



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

**Quote Summary Exclusively for
 Dickinson Iron ISD
 (Part of APA - Upper Peninsula)
 Rates Effective 01/01/2026 through 12/31/2026**

Quote Request ID: 237569
 MESSA Field Rep: RaeAnn Loy
 Date Created: 09/10/2025

Quoted Group(s): 446A - APA - UP Administrators

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 359351	
				Quoted Benefits	Rate w/ 2% Discount
Plan IN Deductible: \$500/\$1000 IN Coinsurance: 0% TH:24-7/MH/PC Copay: \$20/\$20/\$20 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 Rx Coverage: Saver Rx Riders: None			S: 0 2P: 0 F: 1	Choices (BI) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier None	\$937.30 \$2,108.93 \$2,624.44
Plan IN Deductible: \$1000/\$2000 IN Coinsurance: 0% TH:24-7/MH/PC Copay: \$20/\$20/\$20 OV/SV/UC/ER Copay: \$20/\$20/\$25/\$50 Rx Coverage: 5Tier Riders: None	\$887.90 \$1,997.78 \$2,486.12		S: 0 2P: 1 F: 1	Choices (EM) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier None	\$887.90 \$1,997.78 \$2,486.12
Plan IN Deductible: \$1650/\$3300 IN Coinsurance: 0% TH:24-7/MH/PC Copay: \$0/\$0/\$0 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 Rx Coverage: ABC Rx Riders: HEQ			S: 0 2P: 0 F: 0	ABC Plan 2 (DH) \$2000/\$4000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier HEQ	\$803.01 \$1,806.77 \$2,248.43
Plan IN Deductible: \$2000/\$4000 IN Coinsurance: 20% TH:24-7/MH/PC Copay: \$0/\$0/\$0 OV/SV/UC/ER Copay: \$0/\$0/\$0/\$0 Rx Coverage: 5Tier Riders: HEQ	\$693.29 \$1,559.90 \$1,941.21		S: 0 2P: 0 F: 2	ABC Plan 2 (FN) \$2000/\$4000 20% \$0/\$0/\$0 \$0/\$0/\$0/\$0 5Tier HEQ	\$693.29 \$1,559.90 \$1,941.21
Plan IN Deductible: \$1650/\$3300 IN Coinsurance: 20% TH:24-7/MH/PC Copay: \$10/\$10/\$25 OV/SV/UC/ER Copay: \$25/\$50/\$50/\$200 Rx Coverage: Balance+Rx Riders: HEQ	\$757.11 \$1,703.50 \$2,119.91		S: 1 2P: 0 F: 1	Balance+ (ED) \$1700/\$3400 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 Balance+Rx HEQ	\$757.11 \$1,703.50 \$2,119.91
Basic Term Life w/Med Volume:	\$5,000	\$1.50	7	\$5,000	\$1.50

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

Medical plans with SaverRx or ABCRx, with and without Mandatory Mail, will be discontinued effective 12/31/2025. Rate information is not available for these plan designs with a quote effective date of 01/01/2026 or later.

The above rates are based on plans and enrollment as of 09/03/2025. 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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Ancillary plans

Description	Current Benefits	Rate	Census Used	Quote ID 359351	
				Quoted Benefits	Rate
Dental	06021-05				
Diag & Prev:	100%			100%	
Basic Services:	90% (X-Rays)			90% (X-Rays)	
Major Services:	90%	\$44.48	S: 1	90%	\$ 44.48
Annual Max:	\$3500	\$83.42	2P: 3	\$3500	\$ 83.42
Orthodontics:	90%	\$188.30	F: 8	90%	\$188.30
Lifetime Max:	\$4500			\$4500	
Riders:	2 Cleanings			2 Cleanings	
Plan Year:	Jan-Dec			Jan-Dec	
Vision	VSP 3 Plus P 250CL	\$9.33	S: 1	VSP 3 Plus P 250CL	\$ 9.33
Plan Year:	Jan-Dec	\$20.03	2P: 3	Jan-Dec	\$ 20.03
		\$30.12	F: 8		\$ 30.12
Life Insurance					
Volume:	\$50,000			\$50,000	
Total Volume:	\$600,000		12	\$600,000	
Rate/\$1,000:		\$0.11			\$ 0.11
Composite Rate:		\$5.50			\$ 5.50
AD&D Coverage					
Volume:	\$50,000			\$50,000	
Total Volume:	\$600,000		12	\$600,000	
Rate/\$1,000:		\$0.03			\$ 0.03
Composite Rate:		\$1.50			\$ 1.50
LTD Benefit					
Benefit:	66 2/3% Max \$7,000			66 2/3% Max \$7,000	
Max. Monthly Salary:	\$10,500			\$10,500	
Waiting Period:	90 CDSW			90 CDSW	
Alcohol/Drug:	Same as any other illness			Same as any other illness	
Mental/Nervous:	Same as any other illness			Same as any other illness	
Soc. Sec. Offset:	Family			Family	
Own-Occupation:	2 years			2 years	
Pre-Exist Condition:	Waived			Waived	
COLA:	No			No	
SS Freeze:	Yes			Yes	
Volume:	\$98,521		12	\$98,521	
Rate/\$100:		\$0.54			\$ 0.54
Composite Rate:		\$44.33			\$ 44.33
Total Monthly Rate/Member - S		\$ 105.14			\$ 105.14
Total Monthly Rate/Member - 2P		\$ 154.78			\$ 154.78
Total Monthly Rate/Member - F		\$ 269.75			\$ 269.75

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