



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

**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ no Discount | 2021 Rate <sup>2</sup><br>w/ no Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$590.13<br>\$1,327.80<br>\$1,652.36     | \$647.83<br>\$1,457.63<br>\$1,813.93     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$556.50<br>\$1,252.13<br>\$1,558.19     | \$610.91<br>\$1,374.55<br>\$1,710.54     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 2<br>2-Person: 0<br>Family: 0 | \$526.87<br>\$1,185.48<br>\$1,475.25     | \$578.39<br>\$1,301.39<br>\$1,619.48     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$396.19<br>\$891.44<br>\$1,109.33       | \$434.93<br>\$978.59<br>\$1,217.79       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 2                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

**COBRA RATES:**

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



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Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

Rates Effective 01/01/2021 through 12/31/2021

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

**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 0<br>2-Person: 1<br>Family: 4 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 5                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

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

**Ancillary plans with medical**

| Description   | Benefits  | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|---|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-09<br>80%<br>80% (X-Rays)<br>80%<br>\$1,200<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun   | Single: 0<br>2-Person: 1<br>Family: 4 | \$33.01<br>\$62.02<br>\$115.86 | \$33.01<br>\$62.02<br>\$115.86 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun  | Single: 0<br>2-Person: 1<br>Family: 5 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$30,000<br>\$150,000   | 5                                     | \$0.12<br>\$3.60               | \$0.12<br>\$3.60               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$30,000<br>\$150,000   | 5                                     | \$0.03<br>\$0.90               | \$0.03<br>\$0.90               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$7,000<br>\$10,500<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$34,869 | 6                                     | \$0.49<br>\$28.23              | \$0.49<br>\$28.32              |

Total Monthly Rate per Member: Single \$72.44 \$72.79  
 Total Monthly Rate per Member: 2-Person \$109.11 \$109.75  
 Total Monthly Rate per Member: Family \$170.23 \$171.15

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**Ancillary plans without medical**

| Description   | Benefits  | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|---|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-10<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,300<br>2 Cleanings<br>Jul-Jun   | Single: 0<br>2-Person: 0<br>Family: 1 | \$31.88<br>\$60.33<br>\$117.67 | \$31.88<br>\$60.33<br>\$117.67 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun  | Single: 0<br>2-Person: 1<br>Family: 5 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$35,000<br>\$35,000  | 1                                     | \$0.12<br>\$4.20               | \$0.12<br>\$4.20               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$35,000<br>\$35,000  | 1                                     | \$0.03<br>\$1.05               | \$0.03<br>\$1.05               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$7,000<br>\$10,500<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$34,869 | 6                                     | \$0.49<br>\$28.23              | \$0.49<br>\$28.32              |
| Total Monthly Rate per Member: Single   |   |                                       | \$72.06                        | \$72.41                        |
| Total Monthly Rate per Member: 2-Person   |   |                                       | \$108.17                       | \$108.81                       |
| Total Monthly Rate per Member: Family   |   |                                       | \$172.79                       | \$173.71                       |

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**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 0<br>2-Person: 2<br>Family: 2 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 4                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

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 Date Created: 08/18/2020

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

**Ancillary plans with medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-13<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun  | Single: 0<br>2-Person: 2<br>Family: 2 | \$35.65<br>\$66.01<br>\$117.79 | \$35.65<br>\$66.01<br>\$117.79 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 1<br>2-Person: 2<br>Family: 2 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$20,000<br>\$80,000   | 4                                     | \$0.12<br>\$2.40               | \$0.12<br>\$2.40               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$20,000<br>\$80,000   | 4                                     | \$0.03<br>\$0.60               | \$0.03<br>\$0.60               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$3,500<br>\$5,250<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$14,588 | 5                                     | \$1.05<br>\$34.77              | \$1.05<br>\$35.09              |
| Total Monthly Rate per Member: Single   |  |                                       | \$80.12                        | \$80.70                        |
| Total Monthly Rate per Member: 2-Person   |  |                                       | \$118.14                       | \$119.01                       |
| Total Monthly Rate per Member: Family   |  |                                       | \$177.20                       | \$178.35                       |

