MEDICAL INSURANCE- EFFECTIVE JANUARY 1, 2024

2024 Affordable Care Act 100% Payer				
	4			
			Employee	
			Monthly	
		MESSA Annual	(includes \$1.5	
Pak A MESSA Choices - County Consortium (7F)		Total Cost	for basic)	Per Pay
\$500/\$1000 (IN: SINGLE/2 PER & FF)	Single	9,241.44	771.62	356.13
	2 Person	20,793.12	1,734.26	800.43
	Full Family	25,875.84	2,157.82	995.92
		MESSA Annual		
Pak A MESSA Choices - County Consortium (AA)		Total Cost		
\$1000/\$2000 (IN: SINGLE/2 PER & FF)	Single	7,960.56	664.88	306.87
10% co-insurance	2 Person	17,911.44	1,494.12	689.59
Mandatory Mail Rider	Full Family	22,289.76	1,858.98	857.99
		MESSA Annual		
Pak A ABC Plan 1 - County Consortium (7V)		Total Cost		
\$1600/\$3200 (IN: SINGLE/2 PER & FF)	Single	8,168.16	682.18	314.85
	2 Person	18,378.36	1,533.03	707.55
	Full Family	22,870.80	1,907.40	880.34
		MESSA Annual		
Pak A ABC Plan 1 - County Consortium (AM)		Total Cost		
\$1600/\$3200 (IN: SINGLE/2 PER & FF)	Single	7,311.24	610.77	281.89
20% co-insurance	2 Person	16,450.32	1,372.36	633.40
Mandatory Mail Rider	Full Family	20,471.52	1,707.46	788.06