

**MEDICAL INSURANCE- EFFECTIVE JANUARY 1, 2025**

2025 Full-time Health Insurance Co-Pays							
		MESSA Annual Total Cost	Employer Share (Hard Cap Max)	Employer Monthly	Employee Share	Employee Monthly (includes \$1.5 for basic)	Per Pay Period (26 pays)
<b>MESSA Choices - County Consortium (BD)</b>							
<b>Deductible \$500/\$1000 (SINGLE/2 PER &amp; FF) 3 Tier</b>	Single	9,870.24	7,718.26	643.19	2,151.98	180.83	83.46
	2 Person	22,208.04	16,141.28	1,345.11	6,066.76	507.06	234.03
	Full Family	27,636.84	21,049.85	1,754.15	6,586.99	550.42	254.04
<b>MESSA Choices - County Consortium (BL)</b>							
<b>\$1000/\$2000 (SINGLE/2 PER &amp; FF) 10% co-insurance 3 Tier</b>	Single	8,515.92	7,718.26	643.19	797.66	67.97	31.37
	2 Person	19,160.88	16,141.28	1,345.11	3,019.60	253.13	116.83
	Full Family	23,844.60	21,049.85	1,754.15	2,794.75	234.40	108.18
<b>ABC Plan 1 - County Consortium (CX)</b>							
<b>Deductible \$1650/\$3300 (SINGLE/2 PER &amp; FF) 3 Tier</b>	Single	8,630.52	7,718.26	643.19	912.26	77.52	35.78
	2 Person	19,418.76	16,141.28	1,345.11	3,277.48	274.62	126.75
	Full Family	24,165.60	21,049.85	1,754.15	3,115.75	261.15	120.53
<b>ABC Plan 1 - County Consortium (DF)</b>							
<b>\$1650/\$3300 (SINGLE/2 PER &amp; FF) 20% co-insurance 3 Tier</b>	Single	7,766.04	7,718.26	643.19	49.28	5.61	2.59
	2 Person	17,473.68	16,141.28	1,345.11	1,333.90	112.66	52.00
	Full Family	21,744.96	21,049.85	1,754.15	695.11	59.43	27.43
<b>Balance+ - County Consortium (EF)</b>							
<b>\$1650/\$3300 (SINGLE/2 PER &amp; FF) 20% co-insurance Balance + RX</b>	Single	7,499.88	7,718.26	643.19	-216.88	0.00	0.00
	2 Person	16,874.88	16,141.28	1,345.11	735.10	62.76	28.97
	Full Family	20,999.76	21,049.85	1,754.15	-50.09	0.00	0.00