



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

2026 Rate Renewal Exclusively for Escanaba Public Schools

(Part of APA - Upper Peninsula)

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

Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067A - APA - UP Admin/Dir of FS/Maint

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 1	\$954.10 \$2,146.73 \$2,671.48	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 0 2-Person: 0 Family: 0	\$809.75 \$1,821.94 \$2,267.30	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 0 Family: 2	\$838.27 \$1,886.12 \$2,347.17	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 0 2-Person: 1 Family: 0	\$632.26 \$1,422.59 \$1,770.34	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$690.47 \$1,553.55 \$1,933.30	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life with Medical Volume:	\$5,000	5	\$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 08/21/2025. 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.

If you have any questions, please contact your MESSA Field Representative, RaeAnn Loy, at 800.292.4910.



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**2026 Rate Renewal Exclusively for
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(Part of APA - Upper Peninsula)

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

Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067A - APA - UP Admin/Dir of FS/Maint

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00796-05 80% 80% (X-Rays) 80% \$1,000 80% \$800 2 Cleanings Jan-Dec	Single: 1 2-Person: 1 Family: 6	\$25.69 \$47.68 \$93.71	\$26.97 \$50.06 \$98.40
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 1 2-Person: 1 Family: 6	\$6.18 \$13.25 \$19.95	\$6.18 \$13.25 \$19.95
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$800,000	8	\$0.18 \$18.00	\$0.14 \$14.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$100,000 \$800,000	8	\$0.03 \$3.00	\$0.03 \$3.00

Total Monthly Rate per Member: Single	\$52.87	\$50.15
Total Monthly Rate per Member: 2-Person	\$81.93	\$80.31
Total Monthly Rate per Member: Family	\$134.66	\$135.35

COBRA RATES:

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067B! - APA-UP Non Union Staff/Coord

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 2 Family: 1	\$954.10 \$2,146.73 \$2,671.48	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 0 2-Person: 0 Family: 2	\$809.75 \$1,821.94 \$2,267.30	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 0 Family: 1	\$838.27 \$1,886.12 \$2,347.17	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 1 2-Person: 2 Family: 2	\$632.26 \$1,422.59 \$1,770.34	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$690.47 \$1,553.55 \$1,933.30	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life with Medical Volume:	\$5,000	13	\$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:

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**2026 Rate Renewal Exclusively for
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 (Part of APA - Upper Peninsula)**

Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

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

Quoted Group(s): 067B! - APA-UP Non Union Staff/Coord

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00796-04, 16 80% 80% (X-Rays) 80% \$1,000 80% \$800 2 Cleanings Jan-Dec	Single: 6 2-Person: 10 Family: 9	\$29.18 \$53.93 \$99.02	\$30.64 \$56.63 \$103.97
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 6 2-Person: 10 Family: 9	\$6.18 \$13.25 \$19.95	\$6.18 \$13.25 \$19.95
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,635,000	25	\$0.18 \$11.84	\$0.14 \$9.16
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$1,635,000	25	\$0.03 \$1.97	\$0.03 \$1.96

Total Monthly Rate per Member: Single \$49.17 \$47.94
 Total Monthly Rate per Member: 2-Person \$80.99 \$81.00
 Total Monthly Rate per Member: Family \$132.78 \$135.04

COBRA RATES:

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067C#\$ - APA-UP Principals/Supt/SuptEOI

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 1	\$954.10 \$2,146.73 \$2,671.48	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 0 2-Person: 0 Family: 0	\$809.75 \$1,821.94 \$2,267.30	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$838.27 \$1,886.12 \$2,347.17	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 0 2-Person: 0 Family: 1	\$632.26 \$1,422.59 \$1,770.34	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$690.47 \$1,553.55 \$1,933.30	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life with Medical Volume:	\$5,000	3	\$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.

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067C#\$ - APA-UP Principals/Supt/SuptEOI

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00796-13, 19 80% 80% (X-Rays) 80% \$1,000 80% \$800 2 Cleanings Jan-Dec	Single: 0 2-Person: 0 Family: 7	\$24.88 \$46.77 \$91.12	\$26.12 \$49.11 \$95.68
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 0 2-Person: 0 Family: 7	\$6.18 \$13.25 \$19.95	\$6.18 \$13.25 \$19.95
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$850,000	7	\$0.18 \$21.86	\$0.14 \$17.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$850,000	7	\$0.03 \$3.64	\$0.03 \$3.64
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 \$5,000 \$7,500 30 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$52,500	7	\$0.47 \$35.22	\$0.46 \$34.50
Total Monthly Rate per Member: Single			\$91.78	\$87.44
Total Monthly Rate per Member: 2-Person			\$120.74	\$117.50
Total Monthly Rate per Member: Family			\$171.79	\$170.77

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067D - APA - UP Union 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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$954.10 \$2,146.73 \$2,671.48	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 0 2-Person: 0 Family: 0	\$809.75 \$1,821.94 \$2,267.30	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 1 Family: 2	\$838.27 \$1,886.12 \$2,347.17	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 0 2-Person: 1 Family: 0	\$632.26 \$1,422.59 \$1,770.34	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$690.47 \$1,553.55 \$1,933.30	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life with Medical Volume:	\$5,000	5	\$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.



