MEDICAL INSURANCE- EFFECTIVE JANUARY 1, 2025

2025 Affordable Care Act 100% Payer				
2023 Alloldable Cale Act 100% Payer				
			Employee	
		145664 4	Monthly	
AAFSCA Chairean Const. Const. (DD)		MESSA Annual	(includes \$1.5	
MESSA Choices - County Consortium (BD)		Total Cost	for basic)	Per Pay
Deductible \$500/\$1000	Single	10,071.72	840.81	388.07
(SINGLE/2 PER & FF)	2 Person	22,661.28	1,889.94	872.28
3 Tier	Full Family	28,200.84	2,351.57	1,085.34
		MESSA Annual		
MESSA Choices - County Consortium (BL)		Total Cost		
\$1000/\$2000 (SINGLE/2 PER & FF)	Single	8,689.68	725.64	334.91
10% co-insurance	2 Person	19,551.84	1,630.82	752.69
3 Tier	Full Family	24,331.32	2,029.11	936.51
		MESSA Annual		
ABC Plan 1 - County Consortium (CX)		Total Cost		
Deductible \$1650/\$3300	Single	8,806.68	735.39	339.41
(SINGLE/2 PER & FF)	2 Person	19,815.12	1,652.76	762.81
3 Tier	Full Family	24,658.80	2,056.40	949.11
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		MESSA Annual		
ABC Plan 1 - County Consortium (DF)		Total Cost		
\$1650/\$3300 (SINGLE/2 PER & FF)	Single	7,924.56	661.88	305.48
20% co-insurance	2 Person	17,830.32	1,487.36	686.47
3 Tier	Full Family	22,188.72	1,850.56	854.10
		MESSA Annual		
Balance+ - County Consortium (EF)		Total Cost		
\$1650/\$3300 (SINGLE/2 PER & FF)	Single	7,653.00	639.25	295.04
20% co-insurance	2 Person	17,219.16	1,436.43	662.97
Balance + RX	Full Family	21,428.28	1,787.19	824.86