



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

2026 Rate Renewal Exclusively for Lenawee County Consortium

Quote #: 359267
Date Created: 08/25/2025

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

Quoted Group(s): LCC ACA ELIGIBLE - LCC ACA Eligible Employees

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:	Essentials by MESSA (EB) \$375/\$750 20% \$10/\$10/\$25 \$25/\$50/\$50/\$200 EbM EA1	Single: 14 2-Person: 0 Family: 3	\$557.96 \$1,255.42 \$1,562.30	\$599.33 \$1,348.49 \$1,678.12
Basic Term Life with Medical Volume:	\$5,000	17	\$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.

COBRA RATES:

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Quoted Group(s): LCC EA ADM CMOP - LCC EA, ADM, CMOP

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 (EH) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier EA1	Single: 131 2-Person: 105 Family: 300	\$738.21 \$1,660.98 \$2,067.00	\$792.94 \$1,784.12 \$2,220.23
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EL) \$500/\$1000 20% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier EA1	Single: 59 2-Person: 36 Family: 101	\$656.11 \$1,476.24 \$1,837.10	\$704.75 \$1,585.69 \$1,973.30
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: 114 2-Person: 81 Family: 331	\$648.60 \$1,459.36 \$1,816.09	\$696.69 \$1,567.55 \$1,950.73
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FL) \$2000/\$4000 10% \$0 \$0 5Tier EA1, HEQ	Single: 42 2-Person: 31 Family: 98	\$554.99 \$1,248.72 \$1,553.96	\$596.13 \$1,341.29 \$1,669.16
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: 7 2-Person: 5 Family: 10	\$593.60 \$1,335.59 \$1,662.06	\$637.60 \$1,434.60 \$1,785.28
Basic Term Life with Medical Volume:	\$5,000	1451	\$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.

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Quoted Group(s): LCC EA ADM CMOP - LCC EA, ADM, CMOP

Ancillary plans with medical - 1,451 members

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jan-Dec	Single: 477 2-Person: 336 Family: 1165	\$36.05 \$67.02 \$134.53	\$37.85 \$70.37 \$141.26
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 488 2-Person: 330 Family: 1160	\$6.54 \$14.00 \$21.09	\$6.54 \$14.00 \$21.09
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$65,250,000	1450	\$0.11 \$4.95	\$0.11 \$4.95
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$45,000 \$65,205,000	1449	\$0.03 \$1.35	\$0.03 \$1.35
LTD Benefit (All)* 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 \$6,000 \$9,000 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$9,552,021	1978	\$0.52 \$24.27	\$0.49 \$23.66
Total Monthly Rate per Member: Single			\$73.16	\$74.35
Total Monthly Rate per Member: 2-Person			\$111.59	\$114.33
Total Monthly Rate per Member: Family			\$186.19	\$192.31

COBRA RATES:

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* Indicates total ancillary plan enrollment and volume for quoted group(s).

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Quoted Group(s): LCC EA ADM CMOP - LCC EA, ADM, CMOP

Ancillary plans without medical - 523 members

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Dental (All)* Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jan-Dec	Single: 477 2-Person: 336 Family: 1165	\$36.05 \$67.02 \$134.53	\$37.85 \$70.37 \$141.26
Vision (All)* Plan Year:	VSP 2 S Jan-Dec	Single: 488 2-Person: 330 Family: 1160	\$6.54 \$14.00 \$21.09	\$6.54 \$14.00 \$21.09
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$26,150,000	523	\$0.11 \$5.50	\$0.11 \$5.50
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$50,000 \$26,150,000	523	\$0.03 \$1.50	\$0.03 \$1.50
LTD Benefit (All)* 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 \$6,000 \$9,000 90 CDMF Same as any other illness Same as any other illness Primary 2 years Waived No Yes \$9,552,021	1978	\$0.52 \$24.27	\$0.49 \$23.66

Total Monthly Rate per Member: Single	\$73.86	\$75.05
Total Monthly Rate per Member: 2-Person	\$112.29	\$115.03
Total Monthly Rate per Member: Family	\$186.89	\$193.01

COBRA RATES:

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* Indicates total ancillary plan enrollment and volume for quoted group(s).

