MEA MEMBERS CALENDAR YEAR 2026

Payroll Deduction Period: January - December

Bi-monthly deduction - will not be deducted on the third pay of a month

MESSA HEALTH INSURANCE CALCULATION

MESSA HEALTH PLAN	COVERAGE LEVEL	MONTHLY PREMIUM	ANNUAL PREMIUM	2026 CAP EMPLOYER MAXIMUM	ANNUAL EMPLOYEE PREMIUM SHARE	26 PAY EMPLOYEES = 24 PAY DEDUCTIONS	21 PAY EMPLOYEES = 19 PAY DEDUCTIONS
CHOICES							
	SINGLE COVERAGE	\$995.38	\$11,944.56	\$7,942.09	\$4,002.47	\$166.77	\$210.66
	2 PERSON COVERAGE	\$2,239.61	\$26,875.32	\$16,609.38	\$10,265.94	\$427.75	\$540.31
	FAMILY COVERAGE	\$2,787.06	\$33,444.72	\$21,660.30	\$11,784.42	\$491.02	\$620.23
ABC							
	SINGLE COVERAGE	\$855.79	\$10,269.48	\$7,942.09	\$2,327.39	\$96.97	\$122.49
	2 PERSON COVERAGE	\$1,925.53	\$23,106.36	\$16,609.38	\$6,496.98	\$270.71	\$341.95
	FAMILY COVERAGE	\$2,396.21	\$28,754.52	\$21,660.30	\$7,094.22	\$295.59	\$373.38
ESSENTIALS							
	SINGLE COVERAGE	\$781.86	\$9,382.32	\$7,942.09	\$1,440.23	\$60.01	\$75.80
	2 PERSON COVERAGE	\$1,759.19	\$21,110.28	\$16,609.38	\$4,500.90	\$187.54	\$236.89
	FAMILY COVERAGE	\$2,189.21	\$26,270.52	\$21,660.30	\$4,610.22	\$192.09	\$242.64