MESSA
1475 Kendale Boulevard, PO Box 2560
ıst Lansing, MI 48826-2560
ɔ00.292.4910

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): 687E - FT Secretaries

Medical plans

Description	Benefits	Enrollment		2026 Rate[1] w/ 2% Discount	2027 Rate[2] w/ 2% Discount
Plan	MESSA ABC Plan 1 (ET)				
IN Deductible:	$1750/$3500				
IN Coinsurance:	0%	Single:	0	$756.72	$816.78
TH:24-7/MH/PC Copay:	$0	2-Person:	0	$1,702.62	$1,837.76
OV/SV/UC/ER Copay:	$0	Family:	0	$2,118.82	$2,286.98
Rx Coverage:	5Tier				
Riders:	HEQ				
Plan	MESSA ABC Plan 2 (FF)				
IN Deductible:	$2000/$4000				
IN Coinsurance:	0%	Single:	0	$698.28	$749.22
TH:24-7/MH/PC Copay:	$0	2-Person:	1	$1,571.13	$1,685.75
OV/SV/UC/ER Copay:	$0	Family:	1	$1,955.18	$2,097.82
Rx Coverage:	5Tier				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	$5,000		2	$1.50	$1.50

[1]Medical Rate includes 1.447% for federal and state taxes and fees.
[2]Medical Rate includes 2.362% 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 #: 361249
MESSA Field Rep: Viola Collin
Date Created: 08/13/2026

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

Quoted Group(s): 687E - FT Secretaries

Ancillary plans with medical - 2 members

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-06				
Diag & Prev:	75%				
Basic Services:	50% (X-Rays)				
Major Services:	50%	Single:	0	$28.20	$28.62
Annual Max:	$1,500	2-Person:	1	$52.02	$52.80
Orthodontics:	0%	Family:	1	$85.12	$86.40
Lifetime Max:	$ 0				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	1	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	1	$15.72	$15.73
		Family:	1	$23.63	$23.63
Life Insurance (All)*					
Volume:	$30,000				
Total Volume:	$90,000		3		
Rate/$1,000:				$0.14	$0.11
Composite:				$4.20	$3.30
AD&D Coverage (All)*					
Volume:	$30,000				
Total Volume:	$90,000		3		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.90	$0.90
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$7,899		3		
Rate/$100:				$1.14	$0.94
Composite:				$26.63	$24.75
	Total Monthly Rate per Member: Single			$67.26	$64.90
	Total Monthly Rate per Member: 2-Person			$99.47	$97.48
	Total Monthly Rate per Member: Family			$140.48	$138.98

COBRA RATES:

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

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

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

Quoted Group(s): 687E - FT Secretaries

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-07				
Diag & Prev:	75%				
Basic Services:	75% (X-Rays)				
Major Services:	60%	Single:	1	$34.66	$35.18
Annual Max:	$1,500	2-Person:	0	$65.14	$66.12
Orthodontics:	75%	Family:	0	$124.54	$126.41
Lifetime Max:	$1,200				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	1	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	1	$15.72	$15.73
		Family:	1	$23.63	$23.63
Life Insurance (All)*					
Volume:	$30,000				
Total Volume:	$90,000		3		
Rate/$1,000:				$0.14	$0.11
Composite:				$4.20	$3.30
AD&D Coverage (All)*					
Volume:	$30,000				
Total Volume:	$90,000		3		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.90	$0.90
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$7,899		3		
Rate/$100:				$1.14	$0.94
Composite:				$26.63	$24.75
		Total Monthly Rate per Member: Single		$73.72	$71.46
		Total Monthly Rate per Member: 2-Person		$112.59	$110.80
		Total Monthly Rate per Member: Family		$179.90	$178.99

COBRA RATES:

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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): 687N - FT Bus Drivers