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Quoted Group(s): LCC FT PARA.FS - LCC FT Para and Food Service

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Vision Plan Year:	VSP 2 Jan-Dec	Single: 5 2-Person: 3 Family: 9	\$5.82 \$12.47 \$18.79	\$5.82 \$12.47 \$18.79
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$85,000	17	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$85,000	17	\$0.03 \$0.15	\$0.03 \$0.15
Total Monthly Rate per Member: Single			\$6.52	\$6.52
Total Monthly Rate per Member: 2-Person			\$13.17	\$13.17
Total Monthly Rate per Member: Family			\$19.49	\$19.49

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Quoted Group(s): LCC FT TRANS - LCC FT Transportation

Medical plans

Description	Benefits	Enrollment	2025 Rate ¹ w/ 1% Discount	2026 Rate ² w/ 1% Discount
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 2 (FF) \$2000/\$4000 0% \$0 \$0 5Tier HEQ	Single: 2 2-Person: 0 Family: 0	\$604.62 \$1,360.38 \$1,692.92	\$649.44 \$1,461.24 \$1,818.43
Basic Term Life with Medical Volume:	\$5,000	2	\$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.

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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Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Vision Plan Year:	VSP 2 Jan-Dec	Single: 2 2-Person: 0 Family: 0	\$5.82 \$12.47 \$18.79	\$5.82 \$12.47 \$18.79
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$10,000	2	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$10,000	2	\$0.03 \$0.15	\$0.03 \$0.15

Total Monthly Rate per Member: Single	\$6.52	\$6.52
Total Monthly Rate per Member: 2-Person	\$13.17	\$13.17
Total Monthly Rate per Member: Family	\$19.49	\$19.49

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Quoted Group(s): LCC HEAD START - LCC Head Start

Medical plans

Description	Benefits	Enrollment	2025 Rate ¹ w/ 1.25% Discount	2026 Rate ² w/ 1.25% Discount
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (EH) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 5Tier EA1	Single: 26 2-Person: 0 Family: 0	\$743.86 \$1,673.69 \$2,082.82	\$799.01 \$1,797.77 \$2,237.23
Basic Term Life with Medical Volume:	\$5,000	26	\$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:	100% 80% (X-Rays) 80% \$1,500 80% \$1,500 2 Cleanings Jan-Dec	Single: 30 2-Person: 4 Family: 5	\$36.05 \$67.02 \$134.53	\$37.85 \$70.37 \$141.26
Vision Plan Year:	VSP 2 S Jan-Dec	Single: 30 2-Person: 4 Family: 5	\$6.54 \$14.00 \$21.09	\$6.54 \$14.00 \$21.09
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$195,000	39	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$195,000	39	\$0.03 \$0.15	\$0.03 \$0.15

Total Monthly Rate per Member: Single	\$43.29	\$45.09
Total Monthly Rate per Member: 2-Person	\$81.72	\$85.07
Total Monthly Rate per Member: Family	\$156.32	\$163.05

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Quoted Group(s): LCC PT EMPLOYEES - LCC PT Employees

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$180,000	36	\$0.11 \$0.55	\$0.11 \$0.55
AD&D Coverage Volume: Total Volume: Rate/\$1,000: Composite:	\$5,000 \$180,000	36	\$0.03 \$0.15	\$0.03 \$0.15



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Quoted Group(s): LCC RETIRED EA - LCC Retired Teachers, Adm

Ancillary plans

Description	Benefits	Enrollment	2025 Rate	2026 Rate
Life Insurance Volume: Total Volume: Rate/\$1,000:	\$5,000 \$0	0		\$0.00