



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

2024 Rate Renewal Exclusively for Jackson County Consortium

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

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

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

Medical plans

Description	Benefits	Enrollment	2023 Rate ¹ w/ no Discount	2024 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: 14 2-Person: 0 Family: 0	\$730.92 \$1,644.59 \$2,046.59	\$783.51 \$1,762.90 \$2,193.81
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	\$649.45 \$1,461.29 \$1,818.48	\$696.18 \$1,566.41 \$1,949.29
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: 4 2-Person: 0 Family: 0	\$646.05 \$1,453.63 \$1,808.95	\$692.52 \$1,558.20 \$1,939.07
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: 0 Family: 0	\$610.61 \$1,373.89 \$1,709.71	\$654.53 \$1,472.71 \$1,832.70
Basic Term Life with Medical Volume:	\$5,000	20	\$1.50	\$1.50

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

²Medical Rate includes 1.336% 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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Rates Effective 01/01/2024 through 12/31/2024

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

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: 3 2-Person: 13 Family: 29	\$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: 2 2-Person: 0 Family: 4	\$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: 10 2-Person: 7 Family: 38	\$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: 4 2-Person: 9 Family: 20	\$598.40 \$1,346.42 \$1,675.52	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	139	\$1.50	\$1.50

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

Ancillary plans with medical - 139 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 23 2-Person: 40 Family: 117	\$36.88 \$69.72 \$135.88	\$36.88 \$69.72 \$135.88
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 23 2-Person: 40 Family: 117	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$4,170,000	139	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$4,170,000	139	\$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 \$1,102,873	180	\$0.46 \$27.65	\$0.44 \$26.96

Total Monthly Rate per Member: Single	\$75.01	\$74.32
Total Monthly Rate per Member: 2-Person	\$114.66	\$113.97
Total Monthly Rate per Member: Family	\$187.29	\$186.60

COBRA RATES:

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

The above rates are based on plans and enrollment as of 07/31/2023. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

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

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

Ancillary plans without medical - 41 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 23 2-Person: 40 Family: 117	\$36.88 \$69.72 \$135.88	\$36.88 \$69.72 \$135.88
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 23 2-Person: 40 Family: 117	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$1,435,000	41	\$0.12 \$4.20	\$0.12 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$1,435,000	41	\$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 \$1,102,873	180	\$0.46 \$27.65	\$0.44 \$26.96
Total Monthly Rate per Member: Single			\$75.76	\$75.07
Total Monthly Rate per Member: 2-Person			\$115.41	\$114.72
Total Monthly Rate per Member: Family			\$188.04	\$187.35

COBRA RATES:

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

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.

²Medical Rate includes 1.336% 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 - 63 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 33 2-Person: 14 Family: 32	\$39.37 \$74.01 \$140.62	\$39.37 \$74.01 \$140.62
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 33 2-Person: 14 Family: 32	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,260,000	63	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,260,000	63	\$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 \$278,435	79	\$0.97 \$33.36	\$0.82 \$28.90

Total Monthly Rate per Member: Single	\$81.71	\$77.25
Total Monthly Rate per Member: 2-Person	\$123.16	\$118.70
Total Monthly Rate per Member: Family	\$196.24	\$191.78

COBRA RATES:

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

The above rates are based on plans and enrollment as of 07/31/2023. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

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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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 33 2-Person: 14 Family: 32	\$39.37 \$74.01 \$140.62	\$39.37 \$74.01 \$140.62
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 33 2-Person: 14 Family: 32	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$400,000	16	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$400,000	16	\$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 \$278,435	79	\$0.97 \$33.36	\$0.82 \$28.90

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

COBRA RATES:

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

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

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: 5 2-Person: 0 Family: 1	\$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: 2 2-Person: 4 Family: 1	\$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: 1 2-Person: 1 Family: 1	\$598.40 \$1,346.42 \$1,675.52	\$641.44 \$1,443.26 \$1,796.05
Basic Term Life with Medical Volume:	\$5,000	17	\$1.50	\$1.50

