2027 HEALTH INSURANCE OPTIONS AND RATES

Grand Rapids Educational Officers Association (GREOA)

Carrier: MESSA

Waiting period: 1st of the Month Following Date of Hire

- Rates are for full-time (1.0 FTE - 30 hours per week) employees. The district pays a fixed amount (a hard cap) based on coverage level.
- If you waive health insurance, you may elect cash in lieu of $3,000 per year ($142.85 per paycheck over 21 pay periods).
- 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.

The District provides Dental through Delta Dental, Vision through VSP, Life insurance through MESSA, and Long-Term Disability through Unum for you and your covered dependents *at no cost to you* . This is available to you even if you select cash in lieu of health benefits.

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 Pay Deductions
Single Coverage	$989.06	$11,868.72	$8,180.35	$681.70	$3,688.37	$307.36	$194.12
Two-Person Coverage	$2,225.39	$26,704.68	$17,107.66	$1425.64	$9,597.02	$799.75	$505.11
Three or More Coverage	$2,769.37	$33,232.44	$22,310.11	$1859.18	$10,922.33	$910.19	$574.86

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 Pay Deductions
Single Coverage	$933.84	$11,206.08	$8,180.35	$681.70	$3,025.73	$252.14	$159.25
Two-Person Coverage	$2101.14	$25,213.68	$17,107.66	$1425.64	$8,106.02	$675.50	$426.63
Three or More Coverage	$2614.75	$31,377.00	$22,310.11	$1859.18	$9,066.89	$755.57	$477.20

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

$1,750/$3,500 Deductible — **0% Coinsurance, Rx 5-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 Pay Deductions
Single Coverage	$853.95	$10,247.40	$8,180.35	$681.70	$2,067.05	$172.25	$108.79
Two-Person Coverage	$1,921.39	$23,056.68	$17,107.66	$1425.64	$5,949.02	$495.75	$313.11
Three or More Coverage	$2,391.06	$28,692.72	$22,310.11	$1859.18	$6,382.61	$531.88	$335.93

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 Pay Deductions
Single Coverage	$878.71	$10,544.52	$8,180.35	$681.70	$2,364.17	$197.01	$124.43
Two-Person Coverage	$1977.10	$23,725.20	$17,107.66	$1425.64	$6,617.54	$551.46	$348.29
Three or More Coverage	$2460.39	$29,524.68	$22,310.11	$1859.18	$7,214.57	$601.21	$379.71

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 Pay Deductions
Single Coverage	$809.44	$9,713.28	$8,180.35	$681.70	$1,532.93	$127.74	$80.68
Two-Person Coverage	$1821.24	$21,854.88	$17,107.66	$1425.64	$4,747.22	$395.60	$249.85
Three or More Coverage	$2266.43	$27,197.16	$22,310.11	$1859.18	$4,887.05	$407.25	$257.21

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.