Family			\$33.80	\$31.71

COBRA RATES:

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Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC PT TRANSPORT - JCC PT Transportation

Ancillary plans

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Vision	VSP 2 S	Single: 0	\$6.96	\$6.48
Plan Year:	Jul-Jun	2-Person: 0	\$14.91	\$13.88
		Family: 0	\$22.47	\$20.90

Total Monthly Rate per Member: Single	\$6.96	\$6.48
Total Monthly Rate per Member: 2-Person	\$14.91	\$13.88
Total Monthly Rate per Member: Family	\$22.47	\$20.90

COBRA RATES:

The COBRA rates for this group are the same as the rates above.



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**2022 Rate Renewal Exclusively for
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Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Rates Effective 01/01/2022 through 12/31/2022

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 0 2-Person: 0 Family: 1	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 0	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	1	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

The COBRA rates for this group are the same as the rates above.



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Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

Ancillary plans with medical - 8 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-155 80% 80% (X-Rays) 80% \$1,200 80% \$1,000 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$39.08 \$72.68 \$132.43	\$40.72 \$75.18 \$132.30
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$30,000	1	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$30,000	1	\$0.03 \$0.90	\$0.03 \$0.90
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$9,705	1	\$0.71 \$67.42	\$0.64 \$62.44
Total Monthly Rate per Member: Single			\$117.96	\$114.14
Total Monthly Rate per Member: 2-Person			\$159.51	\$156.00
Total Monthly Rate per Member: Family			\$226.82	\$220.14

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

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

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1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

**2022 Rate Renewal Exclusively for
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

Ancillary plans without medical - 3 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-156 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jul-Jun	Single: 0 2-Person: 0 Family: 0	\$33.93 \$60.48 \$114.20	\$31.45 \$56.33 \$109.18
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 0 2-Person: 0 Family: 1	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$0	0	\$0.12 \$4.20	\$0.12 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$0	0	\$0.03 \$1.05	\$0.03 \$1.05
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$9,705	1	\$0.71 \$67.42	\$0.64 \$62.44

Total Monthly Rate per Member: Single \$113.56 \$105.62
 Total Monthly Rate per Member: 2-Person \$148.06 \$137.90
 Total Monthly Rate per Member: Family \$209.34 \$197.77

COBRA RATES:

The COBRA rates for this group are the same as the rates above.

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**2022 Rate Renewal Exclusively for
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC TEACHERS - JCC Teachers

Medical plans

Description	Benefits	Enrollment	2021 Rate ¹ w/ 2% Discount	2022 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$634.88 \$1,428.48 \$1,777.65	\$678.73 \$1,527.15 \$1,900.43
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (8F) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx EA1	Single: 0 2-Person: 0 Family: 0	\$598.69 \$1,347.07 \$1,676.34	\$640.05 \$1,440.11 \$1,792.12
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 8 2-Person: 9 Family: 26	\$566.82 \$1,275.37 \$1,587.10	\$599.92 \$1,349.82 \$1,679.76
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$25/\$50 \$50/\$200 EbM EA1	Single: 0 2-Person: 0 Family: 2	\$426.23 \$959.03 \$1,193.44	\$455.67 \$1,025.26 \$1,275.86
Basic Term Life with Medical Volume:	\$5,000	45	\$1.50	\$1.50

¹Medical Rate includes 1.547% for federal and state taxes and fees.

²Medical Rate includes 1.490% for federal and state taxes and fees.

COBRA RATES:

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Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC TEACHERS - JCC Teachers

Ancillary plans with medical - 759 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-03 80% 80% (X-Rays) 80% \$1,200 80% \$1,000 2 Cleanings Jul-Jun	Single: 8 2-Person: 9 Family: 28	\$32.68 \$61.64 \$115.25	\$33.37 \$63.07 \$117.70
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 8 2-Person: 11 Family: 35	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,350,000	45	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,350,000	45	\$0.03 \$0.90	\$0.03 \$0.90
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$302,795	54	\$0.53 \$27.41	\$0.48 \$25.64

Total Monthly Rate per Member: Single \$71.55 \$69.99
 Total Monthly Rate per Member: 2-Person \$108.46 \$107.09
 Total Monthly Rate per Member: Family \$169.63 \$168.74

COBRA RATES:

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Rates Effective 01/01/2022 through 12/31/2022

Quote #: 349311
 MESSA Field Rep: Julie Berryman Adams
 Date Created: 08/16/2021

Quoted Group(s): JCC TEACHERS - JCC Teachers

Ancillary plans without medical - 157 members

Description	Benefits	Enrollment	2021 Rate	2022 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06497-04 80% 80% (X-Rays) 80% \$1,000 80% \$1,300 2 Cleanings Jul-Jun	Single: 0 2-Person: 2 Family: 7	\$29.37 \$56.22 \$111.05	\$30.56 \$58.59 \$113.41
Vision (All)* Plan Year:	VSP 2 S Jul-Jun	Single: 8 2-Person: 11 Family: 35	\$6.96 \$14.91 \$22.47	\$6.48 \$13.88 \$20.90
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$315,000	9	\$0.12 \$4.20	\$0.12 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$315,000	9	\$0.03 \$1.05	\$0.03 \$1.05
LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$302,795	54	\$0.53 \$27.41	\$0.48 \$25.64

Total Monthly Rate per Member: Single \$68.99 \$67.93
 Total Monthly Rate per Member: 2-Person \$103.79 \$103.36
 Total Monthly Rate per Member: Family \$166.18 \$165.20

COBRA RATES:

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