

MEA MEMBERS CALENDAR YEAR 2025

Payroll Deduction Period: January-December

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

MESSA HEALTH INSURANCE PAYROLL DEDUCTIONS

COVERAGE LEVEL	CHOICES	ABC 1	ESSENTIALS
SINGLE COVERAGE	\$185.87	\$139.82	\$37.15
2 PERSON COVERAGE	\$469.24	\$348.45	\$134.62
FAMILY COVERAGE	\$543.81	\$359.89	\$127.41

MESSA HEALTH INSURANCE CALCULATION

MESSA HEALTH PLAN	COVERAGE LEVEL	MONTHLY PREMIUM	ANNUAL PREMIUM	2025 CAP EMPLOYER MAXIMUM	ANNUAL EMPLOYEE PREMIUM SHARE	2025 HSA DEDUCTIBLE DEPOSIT MAXIMUM	PER PAY EMPLOYEE PREMIUM + HSA SHARE DISTRIBUTION (OVER CAP)	TOTAL DEDUCTION PER 24 PAYS
-------------------	----------------	-----------------	----------------	---------------------------	-------------------------------	-------------------------------------	--	-----------------------------

CHOICES

SINGLE COVERAGE	\$1,014.92	\$12,179.04	\$7,718.26	\$4,460.78	N/A	\$185.87	N/A	\$185.87
2 PERSON COVERAGE	\$2,283.58	\$27,402.96	\$16,141.28	\$11,261.68	N/A	\$469.24		\$469.24
FAMILY COVERAGE	\$2,841.78	\$34,101.36	\$21,049.85	\$13,051.51	N/A	\$543.81		\$543.81

ABC 2 (HSA)

SINGLE COVERAGE	\$785.33	\$9,423.96	\$7,718.26	\$1,705.70	\$1,650.00	\$71.07	\$68.75	\$139.82
2 PERSON COVERAGE	\$1,767.00	\$21,204.00	\$16,141.28	\$5,062.72	\$3,300.00	\$210.95	\$137.50	\$348.45
FAMILY COVERAGE	\$2,198.93	\$26,387.16	\$21,049.85	\$5,337.31	\$3,300.00	\$222.39	\$137.50	\$359.89

ESSENTIALS

SINGLE COVERAGE	\$717.49	\$8,609.88	\$7,718.26	\$891.62	N/A	\$37.15	N/A	\$37.15
2 PERSON COVERAGE	\$1,614.35	\$19,372.20	\$16,141.28	\$3,230.92	N/A	\$134.62		\$134.62
FAMILY COVERAGE	\$2,008.97	\$24,107.64	\$21,049.85	\$3,057.79	N/A	\$127.41		\$127.41