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): 233A - APA - UP Support Staff**

## Ancillary plans

| Description | Benefits | Enrollment | 2026 Rate | 2027 Rate |
|---|---|---|---|---|
| **Dental** | 06175-08 | | | |
| Diag & Prev: | 100% | | | |
| Basic Services: | 90% (X-Rays) | | | |
| Major Services: | 90% | Single: 22 | $45.52 | $46.19 |
| Annual Max: | $3,000 | 2-Person: 0 | $85.63 | $86.89 |
| Orthodontics: | 0% | Family: 1 | $144.75 | $146.89 |
| Lifetime Max: | $ 0 | | | |
| Riders: | 2 Cleanings | | | |
| Plan Year: | Jan-Dec | | | |
| **Vision** | VSP 3 Plus P 250CL | Single: 14 | $9.33 | $9.33 |
| Plan Year: | Jan-Dec | 2-Person: 4 | $20.03 | $20.04 |
| | | Family: 5 | $30.12 | $30.13 |
| **Life Insurance** | | | | |
| Volume: | $50,000 | | | |
| Total Volume: | $1,150,000 | 23 | | |
| Rate/$1,000: | | | $0.15 | $0.17 |
| Composite: | | | $7.50 | $8.50 |
| **AD&D Coverage** | | | | |
| Volume: | $50,000 | | | |
| Total Volume: | $1,150,000 | 23 | | |
| Rate/$1,000: | | | $0.03 | $0.03 |
| Composite: | | | $1.50 | $1.50 |
| **LTD Benefit** | | | | |
| Benefit: | 66 2/3% Max $2,500 | | | |
| Max Monthly Salary: | $3,750 | | | |
| Waiting Period: | 60 CDSW | | | |
| 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: | No | | | |
| Volume: | $53,212 | 23 | | |
| Rate/$100: | | | $1.66 | $1.52 |
| Composite: | | | $36.05 | $35.17 |
| | | Total Monthly Rate per Member: Single | $99.90 | $100.69 |
| | | Total Monthly Rate per Member: 2-Person | $150.71 | $152.10 |
| | | Total Monthly Rate per Member: Family | $219.92 | $222.19 |

**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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**Quoted Group(s): 233A - APA - UP Support Staff**

## 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: | 2 | $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: | 0 | $1,806.77 | $2,032.79 |
| OV/SV/UC/ER Copay: | $0 | Family: | 0 | $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: | 1 | $2,119.91 | $2,380.34 |
| Rx Coverage: | Balance+Rx | | | | |
| Riders: | HEQ | | | | |
| **Basic Term Life with Medical** | | | | | |
| Volume: | $5,000 | | 4 | $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.**

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