

MEDICAL INSURANCE- EFFECTIVE JANUARY 1, 2024

2024 Little Glad Center							
		MESSA Annual Total Cost	Employer Share (Hard Cap Max)	Employer Monthly	Employee Share	Employee Monthly (includes \$1.5 for basic)	Per Pay Period
Pak A MESSA Choices - County Consortium (7F)							
\$500/\$1000 (IN: SINGLE/2 PER & FF)	Single	9,241.44	7,702.85	641.90	1,538.59	129.72	59.87
	2 Person	20,793.12	16,109.06	1,342.42	4,684.06	391.84	180.85
	Full Family	25,875.84	21,007.83	1,750.65	4,868.01	407.17	187.92
Pak A MESSA Choices - County Consortium (AA)							
\$1000/\$2000 (IN: SINGLE/2 PER & FF) <i>10% co-insurance</i> Mandatory Mail Rider	Single	7,960.56	7,702.85	641.90	257.71	22.98	10.60
	2 Person	17,911.44	16,109.06	1,342.42	1,802.38	151.70	70.01
	Full Family	22,289.76	21,007.83	1,750.65	1,281.93	108.33	50.00
Pak A ABC Plan 1 - County Consortium ((7V)							
\$1600/\$3200 (IN: SINGLE/2 PER & FF)	Single	8,168.16	7,702.85	641.90	465.31	40.28	18.59
	2 Person	18,378.36	16,109.06	1,342.42	2,269.30	190.61	87.97
	Full Family	22,870.80	21,007.83	1,750.65	1,862.97	156.75	72.35
Pak A ABC Plan 1 - County Consortium (AM)							
\$1600/\$3200 (IN: SINGLE/2 PER & FF) <i>20% co-insurance</i> Mandatory Mail Rider	Single	7,311.24	7,702.85	641.90	-391.61	0.00	0.00
	2 Person	16,450.32	16,109.06	1,342.42	341.26	29.94	13.82
	Full Family	20,471.52	21,007.83	1,750.65	-536.31	0.00	0.00