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 Date Created: 08/18/2020

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

**Ancillary plans without medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-14<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,300<br>2 Cleanings<br>Jul-Jun  | Single: 1<br>2-Person: 0<br>Family: 0 | \$36.17<br>\$68.82<br>\$127.71 | \$36.17<br>\$68.82<br>\$127.71 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 1<br>2-Person: 2<br>Family: 2 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$25,000<br>\$25,000   | 1                                     | \$0.12<br>\$3.00               | \$0.12<br>\$3.00               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$25,000<br>\$25,000   | 1                                     | \$0.03<br>\$0.75               | \$0.03<br>\$0.75               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$3,500<br>\$5,250<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$14,588 | 5                                     | \$1.05<br>\$34.77              | \$1.05<br>\$35.09              |
| Total Monthly Rate per Member: Single   |  |                                       | \$81.39                        | \$81.97                        |
| Total Monthly Rate per Member: 2-Person   |  |                                       | \$121.70                       | \$122.57                       |
| Total Monthly Rate per Member: Family   |  |                                       | \$187.87                       | \$189.02                       |

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

**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 1<br>2-Person: 0<br>Family: 0 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 1                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% 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**

| Description   | Benefits  | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|---|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-11<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$900<br>2 Cleanings<br>Jul-Jun   | Single: 1<br>2-Person: 0<br>Family: 0 | \$35.37<br>\$68.63<br>\$123.20 | \$35.37<br>\$68.63<br>\$123.20 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun  | Single: 1<br>2-Person: 0<br>Family: 0 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$20,000<br>\$20,000  | 1                                     | \$0.12<br>\$2.40               | \$0.12<br>\$2.40               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$20,000<br>\$20,000  | 1                                     | \$0.03<br>\$0.60               | \$0.03<br>\$0.60               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$2,500<br>\$3,750<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$1,767 | 1                                     | \$3.05<br>\$47.05              | \$2.84<br>\$46.54              |
| Total Monthly Rate per Member: Single   |   |                                       | \$92.12                        | \$91.87                        |
| Total Monthly Rate per Member: 2-Person   |   |                                       | \$133.04                       | \$133.08                       |
| Total Monthly Rate per Member: Family   |   |                                       | \$194.89                       | \$195.21                       |

**COBRA RATES:**

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



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

**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans without medical**

| Description   | Benefits  | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|---|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-12<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun   | Single: 0<br>2-Person: 0<br>Family: 0 | \$35.66<br>\$66.27<br>\$113.28 | \$35.66<br>\$66.27<br>\$113.28 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun  | Single: 1<br>2-Person: 0<br>Family: 0 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$25,000<br>\$0   | 0                                     | \$0.12<br>\$3.00               | \$0.12<br>\$3.00               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$25,000<br>\$0   | 0                                     | \$0.03<br>\$0.75               | \$0.03<br>\$0.75               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$2,500<br>\$3,750<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$1,767 | 1                                     | \$3.05<br>\$47.05              | \$2.84<br>\$46.54              |
| Total Monthly Rate per Member: Single   |   |                                       | \$93.16                        | \$92.91                        |
| Total Monthly Rate per Member: 2-Person   |   |                                       | \$131.43                       | \$131.47                       |
| Total Monthly Rate per Member: Family   |   |                                       | \$185.72                       | \$186.04                       |

**COBRA RATES:**

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



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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 3<br>2-Person: 0<br>Family: 0 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 3                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans with medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-05<br>80%<br>80% (X-Rays)<br>80%<br>\$1,200<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun  | Single: 2<br>2-Person: 1<br>Family: 0 | \$39.77<br>\$73.53<br>\$131.20 | \$39.77<br>\$73.53<br>\$131.20 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 2<br>2-Person: 1<br>Family: 0 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$25,000<br>\$75,000   | 3                                     | \$0.12<br>\$3.00               | \$0.12<br>\$3.00               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$25,000<br>\$75,000   | 3                                     | \$0.03<br>\$0.75               | \$0.03<br>\$0.75               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$3,500<br>\$5,250<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$18,259 | 11                                    | \$1.32<br>\$20.96              | \$1.29<br>\$20.70              |
| Total Monthly Rate per Member: Single   |  |                                       | \$71.18                        | \$71.18                        |
| Total Monthly Rate per Member: 2-Person   |  |                                       | \$112.60                       | \$112.89                       |
| Total Monthly Rate per Member: Family   |  |                                       | \$177.55                       | \$178.12                       |

