

MEDICAL INSURANCE- EFFECTIVE JANUARY 1, 2025

2025 Little Glad Center							
		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)
MESSA Choices - County Consortium (BD)							
Deductible \$500/\$1000 (SINGLE/2 PER & FF) 3 Tier	Single	10,071.72	7,702.85	641.90	2,368.87	198.91	91.80
	2 Person	22,661.28	16,109.06	1,342.42	6,552.22	547.52	252.70
	Full Family	28,200.84	21,007.83	1,750.65	7,193.01	600.92	277.35
MESSA Choices - County Consortium (BL)							
\$1000/\$2000 (SINGLE/2 PER & FF) 10% co-insurance 3 Tier	Single	8,689.68	7,702.85	641.90	986.83	83.74	38.65
	2 Person	19,551.84	16,109.06	1,342.42	3,442.78	288.40	133.11
	Full Family	24,331.32	21,007.83	1,750.65	3,323.49	278.46	128.52
ABC Plan 1 - County Consortium (CX)							
Deductible \$1650/\$3300 (SINGLE/2 PER & FF) 3 Tier	Single	8,806.68	7,702.85	641.90	1,103.83	93.49	43.15
	2 Person	19,815.12	16,109.06	1,342.42	3,706.06	310.34	143.23
	Full Family	24,658.80	21,007.83	1,750.65	3,650.97	305.75	141.11
ABC Plan 1 - County Consortium (DF)							
\$1650/\$3300 (SINGLE/2 PER & FF) 20% co-insurance 3 Tier	Single	7,924.56	7,702.85	641.90	221.71	19.98	9.22
	2 Person	17,830.32	16,109.06	1,342.42	1,721.26	144.94	66.89
	Full Family	22,188.72	21,007.83	1,750.65	1,180.89	99.91	46.11
Balance+ - County Consortium (EF)							
\$1650/\$3300 (SINGLE/2 PER & FF) 20% co-insurance Balance + RX	Single	7,653.00	7,702.85	641.90	-49.85	0.00	0.00
	2 Person	17,219.16	16,109.06	1,342.42	1,110.10	94.01	43.39
	Full Family	21,428.28	21,007.83	1,750.65	420.45	36.54	16.86