Medical plans

Description	Benefits	Enrollment		2026 Rate[1] w/ 2% Discount	2027 Rate[2] w/ 2% Discount
Plan	MESSA Choices (FU)				
IN Deductible:	$300/$600				
IN Coinsurance:	0%	Single:	0	$936.53	$1,012.89
TH:24-7/MH/PC Copay:	$5/$5/$5	2-Person:	0	$2,107.19	$2,279.00
OV/SV/UC/ER Copay:	$5/$5/$10/$25	Family:	0	$2,622.28	$2,836.09
Rx Coverage:	5Tier				
Riders:	None				
Plan	MESSA ABC Plan 1 (ET)				
IN Deductible:	$1750/$3500				
IN Coinsurance:	0%	Single:	0	$756.72	$816.78
TH:24-7/MH/PC Copay:	$0	2-Person:	0	$1,702.62	$1,837.76
OV/SV/UC/ER Copay:	$0	Family:	2	$2,118.82	$2,286.98
Rx Coverage:	5Tier				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	$5,000		2	$1.50	$1.50

[1]Medical Rate includes 1.447% for federal and state taxes and fees.
[2]Medical Rate includes 2.362% 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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Date Created: 08/13/2026

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

Quoted Group(s): 687N - FT Bus Drivers

Ancillary plans with medical - 2 members

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-23				
Diag & Prev:	75%				
Basic Services:	50% (X-Rays)				
Major Services:	50%	Single:	0	$22.09	$22.42
Annual Max:	$1,500	2-Person:	1	$41.08	$41.70
Orthodontics:	0%	Family:	1	$73.59	$74.69
Lifetime Max:	$ 0				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	0	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	2	$15.72	$15.73
		Family:	1	$23.63	$23.63
Life Insurance					
Volume:	$10,000				
Total Volume:	$20,000		2		
Rate/$1,000:				$0.14	$0.11
Composite:				$1.40	$1.10
AD&D Coverage					
Volume:	$10,000				
Total Volume:	$20,000		2		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.30	$0.30
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$8,667		3		
Rate/$100:				$1.89	$1.68
Composite:				$48.48	$48.54
	Total Monthly Rate per Member: Single			$79.60	$79.69
	Total Monthly Rate per Member: 2-Person			$106.98	$107.37
	Total Monthly Rate per Member: Family			$147.40	$148.26

COBRA RATES:

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

Quoted Group(s): 687N - FT Bus Drivers

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-24				
Diag & Prev:	75%				
Basic Services:	75% (X-Rays)				
Major Services:	60%	Single:	0	$31.10	$31.57
Annual Max:	$1,500	2-Person:	1	$58.53	$59.41
Orthodontics:	75%	Family:	0	$111.77	$113.45
Lifetime Max:	$1,200				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	0	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	2	$15.72	$15.73
		Family:	1	$23.63	$23.63
Life Insurance					
Volume:	$15,000				
Total Volume:	$15,000		1		
Rate/$1,000:				$0.14	$0.11
Composite:				$2.10	$1.65
AD&D Coverage					
Volume:	$15,000				
Total Volume:	$15,000		1		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.45	$0.45
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$8,667		3		
Rate/$100:				$1.89	$1.68
Composite:				$48.48	$48.54
	Total Monthly Rate per Member: Single			$89.46	$89.54
	Total Monthly Rate per Member: 2-Person			$125.28	$125.78
	Total Monthly Rate per Member: Family			$186.43	$187.72

COBRA RATES:

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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): 687F - PT Bus Drivers

Medical plans

Description	Benefits	Enrollment		2026 Rate[1] w/ 2% Discount	2027 Rate[2] w/ 2% Discount
Plan	MESSA Choices (FU)				
IN Deductible:	$300/$600				
IN Coinsurance:	0%	Single:	0	$936.53	$1,012.89
TH:24-7/MH/PC Copay:	$5/$5/$5	2-Person:	0	$2,107.19	$2,279.00
OV/SV/UC/ER Copay:	$5/$5/$10/$25	Family:	0	$2,622.28	$2,836.09
Rx Coverage:	5Tier				
Riders:	None				
Plan	MESSA ABC Plan 1 (ET)				
IN Deductible:	$1750/$3500				
IN Coinsurance:	0%	Single:	0	$756.72	$816.78
TH:24-7/MH/PC Copay:	$0	2-Person:	0	$1,702.62	$1,837.76
OV/SV/UC/ER Copay:	$0	Family:	0	$2,118.82	$2,286.98
Rx Coverage:	5Tier				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	$5,000		0	$1.50	$1.50

[1]Medical Rate includes 1.447% for federal and state taxes and fees.
[2]Medical Rate includes 2.362% for federal and state taxes and fees.