**COBRA RATES:**

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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans without medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-06<br>80%<br>80% (X-Rays)<br>80%<br>\$1,200<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun  | Single: 2<br>2-Person: 1<br>Family: 5 | \$36.10<br>\$69.83<br>\$126.70 | \$36.10<br>\$69.83<br>\$126.70 |
| <b>Vision</b><br>Plan Year:   | VSP 3 G<br>Jul-Jun   | Single: 2<br>2-Person: 1<br>Family: 5 | \$8.97<br>\$19.25<br>\$28.93   | \$9.31<br>\$20.00<br>\$30.05   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$30,000<br>\$240,000  | 8                                     | \$0.12<br>\$3.60               | \$0.12<br>\$3.60               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$30,000<br>\$240,000  | 8                                     | \$0.03<br>\$0.90               | \$0.03<br>\$0.90               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$3,500<br>\$5,250<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$18,259 | 11                                    | \$1.32<br>\$20.96              | \$1.29<br>\$20.70              |

Total Monthly Rate per Member: Single \$70.53 \$70.61  
 Total Monthly Rate per Member: 2-Person \$114.54 \$115.03  
 Total Monthly Rate per Member: Family \$181.09 \$181.95

**COBRA RATES:**

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



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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

Rates Effective 01/01/2021 through 12/31/2021

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

**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 0<br>2-Person: 3<br>Family: 0 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 3                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% 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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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans with medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-15<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$900<br>2 Cleanings<br>Jul-Jun  | Single: 0<br>2-Person: 3<br>Family: 0 | \$32.47<br>\$62.06<br>\$112.18 | \$32.47<br>\$62.06<br>\$112.18 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 0<br>2-Person: 3<br>Family: 0 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$20,000<br>\$60,000   | 3                                     | \$0.12<br>\$2.40               | \$0.12<br>\$2.40               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$20,000<br>\$60,000   | 3                                     | \$0.03<br>\$0.60               | \$0.03<br>\$0.60               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$3,500<br>\$5,250<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$21,642 | 7                                     | \$0.72<br>\$22.75              | \$0.70<br>\$22.70              |

Total Monthly Rate per Member: Single \$64.92 \$65.13  
 Total Monthly Rate per Member: 2-Person \$102.17 \$102.67  
 Total Monthly Rate per Member: Family \$159.57 \$160.35

**COBRA RATES:**

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



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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans without medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-16<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun  | Single: 1<br>2-Person: 1<br>Family: 2 | \$31.04<br>\$59.75<br>\$114.04 | \$31.04<br>\$59.75<br>\$114.04 |
| <b>Vision</b><br>Plan Year:   | VSP 3 G<br>Jul-Jun   | Single: 1<br>2-Person: 1<br>Family: 2 | \$8.97<br>\$19.25<br>\$28.93   | \$9.31<br>\$20.00<br>\$30.05   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$25,000<br>\$100,000  | 4                                     | \$0.12<br>\$3.00               | \$0.12<br>\$3.00               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$25,000<br>\$100,000  | 4                                     | \$0.03<br>\$0.75               | \$0.03<br>\$0.75               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$3,500<br>\$5,250<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$21,642 | 7                                     | \$0.72<br>\$22.75              | \$0.70<br>\$22.70              |

Total Monthly Rate per Member: Single \$66.51 \$66.80  
 Total Monthly Rate per Member: 2-Person \$105.50 \$106.20  
 Total Monthly Rate per Member: Family \$169.47 \$170.54

**COBRA RATES:**

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





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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

Rates Effective 01/01/2021 through 12/31/2021

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

**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 3<br>2-Person: 0<br>Family: 0 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 3                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

**COBRA RATES:**

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



1475 Kendale Boulevard, PO Box 2560  
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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans with medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-01<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$900<br>2 Cleanings<br>Jul-Jun  | Single: 2<br>2-Person: 1<br>Family: 0 | \$38.86<br>\$72.20<br>\$124.24 | \$38.86<br>\$72.20<br>\$124.24 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 2<br>2-Person: 1<br>Family: 0 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$20,000<br>\$60,000   | 3                                     | \$0.12<br>\$2.40               | \$0.12<br>\$2.40               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$20,000<br>\$60,000   | 3                                     | \$0.03<br>\$0.60               | \$0.03<br>\$0.60               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$2,500<br>\$3,750<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$12,727 | 7                                     | \$2.46<br>\$37.38              | \$2.38<br>\$37.58              |
| Total Monthly Rate per Member: Single   |  |                                       | \$85.94                        | \$86.40                        |
| Total Monthly Rate per Member: 2-Person   |  |                                       | \$126.94                       | \$127.69                       |
| Total Monthly Rate per Member: Family   |  |                                       | \$186.26                       | \$187.29                       |

