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

2027 Rate Renewal Exclusively for Stephenson Area Public Schools

(Part of APA - Upper Peninsula)

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

Quote #: 361044
MESSA Field Rep: Jennifer Bressette
Date Created: 08/13/2026

Quoted Group(s): 233EF - APA-UP Admins,Supervisors

Medical plans

Description	Benefits	Enrollment		2026 Rate[1] w/ 2% Discount	2027 Rate[2] w/ 2% Discount
Plan	MESSA Choices (BI)				
IN Deductible:	$1000/$2000				
IN Coinsurance:	0%	Single:	0	$937.30	$1,062.98
TH:24-7/MH/PC Copay:	$20/$20/$20	2-Person:	0	$2,108.93	$2,391.71
OV/SV/UC/ER Copay:	$20/$20/$25/$50	Family:	0	$2,624.44	$2,976.34
Rx Coverage:	3Tier				
Riders:	None				
Plan	MESSA Choices (EM)				
IN Deductible:	$1000/$2000				
IN Coinsurance:	0%	Single:	1	$887.90	$1,006.95
TH:24-7/MH/PC Copay:	$20/$20/$20	2-Person:	0	$1,997.78	$2,265.64
OV/SV/UC/ER Copay:	$20/$20/$25/$50	Family:	0	$2,486.12	$2,819.46
Rx Coverage:	5Tier				
Riders:	None				
Plan	MESSA ABC Plan 2 (DH)				
IN Deductible:	$2000/$4000				
IN Coinsurance:	0%	Single:	0	$803.01	$903.46
TH:24-7/MH/PC Copay:	$0	2-Person:	1	$1,806.77	$2,032.79
OV/SV/UC/ER Copay:	$0	Family:	1	$2,248.43	$2,529.69
Rx Coverage:	3Tier				
Riders:	HEQ				
Plan	MESSA ABC Plan 2 (FN)				
IN Deductible:	$2000/$4000				
IN Coinsurance:	20%	Single:	0	$693.29	$780.01
TH:24-7/MH/PC Copay:	$0	2-Person:	0	$1,559.90	$1,755.02
OV/SV/UC/ER Copay:	$0	Family:	0	$1,941.21	$2,184.03
Rx Coverage:	5Tier				
Riders:	HEQ				
Plan	MESSA Balance+ (ED)				
IN Deductible:	$1750/$3500				
IN Coinsurance:	20%	Single:	0	$757.11	$850.12
TH:24-7/MH/PC Copay:	$10/$10/$25	2-Person:	0	$1,703.50	$1,912.77
OV/SV/UC/ER Copay:	$25/$50/$50/$200	Family:	0	$2,119.91	$2,380.34
Rx Coverage:	Balance+Rx				
Riders:	HEQ				
Basic Term Life with Medical					
Volume:	$5,000		3	$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.

The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.

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, Jennifer Bressette, at 866-637-0006.

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Ancillary plans

Description	Benefits	Enrollment		2026 Rate	2027 Rate
Dental	06175-04, 06				
Diag & Prev:	100% (X-Rays)				
Basic Services:	90%				
Major Services:	50%	Single:	2	$43.06	$43.70
Annual Max:	$3,000	2-Person:	1	$78.08	$79.23
Orthodontics:	50%	Family:	2	$153.30	$155.57
Lifetime Max:	$3,000				
Riders:	2 Cleanings				
Plan Year:	Jan-Dec				
Vision	VSP 3 Plus	Single:	1	$9.51	$9.51
Plan Year:	Jan-Dec	2-Person:	2	$20.41	$20.41
		Family:	2	$30.74	$30.75
Life Insurance					
Volume:	$100,000				
Total Volume:	$500,000		5		
Rate/$1,000:				$0.15	$0.17
Composite:				$15.00	$17.00
AD&D Coverage					
Volume:	$100,000				
Total Volume:	$500,000		5		
Rate/$1,000:				$0.03	$0.03
Composite:				$3.00	$3.00
LTD Benefit					
Benefit:	70% Max $5,000				
Max Monthly Salary:	$7,143				
Waiting Period:	60 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:	No				
SS Freeze:	Yes				
Volume:	$26,957		5		
Rate/$100:				$0.61	$0.68
Composite:				$33.84	$36.66
	Total Monthly Rate per Member: Single			$104.41	$109.87
	Total Monthly Rate per Member: 2-Person			$150.33	$156.30
	Total Monthly Rate per Member: Family			$235.88	$242.98

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