2024 Full-time Health Insurance Co-Pays							
						Employee	
		MESSA	Employer			Monthly	
		Annual Total	Share (Hard	Employer	Employee	(includes \$1.5	
Pak A MESSA Choices - County Consortium (7F)		Cost	Cap Max)	Monthly	Share	for basic)	Per Pay Period
Deductible \$500/\$1000	Single	9,056.64	7,702.85	641.90	1,353.79	114.32	52.76
(SINGLE/2 PER & FF)	2 Person	20,377.20	16,109.06	1,342.42	4,268.14		164.85
	Full Family	25,358.28	21,007.83	1,750.65	4,350.45	364.04	168.02
						Employee	
			Employer			Monthly	
		MESSA Annual	Share (Hard	Employer	Employee	(includes \$1.5	
Pak A MESSA Choices - County Consortium (AA)		Total Cost	Cap Max)	Monthly	Share	for basic)	Per Pay Period
\$1000/\$2000 (SINGLE/2 PER & FF)	Single	7,801.32	7,702.85	641.90	98.47	9.71	4.48
10% co-insurance	2 Person	17,553.24	16,109.06	1,342.42	1,444.18		
Mandatory Mail Rider	Full Family	21,843.96	21,007.83	1,750.65	836.13	71.18	32.85
						Employee	
			Employer			Monthly	
		MESSA Annual	Share (Hard	Employer	Employee	Monthly (includes \$1.5	
Pak A ABC Plan 1 - County Consortium (7		Total Cost		Monthly	Share	Monthly (includes \$1.5 for basic)	Per Pay Period
Deductible \$1600/\$3200	V) Single		Share (Hard	•	Share 301.99	Monthly (includes \$1.5 for basic) 26.67	Per Pay Period 12.31
	Single 2 Person	Total Cost 8,004.84 18,010.80	Share (Hard Cap Max)	Monthly	Share	Monthly (includes \$1.5 for basic) 26.67 159.98	12.31 73.84
Deductible \$1600/\$3200	Single	Total Cost 8,004.84	Share (Hard Cap Max) 7,702.85	Monthly 641.90	Share 301.99	Monthly (includes \$1.5 for basic) 26.67 159.98	12.31
Deductible \$1600/\$3200	Single 2 Person	Total Cost 8,004.84 18,010.80	Share (Hard Cap Max) 7,702.85 16,109.06	Monthly 641.90 1,342.42	Share 301.99 1,901.74	Monthly (includes \$1.5 for basic) 26.67 159.98	12.31 73.84
Deductible \$1600/\$3200	Single 2 Person	Total Cost 8,004.84 18,010.80	Share (Hard Cap Max) 7,702.85 16,109.06	Monthly 641.90 1,342.42	Share 301.99 1,901.74	Monthly (includes \$1.5 for basic) 26.67 159.98 118.64	12.31 73.84
Deductible \$1600/\$3200	Single 2 Person	Total Cost 8,004.84 18,010.80	Share (Hard Cap Max) 7,702.85 16,109.06 21,007.83	Monthly 641.90 1,342.42	Share 301.99 1,901.74	Monthly (includes \$1.5 for basic) 26.67 159.98 118.64 Employee	12.31 73.84
Deductible \$1600/\$3200	Single 2 Person Full Family	Total Cost 8,004.84 18,010.80 22,413.48	Share (Hard Cap Max) 7,702.85 16,109.06 21,007.83	Monthly 641.90 1,342.42 1,750.65	Share 301.99 1,901.74 1,405.65	Monthly (includes \$1.5 for basic) 26.67 159.98 118.64 Employee Monthly	12.31 73.84
Deductible \$1600/\$3200 (SINGLE/2 PER & FF)	Single 2 Person Full Family	Total Cost 8,004.84 18,010.80 22,413.48 MESSA Annual	Share (Hard Cap Max) 7,702.85 16,109.06 21,007.83 Employer Share (Hard	Monthly 641.90 1,342.42 1,750.65 Employer	Share 301.99 1,901.74 1,405.65	Monthly (includes \$1.5 for basic) 26.67 159.98 118.64 Employee Monthly (includes \$1.5 for basic)	12.31 73.84 54.76 Per Pay Period
Deductible \$1600/\$3200 (SINGLE/2 PER & FF) Pak A ABC Plan 1 - County Consortium (A	Single 2 Person Full Family	Total Cost 8,004.84 18,010.80 22,413.48 MESSA Annual Total Cost	Share (Hard Cap Max) 7,702.85 16,109.06 21,007.83 Employer Share (Hard Cap Max)	Monthly 641.90 1,342.42 1,750.65 Employer Monthly	Share	Monthly (includes \$1.5 for basic) 26.67 159.98 118.64 Employee Monthly (includes \$1.5 for basic)	12.31 73.84 54.76 Per Pay Period