**COBRA RATES:**

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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans without medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-02<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun  | Single: 3<br>2-Person: 1<br>Family: 0 | \$34.92<br>\$66.34<br>\$119.28 | \$34.92<br>\$66.34<br>\$119.28 |
| <b>Vision</b><br>Plan Year:   | VSP 3 G<br>Jul-Jun   | Single: 3<br>2-Person: 1<br>Family: 0 | \$8.97<br>\$19.25<br>\$28.93   | \$9.31<br>\$20.00<br>\$30.05   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$25,000<br>\$100,000  | 4                                     | \$0.12<br>\$3.00               | \$0.12<br>\$3.00               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$25,000<br>\$100,000  | 4                                     | \$0.03<br>\$0.75               | \$0.03<br>\$0.75               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$2,500<br>\$3,750<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$12,727 | 7                                     | \$2.46<br>\$37.38              | \$2.38<br>\$37.58              |
| Total Monthly Rate per Member: Single   |  |                                       | \$85.02                        | \$85.56                        |
| Total Monthly Rate per Member: 2-Person   |  |                                       | \$126.72                       | \$127.67                       |
| Total Monthly Rate per Member: Family   |  |                                       | \$189.34                       | \$190.66                       |

**COBRA RATES:**

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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

**(Part of Jackson County Consortium)**

**Rates Effective 01/01/2021 through 12/31/2021**

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans**

| Description   | Benefits           | Enrollment                            | 2020 Rate                    | 2021 Rate                    |
|---|--------------------|---------------------------------------|------------------------------|------------------------------|
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun | Single: 0<br>2-Person: 0<br>Family: 0 | \$6.70<br>\$14.36<br>\$21.64 | \$6.96<br>\$14.91<br>\$22.47 |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:    | \$20,000<br>\$0    | 0                                     | \$0.12                       | \$0.12<br>\$2.40             |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite: | \$20,000<br>\$0    | 0                                     | \$0.03                       | \$0.03<br>\$0.60             |

**COBRA RATES:**

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**2021 Rate Renewal Exclusively for  
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**Rates Effective 01/01/2021 through 12/31/2021**

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans**

| Description   | Benefits              | Enrollment | 2020 Rate | 2021 Rate        |
|---|-----------------------|------------|-----------|------------------|
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:    | \$20,000<br>\$200,000 | 10         | \$0.12    | \$0.12<br>\$2.40 |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite: | \$20,000<br>\$200,000 | 10         | \$0.03    | \$0.03<br>\$0.60 |



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Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans**

| Description   | Benefits           | Enrollment                            | 2020 Rate                    | 2021 Rate                    |
|---|--------------------|---------------------------------------|------------------------------|------------------------------|
| <b>Vision</b><br>Plan Year:   | VSP 3 G<br>Jul-Jun | Single: 0<br>2-Person: 0<br>Family: 0 | \$8.97<br>\$19.25<br>\$28.93 | \$9.31<br>\$20.00<br>\$30.05 |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:    | \$25,000<br>\$0    | 0                                     | \$0.12                       | \$0.12<br>\$3.00             |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite: | \$25,000<br>\$0    | 0                                     | \$0.03                       | \$0.03<br>\$0.75             |

**COBRA RATES:**

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**2021 Rate Renewal Exclusively for  
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(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

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

**Ancillary plans**

| Description   | Benefits | Enrollment  | 2020 Rate | 2021 Rate |
|---------------|----------|-------------|-----------|-----------|
| <b>Vision</b> | VSP 2 S  | Single: 0   | \$6.70    | \$6.96    |
| Plan Year:    | Jul-Jun  | 2-Person: 0 | \$14.36   | \$14.91   |
|               |          | Family: 0   | \$21.64   | \$22.47   |

|   |         |         |
|---|---------|---------|
| Total Monthly Rate per Member: Single   | \$6.70  | \$6.96  |
| Total Monthly Rate per Member: 2-Person | \$14.36 | \$14.91 |
| Total Monthly Rate per Member: Family   | \$21.64 | \$22.47 |

**COBRA RATES:**

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



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**2021 Rate Renewal Exclusively for  
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Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

Rates Effective 01/01/2021 through 12/31/2021

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

**Medical plans**

| Description  | Benefits   | Enrollment                            | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|---------------------------------------|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0 | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0 | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 0<br>2-Person: 0<br>Family: 1 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 0 | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 1                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% 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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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

**Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents**

**Ancillary plans with medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-155<br>80%<br>80% (X-Rays)<br>80%<br>\$1,200<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun   | Single: 0<br>2-Person: 0<br>Family: 1 | \$39.08<br>\$72.68<br>\$132.43 | \$39.08<br>\$72.68<br>\$132.43 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 0<br>2-Person: 0<br>Family: 1 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$30,000<br>\$30,000   | 1                                     | \$0.12<br>\$3.60               | \$0.12<br>\$3.60               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$30,000<br>\$30,000   | 1                                     | \$0.03<br>\$0.90               | \$0.03<br>\$0.90               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$7,000<br>\$10,500<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$9,515 | 1                                     | \$0.74<br>\$68.53              | \$0.71<br>\$67.42              |
| Total Monthly Rate per Member: Single   |  |                                       | \$118.81                       | \$117.96                       |
| Total Monthly Rate per Member: 2-Person   |  |                                       | \$160.07                       | \$159.51                       |
| Total Monthly Rate per Member: Family   |  |                                       | \$227.10                       | \$226.82                       |

**COBRA RATES:**

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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

Quoted Group(s): JCC SUPERINTENDENT - JCC Superintendents

**Ancillary plans without medical**

| Description   | Benefits   | Enrollment                            | 2020 Rate                      | 2021 Rate                      |
|---|--|---------------------------------------|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-156<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,300<br>2 Cleanings<br>Jul-Jun   | Single: 0<br>2-Person: 0<br>Family: 0 | \$33.93<br>\$60.48<br>\$114.20 | \$33.93<br>\$60.48<br>\$114.20 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 0<br>2-Person: 0<br>Family: 1 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$35,000<br>\$0  | 0                                     | \$0.12<br>\$4.20               | \$0.12<br>\$4.20               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$35,000<br>\$0  | 0                                     | \$0.03<br>\$1.05               | \$0.03<br>\$1.05               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$7,000<br>\$10,500<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$9,515 | 1                                     | \$0.74<br>\$68.53              | \$0.71<br>\$67.42              |

Total Monthly Rate per Member: Single \$114.41 \$113.56  
 Total Monthly Rate per Member: 2-Person \$148.62 \$148.06  
 Total Monthly Rate per Member: Family \$209.62 \$209.34

**COBRA RATES:**

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



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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

Quoted Group(s): JCC TEACHERS - JCC Teachers

**Medical plans**

| Description  | Benefits   | Enrollment                             | 2020 Rate <sup>1</sup><br>w/ 2% Discount | 2021 Rate <sup>2</sup><br>w/ 2% Discount |
|--|--|--|--|--|
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (6Z)<br>\$500/\$1000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1   | Single: 0<br>2-Person: 0<br>Family: 0  | \$578.33<br>\$1,301.25<br>\$1,619.32     | \$634.88<br>\$1,428.48<br>\$1,777.65     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA Choices (8F)<br>\$1000/\$2000<br>0%<br>\$20/\$20/\$20<br>\$25/\$50<br>Saver Rx<br>EA1  | Single: 0<br>2-Person: 0<br>Family: 0  | \$545.37<br>\$1,227.10<br>\$1,527.03     | \$598.69<br>\$1,347.07<br>\$1,676.34     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | MESSA ABC Plan 1 (7U)<br>\$1400/\$2800<br>0%<br>\$0<br>\$0<br>ABC Rx<br>EA1, HEQ             | Single: 8<br>2-Person: 9<br>Family: 23 | \$516.34<br>\$1,161.77<br>\$1,445.75     | \$566.82<br>\$1,275.37<br>\$1,587.10     |
| <b>Plan</b><br>IN Deductible:<br>IN Coinsurance:<br>OL/OV/SV Copay:<br>UC/ER Copay:<br>Rx Coverage:<br>Riders: | Essentials by MESSA (EB)<br>\$375/\$750<br>20%<br>\$10/\$25/\$50<br>\$50/\$200<br>EbM<br>EA1 | Single: 0<br>2-Person: 0<br>Family: 2  | \$388.27<br>\$873.61<br>\$1,087.15       | \$426.23<br>\$959.03<br>\$1,193.44       |
| <b>Basic Term Life with Medical</b><br>Volume:   | \$5,000  | 42                                     | \$1.50                                   | \$1.50                                   |

<sup>1</sup>Medical Rate includes 4.349% for federal and state taxes and fees.