COBRA RATES:

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2027 Rate Renewal Exclusively for Mancelona Public Schools

Quote #: 361249
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Date Created: 08/13/2026

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

Quoted Group(s): 687F - PT Bus Drivers

Ancillary plans with medical - 0 members

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-04				
Diag & Prev:	75%				
Basic Services:	50% (X-Rays)				
Major Services:	50%	Single:	0	$29.32	$29.76
Annual Max:	$1,500	2-Person:	0	$54.13	$54.94
Orthodontics:	0%	Family:	0	$89.42	$90.76
Lifetime Max:	$ 0				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	1	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	1	$15.72	$15.73
		Family:	1	$23.63	$23.63
Life Insurance					
Volume:	$5,000				
Total Volume:	$0		0		
Rate/$1,000:				$0.14	$0.11
Composite:				$0.70	$0.55
AD&D Coverage					
Volume:	$5,000				
Total Volume:	$0		0		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.15	$0.15
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$3,780		3		
Rate/$100:				$3.13	$3.45
Composite:				$38.50	$43.47
		Total Monthly Rate per Member: Single		$76.00	$81.26
		Total Monthly Rate per Member: 2-Person		$109.20	$114.84
		Total Monthly Rate per Member: Family		$152.40	$158.56

COBRA RATES:

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Date Created: 08/13/2026

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

Quoted Group(s): 687F - PT Bus Drivers

Ancillary plans without medical - 3 members

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-05				
Diag & Prev:	75%				
Basic Services:	75% (X-Rays)				
Major Services:	60%	Single:	1	$35.26	$35.79
Annual Max:	$1,500	2-Person:	1	$63.57	$64.52
Orthodontics:	0%	Family:	1	$114.47	$116.19
Lifetime Max:	$ 0				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	1	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	1	$15.72	$15.73
		Family:	1	$23.63	$23.63
Life Insurance					
Volume:	$10,000				
Total Volume:	$30,000		3		
Rate/$1,000:				$0.14	$0.11
Composite:				$1.40	$1.10
AD&D Coverage					
Volume:	$10,000				
Total Volume:	$30,000		3		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.30	$0.30
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$3,780		3		
Rate/$100:				$3.13	$3.45
Composite:				$38.50	$43.47
	Total Monthly Rate per Member: Single			$82.79	$87.99
	Total Monthly Rate per Member: 2-Person			$119.49	$125.12
	Total Monthly Rate per Member: Family			$178.30	$184.69

COBRA RATES:

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

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

Quoted Group(s): 687L - Paras,ChildCare,TeachingAsst

Medical plans

Description	Benefits	Enrollment	2026 Rate[1] w/ 2% Discount	2027 Rate[2] w/ 2% Discount
Plan	MESSA ABC Plan 1 (ET)			
IN Deductible:	$1750/$3500			
IN Coinsurance:	0%	Single: 1	$756.72	$816.78
TH:24-7/MH/PC Copay:	$0	2-Person: 0	$1,702.62	$1,837.76
OV/SV/UC/ER Copay:	$0	Family: 0	$2,118.82	$2,286.98
Rx Coverage:	5Tier			
Riders:	HEQ			
Plan	MESSA ABC Plan 2 (FF)			
IN Deductible:	$2000/$4000			
IN Coinsurance:	0%	Single: 0	$698.28	$749.22
TH:24-7/MH/PC Copay:	$0	2-Person: 0	$1,571.13	$1,685.75
OV/SV/UC/ER Copay:	$0	Family: 0	$1,955.18	$2,097.82
Rx Coverage:	5Tier			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	$5,000	1	$1.50	$1.50

[1]Medical Rate includes 1.447% for federal and state taxes and fees.
[2]Medical Rate includes 2.362% for federal and state taxes and fees.

