



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

2026 Rate Renewal Exclusively for Kalkaska Public Schools

Quote #: 359125
MESSA Field Rep: Viola Collin
Date Created: 08/22/2025

Rates Effective 01/01/2026 through 12/31/2026

Quoted Group(s): 635C - Support Staff

Medical plans

Description	Benefits	Enrollment	2025 Rate ¹ w/ 2% Discount	2026 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (GL) \$300/\$600 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier EA1	Single: 1 2-Person: 0 Family: 1	\$762.27 \$1,715.11 \$2,134.36	\$820.51 \$1,846.15 \$2,297.43
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (EV) \$1700/\$3400 0% \$0 \$0 5Tier EA1, HEQ	Single: 8 2-Person: 4 Family: 13	\$634.45 \$1,427.52 \$1,776.47	\$682.93 \$1,536.59 \$1,912.20
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (EF) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx EA1, HEQ	Single: 0 2-Person: 1 Family: 0	\$580.65 \$1,306.45 \$1,625.81	\$625.01 \$1,406.27 \$1,750.03
Basic Term Life with Medical Volume:	\$5,000	28	\$1.50	\$1.50

¹Medical Rate includes 1.424% for federal and state taxes and fees.

²Medical Rate includes 1.447% 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 08/22/2025. 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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Quoted Group(s): 635C - Support Staff

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06097-15 100% (X-Rays) 70% 50% \$1,000 50% \$1,500 2 Cleanings, Sealants Jan-Dec	Single: 9 2-Person: 11 Family: 28	\$33.63 \$62.56 \$130.33	\$35.31 \$65.69 \$136.85
Vision Plan Year:	VSP 2 Jan-Dec	Single: 9 2-Person: 11 Family: 28	\$4.87 \$10.44 \$15.73	\$4.87 \$10.45 \$15.73
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,200,000	48	\$0.12 \$3.00	\$0.13 \$3.25
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$1,200,000	48	\$0.03 \$0.75	\$0.03 \$0.75
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$2,500 \$3,750 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$91,208	48	\$1.17 \$18.99	\$0.94 \$17.86

Total Monthly Rate per Member: Single	\$61.24	\$62.04
Total Monthly Rate per Member: 2-Person	\$95.74	\$98.00
Total Monthly Rate per Member: Family	\$168.80	\$174.44

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Quoted Group(s): 635D - Teachers

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06097-16 100% 100% (X-Rays) 90% \$1,500 75% \$1,200 2 Cleanings, Sealants Jan-Dec	Single: 15 2-Person: 15 Family: 52	\$45.72 \$84.43 \$168.69	\$48.01 \$88.65 \$177.12
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 15 2-Person: 15 Family: 52	\$9.32 \$20.03 \$30.11	\$9.33 \$20.03 \$30.12
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,280,000	82	\$0.12 \$4.80	\$0.13 \$5.20
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$3,280,000	82	\$0.03 \$1.20	\$0.03 \$1.20
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$4,500 \$6,750 90 CDMF 2 Year Limitation Same as any other illness Family 2 years Waived No Yes \$448,988	82	\$0.38 \$19.23	\$0.37 \$20.26
Total Monthly Rate per Member: Single			\$80.27	\$84.00
Total Monthly Rate per Member: 2-Person			\$129.69	\$135.34
Total Monthly Rate per Member: Family			\$224.03	\$233.90

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Quoted Group(s): 635D - Teachers

Medical plans

Description	Benefits	Enrollment	2025 Rate ¹ w/ 2% Discount	2026 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (GL) \$300/\$600 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier EA1	Single: 1 2-Person: 0 Family: 1	\$762.27 \$1,715.11 \$2,134.36	\$820.51 \$1,846.15 \$2,297.43
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (EV) \$1700/\$3400 0% \$0 \$0 5Tier EA1, HEQ	Single: 12 2-Person: 15 Family: 40	\$634.45 \$1,427.52 \$1,776.47	\$682.93 \$1,536.59 \$1,912.20
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (EF) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx EA1, HEQ	Single: 0 2-Person: 0 Family: 2	\$580.65 \$1,306.45 \$1,625.81	\$625.01 \$1,406.27 \$1,750.03
Basic Term Life with Medical Volume:	\$5,000	71	\$1.50	\$1.50

¹Medical Rate includes 1.424% for federal and state taxes and fees.

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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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Quoted Group(s): 635MN - Admin/NonUnTeach/Sec, Supt

Medical plans

Description	Benefits	Enrollment	2025 Rate ¹ w/ 2% Discount	2026 Rate ² w/ 2% Discount
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (GL) \$300/\$600 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier EA1	Single: 0 2-Person: 0 Family: 0	\$762.27 \$1,715.11 \$2,134.36	\$820.51 \$1,846.15 \$2,297.43
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (EV) \$1700/\$3400 0% \$0 \$0 5Tier EA1, HEQ	Single: 3 2-Person: 5 Family: 15	\$634.45 \$1,427.52 \$1,776.47	\$682.93 \$1,536.59 \$1,912.20
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (EF) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx EA1, HEQ	Single: 0 2-Person: 0 Family: 1	\$580.65 \$1,306.45 \$1,625.81	\$625.01 \$1,406.27 \$1,750.03
Basic Term Life with Medical Volume:	\$5,000	24	\$1.50	\$1.50

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Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06097-10, 12 100% 80% (X-Rays) 75% \$1,500 75% \$1,500 2 Cleanings, Sealants Jan-Dec	Single: 3 2-Person: 6 Family: 19	\$41.52 \$77.05 \$153.94	\$43.60 \$80.90 \$161.64
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 3 2-Person: 6 Family: 19	\$9.32 \$20.03 \$30.11	\$9.33 \$20.03 \$30.12
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,450,000	28	\$0.12 \$6.19	\$0.13 \$6.73
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,450,000	28	\$0.03 \$1.55	\$0.03 \$1.55
LTD Benefit Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$8,000 \$12,000 90 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$135,024	28	\$0.67 \$28.39	\$0.64 \$30.86

Total Monthly Rate per Member: Single	\$86.97	\$92.07
Total Monthly Rate per Member: 2-Person	\$133.21	\$140.07
Total Monthly Rate per Member: Family	\$220.18	\$230.90

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