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

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

Ancillary plans with medical - 17 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 9 2-Person: 6 Family: 4	\$37.71 \$70.64 \$139.48	\$37.71 \$70.64 \$139.48
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 9 2-Person: 6 Family: 4	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$340,000	17	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$340,000	17	\$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 \$45,455	19	\$1.44 \$34.66	\$1.39 \$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

COBRA RATES:

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

Ancillary plans without medical - 2 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 9 2-Person: 6 Family: 4	\$37.71 \$70.64 \$139.48	\$37.71 \$70.64 \$139.48
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 9 2-Person: 6 Family: 4	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$50,000	2	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$50,000	2	\$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 \$45,455	19	\$1.44 \$34.66	\$1.39 \$33.25

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

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

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: 1 2-Person: 2 Family: 1	\$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: 1 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: 2 2-Person: 0 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: 1 2-Person: 2 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	10	\$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 - 10 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 15 2-Person: 11 Family: 26	\$40.22 \$77.14 \$144.38	\$40.22 \$77.14 \$144.38
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 4 2-Person: 5 Family: 1	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$250,000	10	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$250,000	10	\$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 \$104,064	52	\$1.01 \$21.02	\$0.91 \$18.21

Total Monthly Rate per Member: Single	\$70.97	\$68.16
Total Monthly Rate per Member: 2-Person	\$114.70	\$111.89
Total Monthly Rate per Member: Family	\$188.41	\$185.60

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).

The above rates are based on plans and enrollment as of 07/31/2023. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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

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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 15 2-Person: 11 Family: 26	\$40.22 \$77.14 \$144.38	\$40.22 \$77.14 \$144.38
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 11 2-Person: 6 Family: 25	\$7.99 \$17.15 \$25.76	\$7.99 \$17.15 \$25.76
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,260,000	42	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$1,260,000	42	\$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 \$104,064	52	\$1.01 \$21.02	\$0.91 \$18.21

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

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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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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

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.

²Medical Rate includes 1.336% 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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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 41 2-Person: 41 Family: 77	\$37.47 \$72.21 \$139.00	\$37.47 \$72.21 \$139.00
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 23 2-Person: 32 Family: 54	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$2,180,000	109	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$2,180,000	109	\$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 \$565,787	159	\$0.62 \$21.01	\$0.54 \$19.22

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

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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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 41 2-Person: 41 Family: 77	\$37.47 \$72.21 \$139.00	\$37.47 \$72.21 \$139.00
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 18 2-Person: 9 Family: 23	\$7.99 \$17.15 \$25.76	\$7.99 \$17.15 \$25.76
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,250,000	50	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,250,000	50	\$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 \$565,787	159	\$0.62 \$21.01	\$0.54 \$19.22

Total Monthly Rate per Member: Single	\$70.22	\$68.43
Total Monthly Rate per Member: 2-Person	\$114.12	\$112.33
Total Monthly Rate per Member: Family	\$189.52	\$187.73

COBRA RATES:

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

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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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

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

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

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

COBRA RATES:

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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 18 2-Person: 9 Family: 3	\$44.17 \$83.11 \$150.75	\$44.17 \$83.11 \$150.75
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 12 2-Person: 3 Family: 0	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$300,000	15	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$300,000	15	\$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 \$52,548	30	\$1.83 \$36.59	\$1.89 \$33.11
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

COBRA RATES:

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**2024 Rate Renewal Exclusively for
Jackson County Consortium**

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

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

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

Ancillary plans without medical - 15 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 18 2-Person: 9 Family: 3	\$44.17 \$83.11 \$150.75	\$44.17 \$83.11 \$150.75
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 6 2-Person: 6 Family: 3	\$7.99 \$17.15 \$25.76	\$7.99 \$17.15 \$25.76
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$375,000	15	\$0.12 \$3.00	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$375,000	15	\$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 \$52,548	30	\$1.83 \$36.59	\$1.89 \$33.11
Total Monthly Rate per Member: Single			\$92.50	\$89.02
Total Monthly Rate per Member: 2-Person			\$140.60	\$137.12
Total Monthly Rate per Member: Family			\$216.85	\$213.37

COBRA RATES:

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

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**2024 Rate Renewal Exclusively for
Jackson County Consortium**

