THE POOL
Michigan Health Insurance

2027 Renewal
Prepared for Mancelona Public Schools

Rates Effective January 1, 2027

Pool-Standard Renewal 13.9% | **Rate Protection Impact -1%** | **Rate Adjustment 12.9%**

Description			Benefits	Enrollment	2026 Premium Rate		2027 Premium Rate	
ENHANCED HSA 2000 040/041	040/041	Deductible:	$2000/$4000	0	Single	$711.13	Single	$802.87
		Coinsurance:	100%	2	Double	$1,600.04	Double	$1,806.45
		Rx Coverage:	$10/$40 after ded	3	Family	$1,991.16	Family	$2,248.02
ENHANCED 500 159	159	Deductible:	$500/$1000	1	Single	$876.06	Single	$989.07
		Coinsurance:	100%	0	Double	$1,971.11	Double	$2,225.38
		Rx Coverage:	$10/$40	0	Family	$2,452.94	Family	$2,769.37

How Does Your Loss Ratio Compare With Other Pool Members? ▲ = Your Group



39% 190%

If you have questions regarding your rates or plans, or would like to look at other options, please reach out to a member of your Gallagher support team:

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Gallagher
Insurance | Risk Management | Consulting

MESSA
1475 Kendale Boulevard, PO Box 2560
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2027 Rate Renewal Exclusively for Mancelona Public Schools

Quote #: 361249
MESSA Field Rep: Viola Collin
Date Created: 08/13/2026

Rates Effective 01/01/2027 through 12/31/2027

Quoted Group(s): 687A - Admin & NonBargainSupportSpv

Ancillary plans

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-20				
Diag & Prev:	100%				
Basic Services:	80% (X-Rays)				
Major Services:	80%	Single:	1	$43.00	$43.65
Annual Max:	$1,700	2-Person:	2	$83.01	$84.26
Orthodontics:	80%	Family:	6	$184.58	$187.34
Lifetime Max:	UCR				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision	VSP 3 Plus P	Single:	1	$10.48	$10.48
Plan Year:	Jan-Dec	2-Person:	2	$22.50	$22.50
		Family:	6	$33.85	$33.86
Life Insurance					
Volume:	1X Salary (Max of $225,000)				
Total Volume:	$582,000		9		
Rate/$1,000:				$0.14	$0.11
Composite:				$9.39	$7.11
AD&D Coverage					
Volume:	1X Salary (Max of $225,000)				
Total Volume:	$582,000		9		
Rate/$1,000:				$0.03	$0.03
Composite:				$2.01	$1.94
LTD Benefit					
Benefit:	66 2/3% Max $5,000				
Max Monthly Salary:	$7,500				
Waiting Period:	90 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	Yes				
SS Freeze:	Yes				
Volume:	$45,836		9		
Rate/$100:				$0.87	$0.86
Composite:				$46.06	$43.80
	Total Monthly Rate per Member: Single			$110.94	$106.98
	Total Monthly Rate per Member: 2-Person			$162.97	$159.61
	Total Monthly Rate per Member: Family			$275.89	$274.05

COBRA RATES:

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

The above rates are based on plans and enrollment as of 08/13/2026. 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.

If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 866-637-0006.

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2027 Rate Renewal Exclusively for Mancelona Public Schools

Quote #: 361249
MESSA Field Rep: Viola Collin
Date Created: 08/13/2026

Rates Effective 01/01/2027 through 12/31/2027

Quoted Group(s): 687B - Superintendent

Ancillary plans

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-18				
Diag & Prev:	100%				
Basic Services:	80% (X-Rays)				
Major Services:	80%	Single:	0	$38.51	$39.10
Annual Max:	$1,700	2-Person:	0	$74.78	$75.90
Orthodontics:	80%	Family:	1	$161.60	$164.02
Lifetime Max:	UCR				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision	VSP 3 Plus P	Single:	0	$10.48	$10.48
Plan Year:	Jan-Dec	2-Person:	0	$22.50	$22.50
		Family:	1	$33.85	$33.86
Life Insurance					
Volume:	$160,000				
Total Volume:	$160,000		1		
Rate/$1,000:				$0.14	$0.11
Composite:				$22.40	$17.60
AD&D Coverage					
Volume:	$160,000				
Total Volume:	$160,000		1		
Rate/$1,000:				$0.03	$0.03
Composite:				$4.80	$4.80
LTD Benefit					
Benefit:	66 2/3% Max $5,000				
Max Monthly Salary:	$7,500				
Waiting Period:	90 CDMF				
Alcohol/Drug:	Same as any other illness				
Mental/Nervous:	Same as any other illness				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	Yes				
SS Freeze:	Yes				
Volume:	$7,500		1		
Rate/$100:				$0.71	$0.63
Composite:				$53.25	$47.25
	Total Monthly Rate per Member: Single			$129.44	$119.23
	Total Monthly Rate per Member: 2-Person			$177.73	$168.05
	Total Monthly Rate per Member: Family			$275.90	$267.53

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