

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

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

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

Date Created:

353341

08/17/2023

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Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ no Discount	2024 Rate² w/ no Discount
Plan IN Deductible:	MESSA Choices (6Z) \$500/\$1000			
IN Coinsurance:	0%	Single: 14	\$730.92	\$783.51
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 0	\$1,644.59	\$1,762.90
UC/ER Copay:	\$25/\$50	Family: 0	\$2,046.59	\$2,193.81
Rx Coverage:	Saver Rx			, ,
Riders:	EA1			
Plan	MESSA Choices (AX)			
IN Deductible:	\$1000/\$2000			
IN Coinsurance:	0%	Single: 0	\$649.45	\$696.18
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 1	\$1,461.29	\$1,566.41
UC/ER Copay:	\$25/\$50	Family: 0	\$1,818.48	\$1,949.29
Rx Coverage:	3Tier Mail			
Riders:	EA1			
Plan	MESSA ABC Plan 1 (7U)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 4	\$646.05	\$692.52
OL/OV/SV Copay:	\$0	2-Person: 0	\$1,453.63	\$1,558.20
UC/ER Copay:	\$0	Family: 0	\$1,808.95	\$1,939.07
Rx Coverage:	ABC Rx			
Riders:	EA1, HEQ			
Plan	MESSA ABC Plan 1 (BR)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 1	\$610.61	\$654.53
OL/OV/SV Copay:	\$0	2-Person: 0	\$1,373.89	\$1,472.71
UC/ER Copay:	\$0	Family: 0	\$1,709.71	\$1,832.70
Rx Coverage:	3Tier Mail			
Riders:	EA1, HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	20	\$1.50	\$1.50

 $^{^{1}\}mbox{Medical}$ Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

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

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

Date Created:

353341

08/17/2023

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan	MESSA Choices (6Z)			
IN Deductible:	\$500/\$1000			
IN Coinsurance:	0%	Single: 3	\$716.31	\$767.84
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 13	\$1,611.71	\$1,727.64
UC/ER Copay:	\$25/\$50	Family: 29	\$2,005.66	\$2,149.93
Rx Coverage:	Saver Rx			
Riders:	EA1			
Plan	MESSA Choices (AX)			
IN Deductible:	\$1000/\$2000			
IN Coinsurance:	0%	Single: 2	\$636.47	\$682.26
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person: 0	\$1,432.07	\$1,535.09
UC/ER Copay:	\$25/\$50	Family: 4	\$1,782.11	\$1,910.31
Rx Coverage:	3Tier Mail			
Riders:	EA1			
Plan	MESSA ABC Plan 1 (7U)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 10	\$633.13	\$678.68
OL/OV/SV Copay:	\$0	2-Person: 7	\$1,424.56	\$1,527.04
UC/ER Copay:	\$0	Family: 38	\$1,772.78	\$1,900.29
Rx Coverage:	ABC Rx			
Riders:	EA1, HEQ			
Plan	MESSA ABC Plan 1 (BR)			
IN Deductible:	\$1600/\$3200			
IN Coinsurance:	0%	Single: 4	\$598.40	\$641.44
OL/OV/SV Copay:	\$0	2-Person: 9	\$1,346.42	\$1,443.26
UC/ER Copay:	\$0	Family: 20	\$1,675.52	\$1,796.05
Rx Coverage:	3Tier Mail	-		
Riders:	EA1, HEQ			
Basic Term Life with Medical				
Volume:	\$5,000	139	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans with medical - 139 members

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

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 23	\$36.88	\$36.88
Annual Max:	\$2,000	2-Person: 40	\$69.72	\$69.72
Orthodontics:	80%	Family: 117	\$135.88	\$135.88
Lifetime Max:	\$2,000	,		•
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 2 S	Single: 23	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 40	\$12.79	\$12.79
		Family: 117	\$19.26	\$19.26
Life Insurance				
Volume:	\$30,000			
Total Volume:	\$4,170,000	139		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$3.60	\$3.60
AD&D Coverage				
Volume:	\$30,000			
Total Volume:	\$4,170,000	139		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$7,000			
Max Monthly Salary:	\$10,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$1,102,873	180		
Rate/\$100:			\$0.46	\$0.44
Composite:			\$27.65	\$26.96

Total Monthly Rate per Member: 2-Person \$114.66 \$113.97 Total Monthly Rate per Member: Family \$187.29 \$186.60

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COBRA RATES:

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



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

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans without medical - 41 members

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

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 23	\$36.88	\$36.88
Annual Max:	\$2,000	2-Person: 40	\$69.72	\$69.72
Orthodontics:	80%	Family: 117	\$135.88	\$135.88
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 2 S	Single: 23	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 40	\$12.79	\$12.79
		Family: 117	\$19.26	\$19.26
Life Insurance				
Volume:	\$35,000			
Total Volume:	\$1,435,000	41		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$4.20	\$4.20
AD&D Coverage				
Volume:	\$35,000			
Total Volume:	\$1,435,000	41		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.05	\$1.05
LTD Benefit (All)*				
Benefit:	66 2/3% Max \$7,000			
Max Monthly Salary:	\$10,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes	100		
Volume:	\$1,102,873	180	фо 40	60.44
Rate/\$100:			\$0.46	\$0.44
Composite:			\$27.65	\$26.96