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

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 Family: 15	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,800,000	90	\$0.12 \$2.40	\$0.12 \$2.40
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$20,000 \$1,800,000	90	\$0.03 \$0.60	\$0.03 \$0.60
Total Monthly Rate per Member: Single			\$8.98	\$8.98
Total Monthly Rate per Member: 2-Person			\$15.79	\$15.79
Total Monthly Rate per Member: Family			\$22.26	\$22.26

COBRA RATES:

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2024 Rate Renewal Exclusively for
Jackson County Consortium

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

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Life Insurance 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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2024 Rate Renewal Exclusively for
Jackson County Consortium

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

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

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

Ancillary plans

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Vision Plan Year:	VSP 3 G Jan-Dec	Single: 0 2-Person: 0 Family: 0	\$7.99 \$17.15 \$25.76	\$7.99 \$17.15 \$25.76
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
Total Monthly Rate per Member: Single			\$11.74	\$11.74
Total Monthly Rate per Member: 2-Person			\$20.90	\$20.90
Total Monthly Rate per Member: Family			\$29.51	\$29.51

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



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2024 Rate Renewal Exclusively for
Jackson County Consortium

Quote #: 353341
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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:
The COBRA rates for this group are the same as the rates above.



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2024 Rate Renewal Exclusively for Jackson County Consortium

Quote #: 353341
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Rates Effective 01/01/2024 through 12/31/2024

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

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: 0 2-Person: 1 Family: 2	\$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: 0 2-Person: 1 Family: 1	\$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: 2 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	7	\$1.50	\$1.50

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

²Medical Rate includes 1.336% 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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2024 Rate Renewal Exclusively for Jackson County Consortium

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Date Created: 08/17/2023

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

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

Ancillary plans with medical - 7 members

Description	Benefits	Enrollment	2023 Rate	2024 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 0 2-Person: 4 Family: 7	\$42.07 \$77.24 \$144.18	\$42.07 \$77.24 \$144.18
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 0 2-Person: 4 Family: 7	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$210,000	7	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$210,000	7	\$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 \$110,376	11	\$0.64 \$63.33	\$0.63 \$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

COBRA RATES:

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

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2024 Rate Renewal Exclusively for Jackson County Consortium

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Date Created: 08/17/2023

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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 0 2-Person: 4 Family: 7	\$42.07 \$77.24 \$144.18	\$42.07 \$77.24 \$144.18
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 0 2-Person: 4 Family: 7	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$140,000	4	\$0.12 \$4.20	\$0.12 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$140,000	4	\$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 \$110,376	11	\$0.64 \$63.33	\$0.63 \$63.22
Total Monthly Rate per Member: Single			\$116.63	\$116.52
Total Monthly Rate per Member: 2-Person			\$158.61	\$158.50
Total Monthly Rate per Member: Family			\$232.02	\$231.91

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
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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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

Quoted Group(s): JCC TEACHERS - JCC Teachers

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.

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

COBRA RATES:

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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 175 2-Person: 126 Family: 649	\$36.00 \$68.63 \$135.58	\$36.00 \$68.63 \$135.58
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 176 2-Person: 125 Family: 649	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$23,190,000	773	\$0.12 \$3.60	\$0.12 \$3.60
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$30,000 \$23,190,000	773	\$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 \$5,120,918	948	\$0.48 \$25.57	\$0.46 \$24.85

Total Monthly Rate 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

COBRA RATES:

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2024 Rate Renewal Exclusively for Jackson County Consortium

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

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: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$2,000 80% \$2,000 2 Cleanings Jan-Dec	Single: 175 2-Person: 126 Family: 649	\$36.00 \$68.63 \$135.58	\$36.00 \$68.63 \$135.58
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 176 2-Person: 125 Family: 649	\$5.98 \$12.79 \$19.26	\$5.98 \$12.79 \$19.26
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$6,195,000	177	\$0.12 \$4.20	\$0.12 \$4.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$35,000 \$6,195,000	177	\$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 \$5,120,918	948	\$0.48 \$25.57	\$0.46 \$24.85
Total Monthly Rate per Member: Single			\$72.80	\$72.08
Total Monthly Rate per Member: 2-Person			\$112.24	\$111.52
Total Monthly Rate per Member: Family			\$185.66	\$184.94

COBRA RATES:

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