

2024 Full-time Health Insurance Co-Pays							
Pak A MESSA Choices - County Consortium (7F)		MESSA Annual Total Cost	Employer Share (Hard Cap Max)	Employer Monthly	Employee Share	Employee Monthly (includes \$1.5 for basic)	Per Pay Period
Deductible \$500/\$1000 (SINGLE/2 PER & FF)	Single	9,056.64	7,702.85	641.90	1,353.79	114.32	52.76
	2 Person	20,377.20	16,109.06	1,342.42	4,268.14	357.18	164.85
	Full Family	25,358.28	21,007.83	1,750.65	4,350.45	364.04	168.02
Pak A MESSA Choices - County Consortium (AA)		MESSA Annual Total Cost	Employer Share (Hard Cap Max)	Employer Monthly	Employee Share	Employee Monthly (includes \$1.5 for basic)	Per Pay Period
\$1000/\$2000 (SINGLE/2 PER & FF) 10% co-insurance Mandatory Mail Rider	Single	7,801.32	7,702.85	641.90	98.47	9.71	4.48
	2 Person	17,553.24	16,109.06	1,342.42	1,444.18	121.85	56.24
	Full Family	21,843.96	21,007.83	1,750.65	836.13	71.18	32.85
Pak A ABC Plan 1 - County Consortium (7V)		MESSA Annual Total Cost	Employer Share (Hard Cap Max)	Employer Monthly	Employee Share	Employee Monthly (includes \$1.5 for basic)	Per Pay Period
Deductible \$1600/\$3200 (SINGLE/2 PER & FF)	Single	8,004.84	7,702.85	641.90	301.99	26.67	12.31
	2 Person	18,010.80	16,109.06	1,342.42	1,901.74	159.98	73.84
	Full Family	22,413.48	21,007.83	1,750.65	1,405.65	118.64	54.76
Pak A ABC Plan 1 - County Consortium (AM)		MESSA Annual Total Cost	Employer Share (Hard Cap Max)	Employer Monthly	Employee Share	Employee Monthly (includes \$1.5 for basic)	Per Pay Period
\$1600/\$3200 (SINGLE/2 PER & FF) 20% co-insurance Mandatory Mail Rider	Single	7,164.96	7,702.85	641.90	-536.39	0.00	0.00
	2 Person	16,121.28	16,109.06	1,342.42	13.72	2.64	1.22
	Full Family	20,062.08	21,007.83	1,750.65	-945.75	0.00	0.00