Total Monthly Rate per Member: 2-Person \$115.41 \$114.72 Total Monthly Rate per Member: Family \$188.04 \$187.35

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Rates Effective 01/01/2024 through 12/31/2024

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

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 13 2-Person: 5 Family: 12	\$716.31 \$1,611.71 \$2,005.66	\$767.84 \$1,727.64 \$2,149.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 1	\$636.47 \$1,432.07 \$1,782.11	\$682.26 \$1,535.09 \$1,910.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 8 2-Person: 5 Family: 8	\$633.13 \$1,424.56 \$1,772.78	\$678.68 \$1,527.04 \$1,900.29
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 3 2-Person: 2 Family: 6	\$598.40 \$1,346.42 \$1,675.52	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	63	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

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²Medical Rate includes 1.336% for federal and state taxes and fees.



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Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans with medical - 63 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 33	\$39.37	\$39.37
Annual Max:	\$2,000	2-Person: 14	\$74.01	\$74.01
Orthodontics:	80%	Family: 32	\$140.62	\$140.62
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 2 S	Single: 33	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 14	\$12.79	\$12.79
		Family: 32	\$19.26	\$19.26
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$1,260,000	63		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$2.40	\$2.40
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$1,260,000	63		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$3,500			
Max Monthly Salary:	\$5,250			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$278,435	79		
Rate/\$100:			\$0.97	\$0.82
Composite:			\$33.36	\$28.90
	Total Monthly Rat	e per Member: Single	\$81.71	\$77.25

Total Monthly Rate per Member: 2-Person \$118.70 \$123.16 Total Monthly Rate per Member: Family \$196.24 \$191.78

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Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans without medical - 16 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 33	\$39.37	\$39.37
Annual Max:	\$2,000	2-Person: 14	\$74.01	\$74.01
Orthodontics:	80%	Family: 32	\$140.62	\$140.62
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (AII)*	VSP 2 S	Single: 33	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 14	\$12.79	\$12.79
		Family: 32	\$19.26	\$19.26
Life Insurance				
Volume:	\$25,000			
Total Volume:	\$400,000	16		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$3.00	\$3.00
AD&D Coverage				
Volume:	\$25,000			
Total Volume:	\$400,000	16		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.75	\$0.75
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$3,500			
Max Monthly Salary:	\$5,250			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$278,435	79		
Rate/\$100:			\$0.97	\$0.82
Composite:			\$33.36	\$28.90
	Total Monthly Rat	e per Member: Single	\$82.46	\$78.00

Total Monthly Rate per Member: Single \$82.46 \$78.00 Total Monthly Rate per Member: 2-Person \$123.91 \$119.45 Total Monthly Rate per Member: Family \$196.99 \$192.53

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COBRA RATES:

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

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

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

Date Created:

353341

08/17/2023

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage:	MESSA Choices (6Z) \$500/\$1000 0% \$20/\$20/\$20 \$25/\$50 Saver Rx	Single: 5 2-Person: 0 Family: 1	\$1,611.71	\$767.84 \$1,727.64 \$2,149.93
Riders: Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	EA1 MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: (2-Person: (Family: 1	\$1,432.07	\$682.26 \$1,535.09 \$1,910.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 2 2-Person: 4 Family: 1	\$1,424.56	\$678.68 \$1,527.04 \$1,900.29
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$10 3Tier Mail EA1, HEQ	Single: 1 2-Person: 1 Family: 1	\$1,346.42	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	17	7 \$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans with medical - 17 members

Dental (All)* Diag & Prev:				2024 Rate
Diag & Prev:				
	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 9	\$37.71	\$37.71
Annual Max:	\$2,000	2-Person: 6	\$70.64	\$70.64
Orthodontics:	80%	Family: 4	\$139.48	\$139.48
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (AII)*	VSP 2 S	Single: 9	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 6	\$12.79	\$12.79
		Family: 4	\$19.26	\$19.26
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$340,000	17		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$2.40	\$2.40
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$340,000	17		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$45,455	19		
Rate/\$100:			\$1.44	\$1.39
Composite:			\$34.66	\$33.25

Total Monthly Rate per Member: Single \$81.35 \$79.94 Total Monthly Rate per Member: 2-Person \$121.09 \$119.68 Total Monthly Rate per Member: Family \$196.40 \$194.99

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COBRA RATES:

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



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

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans without medical - 2 members