<sup>2</sup>Medical Rate includes 1.547% for federal and state taxes and fees.

**COBRA RATES:**

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



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

**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

**Quoted Group(s): JCC TEACHERS - JCC Teachers**

**Ancillary plans with medical**

| Description   | Benefits   | Enrollment                               | 2020 Rate                      | 2021 Rate                      |
|---|--|--|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-03<br>80%<br>80% (X-Rays)<br>80%<br>\$1,200<br>80%<br>\$1,000<br>2 Cleanings<br>Jul-Jun  | Single: 9<br>2-Person: 8<br>Family: 25   | \$32.68<br>\$61.64<br>\$115.25 | \$32.68<br>\$61.64<br>\$115.25 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 10<br>2-Person: 10<br>Family: 32 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$30,000<br>\$1,260,000  | 42                                       | \$0.12<br>\$3.60               | \$0.12<br>\$3.60               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$30,000<br>\$1,260,000  | 42                                       | \$0.03<br>\$0.90               | \$0.03<br>\$0.90               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$7,000<br>\$10,500<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$285,796 | 52                                       | \$0.53<br>\$27.22              | \$0.53<br>\$27.41              |
| Total Monthly Rate per Member: Single   |  |  | \$71.10                        | \$71.55                        |
| Total Monthly Rate per Member: 2-Person   |  |  | \$107.72                       | \$108.46                       |
| Total Monthly Rate per Member: Family   |  |  | \$168.61                       | \$169.63                       |

**COBRA RATES:**

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**2021 Rate Renewal Exclusively for  
 Hanover-Horton School District (572)**

(Part of Jackson County Consortium)

Rates Effective 01/01/2021 through 12/31/2021

Quote #: 347030  
 MESSA Field Rep: Julie Berryman Adams  
 Date Created: 08/18/2020

Quoted Group(s): JCC TEACHERS - JCC Teachers

**Ancillary plans without medical**

| Description   | Benefits   | Enrollment                               | 2020 Rate                      | 2021 Rate                      |
|---|--|--|--------------------------------|--------------------------------|
| <b>Dental</b><br>Diag & Prev:<br>Basic Services:<br>Major Services:<br>Annual Max:<br>Orthodontics:<br>Lifetime Max:<br>Riders:<br>Plan Year:   | 06497-04<br>80%<br>80% (X-Rays)<br>80%<br>\$1,000<br>80%<br>\$1,300<br>2 Cleanings<br>Jul-Jun  | Single: 1<br>2-Person: 2<br>Family: 7    | \$29.37<br>\$56.22<br>\$111.05 | \$29.37<br>\$56.22<br>\$111.05 |
| <b>Vision</b><br>Plan Year:   | VSP 2 S<br>Jul-Jun   | Single: 10<br>2-Person: 10<br>Family: 32 | \$6.70<br>\$14.36<br>\$21.64   | \$6.96<br>\$14.91<br>\$22.47   |
| <b>Life Insurance</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:  | \$35,000<br>\$350,000  | 10                                       | \$0.12<br>\$4.20               | \$0.12<br>\$4.20               |
| <b>AD&amp;D Coverage</b><br>Volume:<br>Total Volume:<br>Rate/\$1,000:<br>Composite:   | \$35,000<br>\$350,000  | 10                                       | \$0.03<br>\$1.05               | \$0.03<br>\$1.05               |
| <b>LTD Benefit</b><br>Benefit:<br>Max Monthly Salary:<br>Waiting Period:<br>Alcohol/Drug:<br>Mental/Nervous:<br>Soc. Sec. Offset:<br>Own-Occupation:<br>Pre-Exist Cond.:<br>COLA:<br>SS Freeze:<br>Volume:<br>Rate/\$100:<br>Composite: | 66 2/3% Max \$7,000<br>\$10,500<br>90 CDMF<br>Same as any other illness<br>Same as any other illness<br>Primary<br>2 years<br>Waived<br>No<br>Yes<br>\$285,796 | 52                                       | \$0.53<br>\$27.22              | \$0.53<br>\$27.41              |

Total Monthly Rate per Member: Single \$68.54 \$68.99  
 Total Monthly Rate per Member: 2-Person \$103.05 \$103.79  
 Total Monthly Rate per Member: Family \$165.16 \$166.18

**COBRA RATES:**

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