COBRA RATES:

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Date Created: 08/13/2026

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

Quoted Group(s): 687L - Paras,ChildCare,TeachingAsst

Ancillary plans with medical - 1 member

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-21				
Diag & Prev:	75%				
Basic Services:	50% (X-Rays)				
Major Services:	50%	Single:	1	$26.36	$26.76
Annual Max:	$1,500	2-Person:	0	$50.35	$51.11
Orthodontics:	0%	Family:	0	$83.52	$84.77
Lifetime Max:	$ 0				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	1	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	1	$15.72	$15.73
		Family:	0	$23.63	$23.63
Life Insurance					
Volume:	$10,000				
Total Volume:	$10,000		1		
Rate/$1,000:				$0.14	$0.11
Composite:				$1.40	$1.10
AD&D Coverage					
Volume:	$10,000				
Total Volume:	$10,000		1		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.30	$0.30
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$3,736		2		
Rate/$100:				$1.89	$1.90
Composite:				$27.29	$35.49
	Total Monthly Rate per Member: Single			$62.68	$70.98
	Total Monthly Rate per Member: 2-Person			$95.06	$103.73
	Total Monthly Rate per Member: Family			$136.14	$145.29

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 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.

MESSA
1475 Kendale Boulevard, PO Box 2560
'st Lansing, MI 48826-2560
J0.292.4910

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): 687L - Paras,ChildCare,TeachingAsst

Ancillary plans without medical - 1 member

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-22				
Diag & Prev:	75%				
Basic Services:	75% (X-Rays)				
Major Services:	60%	Single:	0	$36.98	$37.53
Annual Max:	$1,500	2-Person:	1	$71.31	$72.38
Orthodontics:	0%	Family:	0	$123.32	$125.17
Lifetime Max:	$ 0				
Riders:	2 Cleanings, Sealants				
Plan Year:	Jan-Dec				
Vision (All)*	VSP 3 G	Single:	1	$7.33	$7.33
Plan Year:	Jan-Dec	2-Person:	1	$15.72	$15.73
		Family:	0	$23.63	$23.63
Life Insurance					
Volume:	$30,000				
Total Volume:	$30,000		1		
Rate/$1,000:				$0.14	$0.11
Composite:				$4.20	$3.30
AD&D Coverage					
Volume:	$30,000				
Total Volume:	$30,000		1		
Rate/$1,000:				$0.03	$0.03
Composite:				$0.90	$0.90
LTD Benefit (All)*					
Benefit:	70% Max $2,500				
Max Monthly Salary:	$3,571				
Waiting Period:	90 CDMF				
Alcohol/Drug:	2 Year Limitation				
Mental/Nervous:	2 Year Limitation				
Soc. Sec. Offset:	Family				
Own-Occupation:	2 years				
Pre-Exist Cond.:	Waived				
COLA:	No				
SS Freeze:	Yes				
Volume:	$3,736		2		
Rate/$100:				$1.89	$1.90
Composite:				$27.29	$35.49
		Total Monthly Rate per Member: Single		$76.70	$84.55
		Total Monthly Rate per Member: 2-Person		$119.42	$127.80
		Total Monthly Rate per Member: Family		$179.34	$188.49

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 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.

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MESSA

Vision Rate Summary Exclusively for Mancelona Public Schools Rates Effective 01/01/2027 through 12/31/2027

VISION RATES

Product	Single	2-Person	Family
MESSA Vision	$4.04	$8.65	$13.01
VSP 2	$4.88	$10.45	$15.74
MESSA Vision Enhanced	$5.38	$11.56	$17.39
VSP 2 S	$5.48	$11.73	$17.67
MESSA Vision Preferred	$6.18	$13.26	$19.96
VSP 3	$6.54	$14.03	$21.11
VSP 3 G	$7.33	$15.73	$23.63
VSP 3 Plus 200CL	$8.65	$18.59	$27.98
VSP 3 Plus P 250CL	$9.33	$20.04	$30.13
VSP 3 Plus	$9.51	$20.41	$30.75
VSP 3 Plus P	$10.48	$22.50	$33.86

The above rates are based on the information provided. 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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