2027 HEALTH INSURANCE OPTIONS AND RATES

Union of Grand Rapids Education Support Professionals (UGRESP) - Part Time

Carrier: MESSA

Waiting period: 90 Days Following Date of Hire

- Employees under 1.0 FTE but at least 0.5 FTE may elect prorated cash in lieu or medical (hardcap is prorated). You pay the rest of the plan's premium.
- Below 0.5 FTE does not qualify.

Option A - CASH IN LIEU — Includes Delta Dental/VSP Vision/$50,000 Life Insurance

Annual Benefit	Per 21 Pays
$3,000.00	**$142.85**

OPTION B - MESSA CHOICES PLAN

$1,000/$2,000 Deductible — **10% Coinsurance, RX 3-tier mail order ONLY**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	$1009.25	$12,111.00	$8,180.35	$681.70	$3,930.65	$327.55	$206.88
Two-Person Coverage	$2,270.81	$27,249.72	$17,107.66	$1425.64	$10,142.06	$845.17	$533.79
Three or More Coverage	$2,825.90	$33,910.80	$22,310.11	$1859.18	$11,600.69	$966.72	$610.56

OPTION C - ABC PLAN 2 (HSA)

$2,000/$4,000 Deductible — **0% Coinsurance, RX 3 tier**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	$952.90	$11,434.80	$8,180.35	$681.70	$3,254.45	$271.20	$171.29
Two-Person Coverage	$2144.03	$25,728.36	$17,107.66	$1425.64	$8,620.70	$718.39	$453.72
Three or More Coverage	$2668.12	$32,017.44	$22,310.11	$1859.18	$9,707.33	$808.94	$510.91

(NEW) OPTION D - ABC PLAN 2.5 (HSA)

$2,550/$5,100 Deductible — **0% Coinsurance, Rx 5-tier**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	$871.38	$10,456.56	$8,180.35	$681.70	$2,276.21	$189.68	$119.80
Two-Person Coverage	$1,960.61	$23,527.32	$17,107.66	$1425.64	$6,419.66	$534.97	$337.88
Three or More Coverage	$2,439.86	$29,278.32	$22,310.11	$1859.18	$6,968.21	$580.68	$366.75

OPTION E - MESSA BALANCE PLUS (HSA)

$1,750/$3,500 Deductible **20% Coinsurance, Balance + Rx**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	$871.38	$10,456.56	$8,180.35	$681.70	$2,276.21	$189.68	$119.80
Two-Person Coverage	$1960.61	$23,527.32	$17,107.66	$1425.64	$6,419.66	$534.97	$337.88
Three or More Coverage	$2439.86	$29,278.32	$22,310.11	$1859.18	$6,968.21	$580.68	$366.75

OPTION F - ESSENTIALS BY MESSA

$375/$750 deductible **20% Coinsurance, EbM Rx**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	$825.96	$9,911.52	$8,180.35	$681.70	$1,731.17	$144.26	$91.11
Two-Person Coverage	$1858.41	$22,300.92	$17,107.66	$1425.64	$5,193.26	$432.77	$273.33
Three or More Coverage	$2312.69	$27,752.28	$22,310.11	$1859.18	$5,442.17	$453.51	$286.43

The deductible, coinsurance, and prescription drug information shown on this rate sheet is provided for comparison purposes only and does not represent all plan provisions. This summary is not comprehensive. Employees should review the full Benefits Guidebook and plan documents for complete details, including eligibility, covered services, limitations, exclusions, and other plan terms.