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

Annual Max: \$2,000	Description	Benefits	Enrollment	2023 Rate	2024 Rate
Diag & Prev: 100% 80% (X-Rays)	Dental (All)*				
Basic Services: 80% (X-Rays) Single: 9 \$37.71 Single: 9 \$37.64 Single: 9 \$70.64 Single: 9 \$139.48		100%			
Major Services: 80% Single: 9 \$37.71 \$. Annual Max: \$2,000 2-Person: 6 \$70.64 \$. Orthodontics: 80% Family: 4 \$139.48 \$1. Lifetime Max: \$2,000 Family: 4 \$139.48 \$1. Riders: 2 Cleanings 2 1. \$139.48 \$1. Plan Year: Jan-Dec \$159.00 \$1.279 \$1. Plan Year: Jan-Dec \$2-Person: 6 \$12.79 \$1. Plan Year: Jan-Dec \$2-Person: 6 \$12.79 \$1. Plan Year: Jan-Dec \$2-Person: 6 \$12.79 \$1. San Year: Jan-Dec \$2-Person: 6 \$12.79 \$1. San Year: \$1.000 \$1.02 \$1.02 \$1. Composite: \$50,000 \$2 \$3.00 \$3.00 \$3.00 AD&D Coverage Volume: \$25,000 \$2 \$3.00 \$3.00 Young Coverage: Young Sangal All Years \$3.750 \$3.03 \$3.00 \$3.00 \$3.00 LTD Benefit (All)* \$3.750 \$3.750 \$3.00 \$3.00 \$3.00 \$3.00		80% (X-Rays)			
Annual Max: \$2,000	Major Services:		Single: 9	\$37.71	\$37.71
Orthodontics: 80% Family: 4 \$139.48 \$1: Lifetime Max: \$2,000 2 Cleanings \$1: Riders: Jan-Dec Single: 9 \$5.98 3 Plan Year: Jan-Dec 2-Person: 6 \$12.79 \$ Plan Year: Jan-Dec 2-Person: 6 \$12.79 \$ Life Insurance Volume: \$19.26 \$ \$ Total Volume: \$50,000 2 \$0.12 \$ Total Volume: \$50,000 2 \$0.12 \$ AD&D Coverage Volume: \$50,000 2 \$0.03 \$ Volume: \$50,000 2 \$0.03 \$ Total Volume: \$50,000 2 \$0.03 \$ Rate/\$1,000: \$0.00 \$0.03 \$ \$ Composite: 66 2/3% Max \$2,500 \$0.75 \$ \$ Max Monthly Salary: \$3,750 \$0.00 \$0.00 \$0.00		\$2,000	2-Person: 6	\$70.64	\$70.64
Lifetime Max: Riders: Riders: Plan Year: Vision (All)* VSP 2 S Plan Year: Jan-Dec Vision (All)* VSP 2 S Plan Year: Jan-Dec Volume: Volume: S50,000 Sate Signature: S50,000 S50,00	Orthodontics:	80%	Family: 4	\$139.48	\$139.48
Riders: 2 Cleanings Jan-Dec	Lifetime Max:	\$2,000			
Plan Year: Jan-Dec Single: 9 \$5.98 \$	Riders:				
Plan Year: Jan-Dec 2-Person: 6 \$12.79 \$	Plan Year:				
Life Insurance Volume: \$25,000 Total Volume: \$50,000 Rate/\$1,000: \$50,000 AD&D Coverage Volume: \$25,000 Total Volume: \$25,000 AD&D Coverage Volume: \$25,000 Total Volume: \$50,000 Rate/\$1,000: \$2 Rate/\$1,000: \$2 Rate/\$1,000: \$30.03 Composite: \$50,000 LTD Benefit (All)* Benefit: 66 2/3% Max \$2,500 Max Monthly Salary: \$3,750 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond:: Waived COLA: No SS Freeze: Yes Volume: \$45,455 19 Rate/\$100: \$1.44 \$34.66 \$5:	Vision (All)*	VSP 2 S	Single: 9	\$5.98	\$5.98
Life Insurance Volume: \$25,000 Total Volume: \$50,000 Rate/\$1,000: \$0.12 Composite: \$33.00 AD&D Coverage Volume: \$25,000 Total Volume: \$50,000 Total Volume: \$50,000 Rate/\$1,000: \$0.03 Rate/\$1,000: \$0.03 Composite: \$0.03 Somposite: \$0.03 Somposi	Plan Year:	Jan-Dec	2-Person: 6	\$12.79	\$12.79
Volume: \$25,000 2 30.12 50.12 50.12 50.12 50.12 50.12 50.12 50.12 50.12 50.12 50.00 50.02 50.00 <td< td=""><td></td><td></td><td>Family: 4</td><td>\$19.26</td><td>\$19.26</td></td<>			Family: 4	\$19.26	\$19.26
Total Volume: Rate/\$1,000: Composite: \$50,000 \$2 \$0.12 \$0.12 \$0.00 \$0.	Life Insurance				
Rate/\$1,000:	Volume:	\$25,000			
Composite: \$3.00	Total Volume:	\$50,000	2		
AD&D Coverage	Rate/\$1,000:			\$0.12	\$0.12
Volume: \$25,000 Total Volume: \$50,000 Rate/\$1,000: \$0.03 Composite: \$0.03 LTD Benefit (All)* \$0.75 Benefit: 66 2/3% Max \$2,500 Max Monthly Salary: \$3,750 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Composite:			\$3.00	\$3.00
Total Volume: \$50,000 2 Rate/\$1,000: \$0.03 \$0.03 Composite: \$0.75 \$0.03 LTD Benefit (All)* \$0.75 \$0.075 Benefit: 66 2/3% Max \$2,500 \$0.00 Max Monthly Salary: \$3,750 \$0.00 Waiting Period: 90 CDMF \$0.00 Alcohol/Drug: Same as any other illness Soc. Sec. Offset: Primary \$0.00 Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	AD&D Coverage				
Rate/\$1,000: \$0.03 Composite: \$0.75 LTD Benefit (All)* \$0.75 Benefit: 66 2/3% Max \$2,500 Max Monthly Salary: \$3,750 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Volume:	\$25,000			
Composite: \$0.75		\$50,000	2		
Description					\$0.03
Benefit: 66 2/3% Max \$2,500 Max Monthly Salary: \$3,750 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Composite:			\$0.75	\$0.75
Max Monthly Salary: \$3,750 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	LTD Benefit (AII)*				
Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Benefit:	66 2/3% Max \$2,500			
Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Max Monthly Salary:	\$3,750			
Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Waiting Period:	90 CDMF			
Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Alcohol/Drug:	Same as any other illness			
Own-Occupation: 2 years Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Mental/Nervous:	Same as any other illness			
Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Soc. Sec. Offset:	Primary			
Pre-Exist Cond.: Waived COLA: No SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66	Own-Occupation:	2 years			
SS Freeze: Yes Volume: \$45,455 Rate/\$100: \$1.44 Composite: \$34.66					
Volume: \$45,455 19 Rate/\$100: \$1.44 5 Composite: \$34.66 \$3	COLA:	No			
Rate/\$100: \$1.44 \$ Composite: \$34.66 \$	SS Freeze:	Yes			
Rate/\$100: \$1.44 \$ Composite: \$34.66 \$	Volume:	\$45,455	19		
Composite: \$34.66 \$:	Rate/\$100:			\$1.44	\$1.39
Total Monthly Rate per Member: Single \$82.10 \$9	Composite:			*	\$33.25
Total Monthly Nato per Member. Onlyle 402.10 40		Total Monthly Rat	te per Member: Single	\$82.10	\$80.69