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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067D - APA - UP Union 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:	00796-10 80% 80% (X-Rays) 80% \$1,000 80% \$800 2 Cleanings Jan-Dec	Single: 4 2-Person: 3 Family: 5	\$26.46 \$48.98 \$92.09	\$27.78 \$51.43 \$96.69
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 3 2-Person: 4 Family: 5	\$6.18 \$13.25 \$19.95	\$6.18 \$13.25 \$19.95
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$65,000 \$780,000	12	\$0.18 \$11.70	\$0.14 \$9.10
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$65,000 \$780,000	12	\$0.03 \$1.95	\$0.03 \$1.95

Total Monthly Rate per Member: Single \$46.29 \$45.01
 Total Monthly Rate per Member: 2-Person \$75.88 \$75.73
 Total Monthly Rate per Member: Family \$125.69 \$127.69

COBRA RATES:

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067H - APA - UP FdSrvMaint<30 hours

Medical plans

Description	Benefits	Enrollment	2025 Rate ¹ w/ no Discount	2026 Rate ² w/ no Discount
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$973.57 \$2,190.54 \$2,726.00	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 0 2-Person: 0 Family: 0	\$826.27 \$1,859.12 \$2,313.57	\$906.02 \$2,038.55 \$2,536.86
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$855.38 \$1,924.61 \$2,395.07	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 0 2-Person: 0 Family: 0	\$645.17 \$1,451.63 \$1,806.47	\$707.44 \$1,591.74 \$1,980.83
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 0	\$704.56 \$1,585.26 \$1,972.76	\$772.56 \$1,738.26 \$2,163.17
Basic Term Life with Medical Volume:	\$5,000	0	\$1.50	\$1.50

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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.

Your account may be eligible for additional savings through our multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

COBRA RATES:

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 0671 - APA - UP Paraprofessional

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 7 2-Person: 0 Family: 0	\$954.10 \$2,146.73 \$2,671.48	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 1 2-Person: 0 Family: 0	\$809.75 \$1,821.94 \$2,267.30	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 4 2-Person: 0 Family: 0	\$838.27 \$1,886.12 \$2,347.17	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 0 2-Person: 0 Family: 0	\$632.26 \$1,422.59 \$1,770.34	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 1 2-Person: 0 Family: 0	\$690.47 \$1,553.55 \$1,933.30	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life with Medical Volume:	\$5,000	13	\$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.

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COBRA RATES:

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 0671 - APA - UP Paraprofessional

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00796-18 100% 80% (X-Rays) 80% \$3,000 80% \$1,500 2 Cleanings Jan-Dec	Single: 35 2-Person: 0 Family: 0	\$34.69 \$63.34 \$123.70	\$36.42 \$66.51 \$129.89
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 35 2-Person: 0 Family: 0	\$6.18 \$13.25 \$19.95	\$6.18 \$13.25 \$19.95
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$65,000 \$2,275,000	35	\$0.18 \$11.70	\$0.14 \$9.10
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$65,000 \$2,275,000	35	\$0.03 \$1.95	\$0.03 \$1.95

Total Monthly Rate per Member: Single \$54.52 \$53.65
 Total Monthly Rate per Member: 2-Person \$90.24 \$90.81
 Total Monthly Rate per Member: Family \$157.30 \$160.89

COBRA RATES:

The COBRA rates for this group are the same as the rates above.



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 800.292.4910

2026 Rate Renewal Exclusively for Escanaba Public Schools

(Part of APA - Upper Peninsula)

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

Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067K - APA-UP Teacher & Nurse

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 4 2-Person: 0 Family: 12	\$954.10 \$2,146.73 \$2,671.48	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 2 2-Person: 7 Family: 5	\$809.75 \$1,821.94 \$2,267.30	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 5 2-Person: 2 Family: 17	\$838.27 \$1,886.12 \$2,347.17	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 8 2-Person: 1 Family: 13	\$632.26 \$1,422.59 \$1,770.34	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 3 2-Person: 5 Family: 6	\$690.47 \$1,553.55 \$1,933.30	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life with Medical Volume:	\$5,000	90	\$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:

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**2026 Rate Renewal Exclusively for
 Escanaba Public Schools**

(Part of APA - Upper Peninsula)

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

Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067K - APA-UP Teacher & Nurse

