MESSA
1475 Kendale Boulevard, PO Box 2560
ıst Lansing, MI 48826-2560
ɔ0.292.4910

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): 687D - Teacher

Medical plans

Description	Benefits	Enrollment	2026 Rate[1] w/ 2% Discount	2027 Rate[2] w/ 2% Discount
Plan	MESSA Choices (GK)			
IN Deductible:	$300/$600			
IN Coinsurance:	0%	Single: 2	$909.17	$983.29
TH:24-7/MH/PC Copay:	$20/$20/$20	2-Person: 1	$2,045.63	$2,212.40
OV/SV/UC/ER Copay:	$20/$20/$25/$50	Family: 3	$2,545.68	$2,753.21
Rx Coverage:	5Tier			
Riders:	None			
Plan	MESSA ABC Plan 1 (ET)			
IN Deductible:	$1750/$3500			
IN Coinsurance:	0%	Single: 5	$756.72	$816.78
TH:24-7/MH/PC Copay:	$0	2-Person: 1	$1,702.62	$1,837.76
OV/SV/UC/ER Copay:	$0	Family: 8	$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: 2	$698.28	$749.22
TH:24-7/MH/PC Copay:	$0	2-Person: 2	$1,571.13	$1,685.75
OV/SV/UC/ER Copay:	$0	Family: 4	$1,955.18	$2,097.82
Rx Coverage:	5Tier			
Riders:	HEQ			
Plan	MESSA ABC Plan 2 (FJ)			
IN Deductible:	$2000/$4000			
IN Coinsurance:	10%	Single: 0	$647.50	$694.74
TH:24-7/MH/PC Copay:	$0	2-Person: 0	$1,456.88	$1,563.17
OV/SV/UC/ER Copay:	$0	Family: 2	$1,813.00	$1,945.27
Rx Coverage:	5Tier			
Riders:	HEQ			
Basic Term Life with Medical				
Volume:	$5,000	30	$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.

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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Quoted Group(s): 687D - Teacher

Ancillary plans with medical - 30 members

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-02				
Diag & Prev:	80%				
Basic Services:	80% (X-Rays)				
Major Services:	80%	Single:	8	$32.66	$33.15
Annual Max:	$1,000	2-Person:	6	$62.38	$63.32
Orthodontics:	80%	Family:	16	$121.73	$123.56
Lifetime Max:	$1,500				
Riders:	2 Cleanings				
Plan Year:	Jan-Dec				
Vision	VSP 3 Plus	Single:	8	$9.51	$9.51
Plan Year:	Jan-Dec	2-Person:	6	$20.41	$20.41
		Family:	16	$30.74	$30.75
Life Insurance					
Volume:	$50,000				
Total Volume:	$1,500,000		30		
Rate/$1,000:				$0.14	$0.11
Composite:				$7.00	$5.50
AD&D Coverage					
Volume:	$50,000				
Total Volume:	$1,500,000		30		
Rate/$1,000:				$0.03	$0.03
Composite:				$1.50	$1.50
LTD Benefit (All)*					
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:	$249,740		50		
Rate/$100:				$0.59	$0.51
Composite:				$29.38	$25.47
		Total Monthly Rate per Member: Single		$80.05	$75.13
		Total Monthly Rate per Member: 2-Person		$120.67	$116.20
		Total Monthly Rate per Member: Family		$190.35	$186.78

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

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Date Created: 08/13/2026

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

Quoted Group(s): 687D - Teacher

Ancillary plans without medical - 20 members

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06004-03				
Diag & Prev:	100%				
Basic Services:	90% (X-Rays)				
Major Services:	90%	Single:	3	$37.74	$38.31
Annual Max:	$1,000	2-Person:	4	$72.86	$73.95
Orthodontics:	90%	Family:	13	$146.50	$148.70
Lifetime Max:	$1,500				
Riders:	2 Cleanings				
Plan Year:	Jan-Dec				
Vision	VSP 3	Single:	3	$6.54	$6.54
Plan Year:	Jan-Dec	2-Person:	4	$14.03	$14.03
		Family:	13	$21.10	$21.11
Life Insurance					
Volume:	$60,000				
Total Volume:	$1,200,000		20		
Rate/$1,000:				$0.14	$0.11
Composite:				$8.40	$6.60
AD&D Coverage					
Volume:	$60,000				
Total Volume:	$1,200,000		20		
Rate/$1,000:				$0.03	$0.03
Composite:				$1.80	$1.80
LTD Benefit (All)*					
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:	$249,740		50		
Rate/$100:				$0.59	$0.51
Composite:				$29.38	$25.47
		Total Monthly Rate per Member: Single		$83.86	$78.72
		Total Monthly Rate per Member: 2-Person		$126.47	$121.85
		Total Monthly Rate per Member: Family		$207.18	$203.68

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