Total Monthly Rate per Member: Single \$82.10 \$80.69
Total Monthly Rate per Member: 2-Person \$121.84 \$120.43
Total Monthly Rate per Member: Family \$197.15 \$195.74

Quote #:

Date Created:

353341

08/17/2023

COBRA RATES:

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



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

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

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

Date Created:

353341

08/17/2023

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance:	MESSA Choices (6Z) \$500/\$1000 0%	Single: 1	7	\$767.84
OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	\$20/\$20/\$20 \$25/\$50 Saver Rx EA1	2-Person: 2 Family: 1	7 .,	\$1,727.64 \$2,149.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 1 Family: 0	\$1,432.07	\$682.26 \$1,535.09 \$1,910.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 2 2-Person: 0 Family: 0	\$1,424.56	\$678.68 \$1,527.04 \$1,900.29
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 1 2-Person: 2 Family: 0	\$1,346.42	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	10	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans with medical - 10 members

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

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 15	\$40.22	\$40.22
Annual Max:	\$2,000	2-Person: 11	\$77.14	\$77.14
Orthodontics:	80%	Family: 26	\$144.38	\$144.38
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 4	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 5	\$12.79	\$12.79
		Family: 1	\$19.26	\$19.26
Life Insurance				
Volume:	\$25,000			
Total Volume:	\$250,000	10		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$3.00	\$3.00
AD&D Coverage				
Volume:	\$25,000			
Total Volume:	\$250,000	10		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.75	\$0.75
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$3,500			
Max Monthly Salary:	\$5,250			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$104,064	52		
Rate/\$100:			\$1.01	\$0.91
Composite:			\$21.02	\$18.21
	Total Monthly Rate	e per Member: Single	\$70.97	\$68.16

Total Monthly Rate per Member: Single Total Monthly Rate per Member: 2-Person \$111.89 \$114.70 Total Monthly Rate per Member: Family \$188.41 \$185.60

Quote #:

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COBRA RATES:



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

Rates Effective 01/01/2024 through 12/31/2024

Nates Effective 01/01/2024 tillough 12/31/2

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

Ancillary plans without medical - 42 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 15	\$40.22	\$40.22
Annual Max:	\$2,000	2-Person: 11	\$77.14	\$77.14
Orthodontics:	80%	Family: 26	\$144.38	\$144.38
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 G	Single: 11	\$7.99	\$7.99
Plan Year:	Jan-Dec	2-Person: 6	\$17.15	\$17.15
		Family: 25	\$25.76	\$25.76
Life Insurance				
Volume:	\$30,000			
Total Volume:	\$1,260,000	42		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$3.60	\$3.60
AD&D Coverage				
Volume:	\$30,000			
Total Volume:	\$1,260,000	42		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$3,500			
Max Monthly Salary:	\$5,250			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$104,064	52		
Rate/\$100:			\$1.01	\$0.91
Composite:			\$21.02	\$18.21
	Total Monthly Rat	e per Member: Single	\$73.73	\$70.92

Total Monthly Rate per Member: Single\$73.73\$70.92Total Monthly Rate per Member: 2-Person\$119.81\$117.00Total Monthly Rate per Member: Family\$195.66\$192.85

Quote #:

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08/17/2023

COBRA RATES:



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

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

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

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 10 2-Person: 9 Family: 25	\$716.31 \$1,611.71 \$2,005.66	\$767.84 \$1,727.64 \$2,149.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 4 2-Person: 4 Family: 6	\$636.47 \$1,432.07 \$1,782.11	\$682.26 \$1,535.09 \$1,910.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 5 2-Person: 11 Family: 11	\$633.13 \$1,424.56 \$1,772.78	\$678.68 \$1,527.04 \$1,900.29
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 5 2-Person: 7 Family: 12	\$598.40 \$1,346.42 \$1,675.52	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	109	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans with medical - 109 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 41	\$37.47	\$37.47
Annual Max:	\$2,000	2-Person: 41	\$72.21	\$72.21
Orthodontics:	80%	Family: 77	\$139.00	\$139.00
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 23	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 32	\$12.79	\$12.79
		Family: 54	\$19.26	\$19.26
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$2,180,000	109		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$2.40	\$2.40
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$2,180,000	109		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$3,500			
Max Monthly Salary:	\$5,250			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$565,787	159		
Rate/\$100:			\$0.62	\$0.54
Composite:			\$21.01	\$19.22
	Total Monthly Rat	e per Member: Single	\$67.46	\$65.67

Total Monthly Rate per Member: Single \$67.46 \$65.67
Total Monthly Rate per Member: 2-Person \$109.01 \$107.22
Total Monthly Rate per Member: Family \$182.27 \$180.48

Quote #:

Date Created:

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08/17/2023

COBRA RATES:

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



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Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans without medical - 50 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 41	\$37.47	\$37.47
Annual Max:	\$2,000	2-Person: 41	\$72.21	\$72.21
Orthodontics:	80%	Family: 77	\$139.00	\$139.00
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 G	Single: 18	\$7.99	\$7.99
Plan Year:	Jan-Dec	2-Person: 9	\$17.15	\$17.15
		Family: 23	\$25.76	\$25.76
Life Insurance				
Volume:	\$25,000			
Total Volume:	\$1,250,000	50		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$3.00	\$3.00
AD&D Coverage				
Volume:	\$25,000			
Total Volume:	\$1,250,000	50		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.75	\$0.75
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$3,500			
Max Monthly Salary:	\$5,250			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$565,787	159		
Rate/\$100:			\$0.62	\$0.54
Composite:			\$21.01	\$19.22
	Total Monthly Rat	e per Member: Single	\$70.22	\$68.43

Total Monthly Rate per Member: 2-Person \$112.33 \$114.12 Total Monthly Rate per Member: Family \$189.52 \$187.73

Quote #:

Date Created:

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COBRA RATES:

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



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Rates Effective 01/01/2024 through 12/31/2024

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

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 13 2-Person: 0 Family: 0	\$716.31 \$1,611.71 \$2,005.66	\$767.84 \$1,727.64 \$2,149.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 0 2-Person: 0 Family: 0	\$636.47 \$1,432.07 \$1,782.11	\$682.26 \$1,535.09 \$1,910.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 1 2-Person: 1 Family: 0	\$633.13 \$1,424.56 \$1,772.78	\$678.68 \$1,527.04 \$1,900.29
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 0 2-Person: 0 Family: 0	\$598.40 \$1,346.42 \$1,675.52	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	15	\$1.50	\$1.50

 $^{^{1}\}mbox{Medical}$ Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans with medical - 15 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 18	\$44.17	\$44.17
Annual Max:	\$2,000	2-Person: 9	\$83.11	\$83.11
Orthodontics:	80%	Family: 3	\$150.75	\$150.75
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 2 S	Single: 12	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 3	\$12.79	\$12.79
		Family: 0	\$19.26	\$19.26
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$300,000	15		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$2.40	\$2.40
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$300,000	15		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
LTD Benefit (All)*				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$52,548	30		
Rate/\$100:			\$1.83	\$1.89
Composite:			\$36.59	\$33.11
	Total Monthly Data	ner Member: Single	\$89.74	\$86.26

Total Monthly Rate per Member: Single \$89.74 \$86.26 Total Monthly Rate per Member: 2-Person \$135.49 \$132.01 Total Monthly Rate per Member: Family \$209.60 \$206.12

Quote #:

Date Created:

353341

08/17/2023

COBRA RATES:

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



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

Rates Effective 01/01/2024 through 12/31/2024

Ancillary plans without medical - 15 members

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

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 18	\$44.17	\$44.17
Annual Max:	\$2,000	2-Person: 9	\$83.11	\$83.11
Orthodontics:	80%	Family: 3	\$150.75	\$150.75
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision	VSP 3 G	Single: 6	\$7.99	\$7.99
Plan Year:	Jan-Dec	2-Person: 6	\$17.15	\$17.15
		Family: 3	\$25.76	\$25.76
Life Insurance				
Volume:	\$25,000			
Total Volume:	\$375,000	15		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$3.00	\$3.00
AD&D Coverage				
Volume:	\$25,000			
Total Volume:	\$375,000	15		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.75	\$0.75
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$2,500			
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$52,548	30	21.05	.
Rate/\$100:			\$1.83	\$1.89
Composite:			\$36.59	\$33.11
	Total Monthly Rat	e per Member: Single	\$92.50	\$89.02

Total Monthly Rate per Member: Single\$92.50\$89.02Total Monthly Rate per Member: 2-Person\$140.60\$137.12Total Monthly Rate per Member: Family\$216.85\$213.37

Quote #:

Date Created:

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COBRA RATES:

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



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Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 73 2-Person: 2	\$5.98 \$12.79	\$5.98 \$12.79
rian ieai.	Jan-Dec	Family: 15	\$19.26	\$19.26
Life Insurance				
Volume:	\$20,000			
Total Volume:	\$1,800,000	90		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$2.40	\$2.40
AD&D Coverage				
Volume:	\$20,000			
Total Volume:	\$1,800,000	90		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.60	\$0.60
	Total Monthly F	Rate per Member: Single	\$8.98	\$8.98
	Total Monthly F	Rate per Member: 2-Person	\$15.79	\$15.79

Total Monthly Rate per Member: Family \$22.26 \$22.26

COBRA RATES:



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

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

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

Date Created:

353341

08/17/2023

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Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$920,000	46	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$920,000	46	\$0.03 \$0.60	\$0.03 \$0.60



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Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans

Description	Benefits	Enrollme	nt	2023 Rate	2024 Rate
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 2-Person:	0	\$7.99 \$17.15	\$7.99 \$17.15
		Family:	0	\$25.76	\$25.76
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
		/ Rate per Member: Single / Rate per Member: 2-Perso	on	\$11.74 \$20.90	\$11.74 \$20.90

Total Monthly Rate per Member: Family \$29.51 \$29.51

COBRA RATES:



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Quote #: 353341 Date Created: 08/17/2023

Rates Effective 01/01/2024 through 12/31/2024

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 17 2-Person: 5 Family: 8	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26

Total Monthly Rate per Member: Single	\$5.98	\$5.98
Total Monthly Rate per Member: 2-Person	\$12.79	\$12.79
Total Monthly Rate per Member: Family	\$19.26	\$19.26

COBRA RATES:



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

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

Rates Effective 01/01/2024 through 12/31/2024

Quote #:

Date Created:

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Medical plans

Description	Benefits	Enrollme	nt	2023 Rate ¹ w/ 2% Discount	2024 Rate ² w/ 2% Discount
Plan	MESSA Choices (6Z)				
IN Deductible:	\$500/\$1000				
IN Coinsurance:	0%	Single:	0	\$716.31	\$767.84
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	1	\$1,611.71	\$1,727.64
UC/ER Copay:	\$25/\$50	Family:	2	\$2,005.66	\$2,149.93
Rx Coverage:	Saver Rx				
Riders:	EA1				
Plan	MESSA Choices (AX)				
IN Deductible:	\$1000/\$2000				
IN Coinsurance:	0%	Single:	0	\$636.47	\$682.26
OL/OV/SV Copay:	\$20/\$20/\$20	2-Person:	0	\$1,432.07	\$1,535.09
UC/ER Copay:	\$25/\$50	Family:	0	\$1,782.11	\$1,910.31
Rx Coverage:	3Tier Mail				
Riders:	EA1				
Plan	MESSA ABC Plan 1 (7U)				
IN Deductible:	\$1600/\$3200				
IN Coinsurance:	0%	Single:	0	\$633.13	\$678.68
OL/OV/SV Copay:	\$0	2-Person:	1	\$1,424.56	\$1,527.04
UC/ER Copay:	\$0	Family:	1	\$1,772.78	\$1,900.29
Rx Coverage:	ABC Rx				
Riders:	EA1, HEQ				
Plan	MESSA ABC Plan 1 (BR)				
IN Deductible:	\$1600/\$3200				
IN Coinsurance:	0%	Single:	0	\$598.40	\$641.44
OL/OV/SV Copay:	\$0	2-Person:	2	\$1,346.42	\$1,443.26
UC/ER Copay:	\$0	Family:	0	\$1,675.52	\$1,796.05
Rx Coverage:	3Tier Mail	-			
Riders:	EA1, HEQ				
Basic Term Life with Medical					
Volume:	\$5,000		7	\$1.50	\$1.50
	1				

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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Rates Effective 01/01/2024 through 12/31/2024

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Ancillary plans with medical - 7 members