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00796-23 100% 80% (X-Rays) 80% \$2,000 80% \$2,500 2 Cleanings Jan-Dec	Single: 24 2-Person: 22 Family: 88	\$30.88 \$58.56 \$128.78	\$32.42 \$61.49 \$135.22
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 24 2-Person: 22 Family: 88	\$6.18 \$13.25 \$19.95	\$6.18 \$13.25 \$19.95
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$75,000 \$10,050,000	134	\$0.18 \$13.50	\$0.14 \$10.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$75,000 \$10,050,000	134	\$0.03 \$2.25	\$0.03 \$2.25

Total Monthly Rate per Member: Single \$52.81 \$51.35
 Total Monthly Rate per Member: 2-Person \$87.56 \$87.49
 Total Monthly Rate per Member: Family \$164.48 \$167.92

COBRA RATES:

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

Quoted Group(s): 067L - Ret Tchrs,Couns,Nurse,MainCoor

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000:	\$75,000 \$3,450,000	46		\$0.32
AD&D Coverage Volume: Total Volume: Rate/\$1,000:	\$75,000 \$3,450,000	46		\$0.03

The above rates are based on plans and enrollment as of 08/21/2025. 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.

If you have any questions, please contact your MESSA Field Representative, RaeAnn Loy, at 800.292.4910.



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 Date Created: 08/22/2025

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

Quoted Group(s): 067M - Retired Off.PersMaintTransFood

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000:	\$65,000 \$1,495,000	23	\$0.39	\$0.32
AD&D Coverage Volume: Total Volume: Rate/\$1,000:	\$65,000 \$1,495,000	23	\$0.03	\$0.03

The above rates are based on plans and enrollment as of 08/21/2025. 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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Rates Effective 01/01/2026 through 12/31/2026

Quoted Group(s): 067N - Retired AdminDirSuperPrinMgr

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000:	\$100,000 \$300,000	3	\$0.39	\$0.32
AD&D Coverage Volume: Total Volume: Rate/\$1,000:	\$100,000 \$300,000	3	\$0.03	\$0.03

The above rates are based on plans and enrollment as of 08/21/2025. 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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Rates Effective 01/01/2026 through 12/31/2026

Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067P - APA - UP Nonunion Sec Clerical

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 (7F) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 Saver Rx None	Single: 0 2-Person: 0 Family: 0	\$954.10 \$2,146.73 \$2,671.48	Plans with Saver Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	Single: 0 2-Person: 0 Family: 0	\$809.75 \$1,821.94 \$2,267.30	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7V) \$1650/\$3300 0% \$0 \$0 ABC Rx HEQ	Single: 1 2-Person: 0 Family: 2	\$838.27 \$1,886.12 \$2,347.17	Plans with ABC Rx will be discontinued effective 12/31/2025
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FN) \$2000/\$4000 20% \$0 \$0 5Tier HEQ	Single: 0 2-Person: 0 Family: 1	\$632.26 \$1,422.59 \$1,770.34	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	Single: 0 2-Person: 0 Family: 1	\$690.47 \$1,553.55 \$1,933.30	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life with Medical Volume:	\$5,000	5	\$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:

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Quote #: 358851
 MESSA Field Rep: RaeAnn Loy
 Date Created: 08/22/2025

Quoted Group(s): 067P - APA - UP Nonunion Sec Clerical

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	00796-07 80% 80% (X-Rays) 80% \$1,000 80% \$800 2 Cleanings Jan-Dec	Single: 0 2-Person: 0 Family: 6	\$25.81 \$47.37 \$90.46	\$27.10 \$49.74 \$94.98
Vision Plan Year:	MESSA Vision Preferred Jan-Dec	Single: 0 2-Person: 0 Family: 6	\$6.18 \$13.25 \$19.95	\$6.18 \$13.25 \$19.95
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$65,000 \$390,000	6	\$0.18 \$11.70	\$0.14 \$9.10
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$65,000 \$390,000	6	\$0.03 \$1.95	\$0.03 \$1.95

Total Monthly Rate per Member: Single	\$45.64	\$44.33
Total Monthly Rate per Member: 2-Person	\$74.27	\$74.04
Total Monthly Rate per Member: Family	\$124.06	\$125.98

COBRA RATES:

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

Quoted Group(s): 067Z - Non Union Administration

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental	00796-01			
Diag & Prev:	80%			
Basic Services:	80% (X-Rays)			
Major Services:	80%	Single: 0	\$24.55	\$25.78
Annual Max:	\$1,000	2-Person: 0	\$44.84	\$47.08
Orthodontics:	80%	Family: 0	\$87.00	\$91.35
Lifetime Max:	\$800			
Riders:	2 Cleanings			
Plan Year:	Jan-Dec			

Total Monthly Rate per Member: Single \$24.55 \$25.78
 Total Monthly Rate per Member: 2-Person \$44.84 \$47.08
 Total Monthly Rate per Member: Family \$87.00 \$91.35

COBRA RATES:

The COBRA rates for this group are the same as the rates above.