



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

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

Quote #: 359076
 MESSA Field Rep: Abby Zarimba
 Date Created: 08/22/2025

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

Quoted Group(s): 526E - Full & Part Time 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 (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	Single: 2 2-Person: 1 Family: 3	\$1,008.49 \$2,269.11 \$2,823.78	\$1,089.18 \$2,450.66 \$3,049.70
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	\$828.80 \$1,864.80 \$2,320.63	\$895.10 \$2,013.98 \$2,506.28
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 EbM None	Single: 1 2-Person: 1 Family: 6	\$763.46 \$1,717.80 \$2,137.71	\$824.55 \$1,855.24 \$2,308.74
Basic Term Life with Medical Volume:	\$5,000	14	\$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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Quoted Group(s): 526E - Full & Part Time 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:	06484-02 100% 100% (X-Rays) 50% \$1,500 50% \$2,000 2 Cleanings Jan-Dec	Single: 10 2-Person: 3 Family: 13	\$43.81 \$81.32 \$165.24	\$46.00 \$85.39 \$173.50
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 10 2-Person: 3 Family: 13	\$9.32 \$20.03 \$30.11	\$9.33 \$20.03 \$30.12
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$1,040,000	26	\$0.12 \$4.80	\$0.12 \$4.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$1,040,000	26	\$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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$103,907	26	\$0.61 \$24.82	\$0.61 \$24.38
Total Monthly Rate per Member: Single			\$83.95	\$85.71
Total Monthly Rate per Member: 2-Person			\$132.17	\$135.80
Total Monthly Rate per Member: Family			\$226.17	\$234.00

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Quoted Group(s): 526A - Administration

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 (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	Single: 0 2-Person: 0 Family: 1	\$1,008.49 \$2,269.11 \$2,823.78	\$1,089.18 \$2,450.66 \$3,049.70
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	\$828.80 \$1,864.80 \$2,320.63	\$895.10 \$2,013.98 \$2,506.28
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Essentials by MESSA (EA) \$375/\$750 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 EbM None	Single: 1 2-Person: 0 Family: 1	\$763.46 \$1,717.80 \$2,137.71	\$824.55 \$1,855.24 \$2,308.74
Basic Term Life with Medical Volume:	\$5,000	4	\$1.50	\$1.50

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Quoted Group(s): 526A - Administration

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-03 100% 100% (X-Rays) 50% \$1,500 50% \$2,000 2 Cleanings Jan-Dec	Single: 1 2-Person: 0 Family: 5	\$50.36 \$93.15 \$187.08	\$52.88 \$97.81 \$196.43
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 1 2-Person: 0 Family: 5	\$9.32 \$20.03 \$30.11	\$9.33 \$20.03 \$30.12
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$150,000	6	\$0.13 \$3.25	\$0.12 \$3.00
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$25,000 \$150,000	6	\$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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$25,193	6	\$0.75 \$32.35	\$0.64 \$26.87
Total Monthly Rate per Member: Single			\$96.03	\$92.83
Total Monthly Rate per Member: 2-Person			\$149.53	\$148.46
Total Monthly Rate per Member: Family			\$253.54	\$257.17

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Quoted Group(s): 526C - Maintenance & Office Personnel

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 (AW) \$1000/\$2000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	Single: 0 2-Person: 0 Family: 0	\$1,008.49 \$2,269.11 \$2,823.78	\$1,089.18 \$2,450.66 \$3,049.70
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	\$828.80 \$1,864.80 \$2,320.63	\$895.10 \$2,013.98 \$2,506.28
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Quoted Group(s): 526C - Maintenance & Office Personnel

Ancillary plans

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Dental Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06484-05 100% 100% (X-Rays) 50% \$1,500 50% \$2,000 2 Cleanings Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$48.77 \$96.74 \$195.54	\$51.21 \$101.58 \$205.32
Vision Plan Year:	VSP 3 Plus P 250CL Jan-Dec	Single: 0 2-Person: 2 Family: 2	\$9.32 \$20.03 \$30.11	\$9.33 \$20.03 \$30.12
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$160,000	4	\$0.13 \$5.20	\$0.12 \$4.80
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$40,000 \$160,000	4	\$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 \$3,000 \$4,500 60 CDMF Same as any other illness Same as any other illness Family 2 years Waived No Yes \$8,153	4	\$1.91 \$47.23	\$2.46 \$50.14
Total Monthly Rate per Member: Single			\$111.72	\$116.68
Total Monthly Rate per Member: 2-Person			\$170.40	\$177.75
Total Monthly Rate per Member: Family			\$279.28	\$291.58

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