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

Dental (AII)* 100% Basic Services: 80% (X-Rays) Major Services: 80% Annual Max: \$2,000 Orthodontics: 80% Lifetime Max: \$2,000 Riders: 2 Cleanings Plan Year: Jan-Dec Vision (AII)* Plan Year: VSP 2 S Jan-Dec Jan-Dec Life Insurance \$30,000 Volume: \$30,000 Rate/\$1,000: \$210,000 Composite: \$30,000 AD&D Coverage \$30,000 Volume: \$30,000 Rate/\$1,000: \$210,000 Composite: \$30,000 LTD Benefit (AII)* 66 2/3% Max \$7,000 Benefit: 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived	Single: 2-Person: Family: Single: 2-Person: Family:	0 4 7 7	\$42.07 \$77.24 \$144.18	\$42.07 \$77.24 \$144.18
Diag & Prev: 100% Basic Services: 80% (X-Rays) Major Services: 80% Annual Max: \$2,000 Orthodontics: 80% Lifetime Max: \$2,000 Riders: 2 Cleanings Plan Year: Jan-Dec Vision (AII)* Plan Year: VSP 2 S Jan-Dec Jan-Dec Life Insurance \$30,000 Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: \$210,000 LTD Benefit (AII)* 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived	2-Person: Family: Single: 2-Person:	0	\$77.24 \$144.18	\$77.24
Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year: Vision (All)* Plan Year: Volume: Total Volume: Rate/\$1,000: Composite: AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: LITD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Ovrhodontics: Naw Monthly Salary: Waived Nay Montolume: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: Naw Montolume: Sec. Sec. Offset: Overage Valume: Sec. Sec. Offset: Own-Occupation: Pre-Exist Cond.: Naw Montolume: Sec. Sec. Offset: Value: Sec. Sec. Offset: Nay Montolume: Sec. Sec. Offset: Nay Waived	2-Person: Family: Single: 2-Person:	0	\$77.24 \$144.18	\$77.24
Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year: Vision (All)* Plan Year: VSP 2 S Jan-Dec Vision (All)* Plan Year: VSP 2 S Jan-Dec Vision (All)* Plan Year: VSP 2 S Jan-Dec Vision (All)* Sano,000 Sa	2-Person: Family: Single: 2-Person:	0	\$77.24 \$144.18	\$77.24
Orthodontics: Lifetime Max: Riders: Plan Year: Vision (All)* Plan Year: Vision (All)* Plan Year: Vision (All)* Plan Year: VSP 2 S Jan-Dec Vision (All)* Plan Year: VSP 2 S Jan-Dec Vision (All)* Plan Year: VSP 2 S Jan-Dec Vision (All)* Plan Year: San,000	Family: Single: 2-Person:	7	\$144.18	
Lifetime Max: Riders: Plan Year: Vision (All)* Plan Year: VSP 2 S Jan-Dec Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: S30,000 \$210,000 \$220,00	Single: 2-Person:	0		\$144.18
Riders: Plan Year: Vision (All)* Plan Year: VSP 2 S Jan-Dec VSP 2 S Jan-Dec Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: VSP 2 S Jan-Dec VSP 2 S Jan-Dec *30,000 \$210,000 \$210,	2-Person:	-		
Plan Year: Jan-Dec Vision (AII)* VSP 2 S Plan Year: Jan-Dec Life Insurance \$30,000 Volume: \$30,000 Total Volume: \$210,000 Composite: \$30,000 AD&D Coverage \$30,000 Volume: \$210,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: 66 2/3% Max \$7,000 LTD Benefit (AII)* 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived	2-Person:	-		
Vision (AII)* Plan Year: Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: AD&D Coverage Volume: Total Volume: Total Volume: Rate/\$1,000: Composite: LTD Benefit (AII)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: VSP 2 S Jan-Dec *30,000 \$210,000 \$220,000 \$2	2-Person:	-		
Plan Year: Life Insurance Volume: Total Volume: Rate/\$1,000: Composite: AD&D Coverage Volume: Total Volume: \$30,000 \$210,000 \$30,000 \$210,000 \$210,000	2-Person:	-		
Life Insurance Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: \$30,000 AD&D Coverage Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: \$66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived			\$5.98	\$5.98
Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: 66 2/3% Max \$7,000 LTD Benefit (All)* 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived	Family:	4	\$12.79	\$12.79
Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: 66 2/3% Max \$7,000 LTD Benefit (All)* 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived		7	\$19.26	\$19.26
Total Volume: Rate/\$1,000: Composite: AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite: \$30,000 \$210,000 \$220,000 \$220,00				
Rate/\$1,000: Composite: AD&D Coverage Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: Composite: LTD Benefit (All)* Benefit: 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived				
Composite: AD&D Coverage Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: LTD Benefit (AII)* Benefit: 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived		7		
AD&D Coverage Volume: \$30,000 Total Volume: \$210,000 Rate/\$1,000: \$210,000 Composite: 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived			\$0.12	\$0.12
Volume: Total Volume: Rate/\$1,000: Composite: LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: \$30,000 \$210,000 \$210,000 \$210,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived			\$3.60	\$3.60
Total Volume: Rate/\$1,000: Composite: LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: \$210,000 \$210,000 \$210,000 \$210,000 \$210,000 \$200 \$210,000 \$200 \$210,000 \$200 \$200 \$200 \$200 \$200 \$200 \$200				
Rate/\$1,000: Composite: LTD Benefit (All)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: STD Benefit (All)* 66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived				
Composite: LTD Benefit (All)* Benefit: 66 2/3% Max \$7,000 Max Monthly Salary: \$10,500 Waiting Period: 90 CDMF Alcohol/Drug: Same as any other illness Mental/Nervous: Same as any other illness Soc. Sec. Offset: Primary Own-Occupation: 2 years Pre-Exist Cond.: Waived		7		
Benefit (AII)* Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: 66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived			\$0.03	\$0.03
Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: 66 2/3% Max \$7,000 \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived			\$0.90	\$0.90
Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: \$10,500 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived				
Waiting Period: Alcohol/Drug: Same as any other illness Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: 90 CDMF Same as any other illness Primary 2 years Waived				
Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: Same as any other illness Same as any other illness Primary 2 years Waived				
Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: Same as any other illness Primary 2 years Waived				
Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: Primary 2 years Waived				
Own-Occupation: 2 years Pre-Exist Cond.: Waived				
Pre-Exist Cond.: Waived				
COLA: No				
SS Freeze: Yes				
Volume: \$110,376		11		.
Rate/\$100:			\$0.64	\$0.63
Composite:			\$63.33	\$63.22

Total Monthly Rate per Member: Single \$115.88 \$115.77
Total Monthly Rate per Member: 2-Person \$157.86 \$157.75
Total Monthly Rate per Member: Family \$231.27 \$231.16

