

| 2024 Transportation Insurance Co-Pays  |             |                         |                               |                  |                |   |                |
|--|-------------|-------------------------|-------------------------------|------------------|----------------|---|----------------|
| <b>Pak A MESSA Choices - County Consortium (7F)</b>                                |             | MESSA Annual Total Cost | Employer Share (Hard Cap Max) | Employer Monthly | Employee Share | Employee Monthly (includes \$1.5 for basic) | Per Pay Period |
| <b>Deductible \$500/\$1000 (SINGLE/2 PER &amp; FF)</b>                             | Single      | 9,056.64                | 7,200.00                      | 600.00           | 1,856.64       | 156.22                                      | 72.10          |
|  | 2 Person    | 20,377.20               | 7,200.00                      | 600.00           | 13,177.20      | 1,099.60                                    | 507.51         |
|  | Full Family | 25,358.28               | 7,200.00                      | 600.00           | 18,158.28      | 1,514.69                                    | 699.09         |
| <b>Pak A MESSA Choices - County Consortium (AA)</b>                                |             | MESSA Annual Total Cost | Employer Share (Hard Cap Max) | Employer Monthly | Employee Share | Employee Monthly (includes \$1.5 for basic) | Per Pay Period |
| <b>\$1000/\$2000 (SINGLE/2 PER &amp; FF) 10% co-insurance Mandatory Mail Rider</b> | Single      | 7,801.32                | 7,200.00                      | 600.00           | 601.32         | 51.61                                       | 23.82          |
|  | 2 Person    | 17,553.24               | 7,200.00                      | 600.00           | 10,353.24      | 864.27                                      | 398.89         |
|  | Full Family | 21,843.96               | 7,200.00                      | 600.00           | 14,643.96      | 1,221.83                                    | 563.92         |
| <b>Pak A ABC Plan 1 - County Consortium (7V)</b>                                   |             | MESSA Annual Total Cost | Employer Share (Hard Cap Max) | Employer Monthly | Employee Share | Employee Monthly (includes \$1.5 for basic) | Per Pay Period |
| <b>Deductible \$1600/\$3200 (SINGLE/2 PER &amp; FF)</b>                            | Single      | 8,004.84                | 7,200.00                      | 600.00           | 804.84         | 68.57                                       | 31.65          |
|  | 2 Person    | 18,010.80               | 7,200.00                      | 600.00           | 10,810.80      | 902.40                                      | 416.49         |
|  | Full Family | 22,413.48               | 7,200.00                      | 600.00           | 15,213.48      | 1,269.29                                    | 585.83         |
| <b>Pak A ABC Plan 1 - County Consortium (AM)</b>                                   |             | MESSA Annual Total Cost | Employer Share (Hard Cap Max) | Employer Monthly | Employee Share | Employee Monthly (includes \$1.5 for basic) | Per Pay Period |
| <b>\$1600/\$3200 (SINGLE/2 PER &amp; FF) 20% co-insurance Mandatory Mail Rider</b> | Single      | 7,164.96                | 7,200.00                      | 600.00           | -33.54         | 0.00  | 0.00           |
|  | 2 Person    | 16,121.28               | 7,200.00                      | 600.00           | 8,922.78       | 745.07                                      | 343.88         |
|  | Full Family | 20,062.08               | 7,200.00                      | 600.00           | 12,862.08      | 0.00  | 0.00           |