Quote #:

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COBRA RATES:

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



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

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents Ancillary plans without medical - 4 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$42.07	\$42.07
Annual Max:	\$2,000	2-Person: 4	\$77.24	\$77.24
Orthodontics:	80%	Family: 7	\$144.18	\$144.18
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (AII)*	VSP 2 S	Single: 0	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 4	\$12.79	\$12.79
		Family: 7	\$19.26	\$19.26
Life Insurance				
Volume:	\$35,000			
Total Volume:	\$140,000	4		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$4.20	\$4.20
AD&D Coverage				
Volume:	\$35,000			
Total Volume:	\$140,000	4		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.05	\$1.05
LTD Benefit (All)*				
Benefit:	66 2/3% Max \$7,000			
Max Monthly Salary:	\$10,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$110,376	11		
Rate/\$100:			\$0.64	\$0.63
Composite:			\$63.33	\$63.22
	Total Monthly Rat	e per Member: Single	\$116.63	\$116.52

Total Monthly Rate per Member: Single \$116.63 \$116.52 Total Monthly Rate per Member: 2-Person \$158.50 \$158.61 Total Monthly Rate per Member: Family \$232.02 \$231.91

Quote #:

Date Created:

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COBRA RATES:

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



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Quoted Group(s): JCC TEACHERS - JCC Teachers

Rates Effective 01/01/2024 through 12/31/2024

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Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ 2% Discount	2024 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: 49 2-Person: 36 Family: 187	\$716.31 \$1,611.71 \$2,005.66	\$767.84 \$1,727.64 \$2,149.93
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (AX) \$1000/\$2000 0% \$20/\$20/\$20 \$25/\$50 3Tier Mail EA1	Single: 10 2-Person: 10 Family: 39	\$636.47 \$1,432.07 \$1,782.11	\$682.26 \$1,535.09 \$1,910.31
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1600/\$3200 0% \$0 \$0 ABC Rx EA1, HEQ	Single: 71 2-Person: 52 Family: 239	\$633.13 \$1,424.56 \$1,772.78	\$678.68 \$1,527.04 \$1,900.29
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (BR) \$1600/\$3200 0% \$0 \$0 3Tier Mail EA1, HEQ	Single: 11 2-Person: 7 Family: 62	\$598.40 \$1,346.42 \$1,675.52	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	773	\$1.50	\$1.50

¹Medical Rate includes 1.335% for federal and state taxes and fees.

COBRA RATES:

²Medical Rate includes 1.336% for federal and state taxes and fees.



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

Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): JCC TEACHERS - JCC Teachers

Ancillary plans with medical - 773 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 175	\$36.00	\$36.00
Annual Max:	\$2,000	2-Person: 126	\$68.63	\$68.63
Orthodontics:	80%	Family: 649	\$135.58	\$135.58
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 2 S	Single: 176	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 125	\$12.79	\$12.79
		Family: 649	\$19.26	\$19.26
Life Insurance				
Volume:	\$30,000			
Total Volume:	\$23,190,000	773		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$3.60	\$3.60
AD&D Coverage				
Volume:	\$30,000			
Total Volume:	\$23,190,000	773		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$0.90	\$0.90
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$7,000			
Max Monthly Salary:	\$10,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$5,120,918	948		
Rate/\$100:			\$0.48	\$0.46
Composite:			\$25.57	\$24.85
	Total Monthly Rat	te per Member: Single	\$72.05	\$71.33

Total Monthly Rate per Member: 2-Person \$111.49 \$110.77 Total Monthly Rate per Member: Family \$184.91 \$184.19

Quote #:

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353341

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COBRA RATES:

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



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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): JCC TEACHERS - JCC Teachers

Ancillary plans without medical - 177 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)*				
Diag & Prev:	100%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 175	\$36.00	\$36.00
Annual Max:	\$2,000	2-Person: 126	\$68.63	\$68.63
Orthodontics:	80%	Family: 649	\$135.58	\$135.58
Lifetime Max:	\$2,000			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			
Vision (All)*	VSP 2 S	Single: 176	\$5.98	\$5.98
Plan Year:	Jan-Dec	2-Person: 125	\$12.79	\$12.79
		Family: 649	\$19.26	\$19.26
Life Insurance				
Volume:	\$35,000			
Total Volume:	\$6,195,000	177		
Rate/\$1,000:			\$0.12	\$0.12
Composite:			\$4.20	\$4.20
AD&D Coverage				
Volume:	\$35,000			
Total Volume:	\$6,195,000	177		
Rate/\$1,000:			\$0.03	\$0.03
Composite:			\$1.05	\$1.05
LTD Benefit (AII)*				
Benefit:	66 2/3% Max \$7,000			
Max Monthly Salary:	\$10,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Primary			
Own-Occupation:	2 years			
Pre-Exist Cond.:	Waived			
COLA:	No			
SS Freeze:	Yes			
Volume:	\$5,120,918	948		
Rate/\$100:			\$0.48	\$0.46
Composite:			\$25.57	\$24.85
Total Monthly Rate per Member: Single		\$72.80	\$72.08	

Total Monthly Rate per Member: 2-Person \$111.52 \$112.24 Total Monthly Rate per Member: Family \$185.66 \$184.94

Quote #:

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353341

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COBRA RATES:

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