

**FULL-TIME J.E.A. MEMBERS**  
**2025 MESSA Health Care Premium Costs**

<b>ABC Plan 1, Mail RX [PAK A] \$1650/\$3300 Deductible</b>						
<b>Monthly Medical Premium</b>	<b>Pak A (No Co-insurance)</b>	<b>Annual Premium Cost</b>	<b>MDT 2025 Hard Cap</b>	<b>Annual Premium Share</b>	<b>H.S.A ER Contribution</b>	<b>Per Pay Deduction (26 Pays)</b>
Single	\$801.92	\$9,623.04	\$7,718.26	\$1,904.78	\$0.00	\$73.26
Two Person	\$1,804.31	\$21,651.72	\$16,141.28	\$5,510.44	\$0.00	\$211.94
Full Family	\$2,245.36	\$26,944.32	\$21,049.85	\$5,894.47	\$0.00	\$226.71

<b>ABC Plan 1, 5 Tier ABC Mail RX [PAK C] \$1650/\$3300 Deductible</b>						
<b>Monthly Medical Premium</b>	<b>Pak C</b>	<b>Annual Premium Cost</b>	<b>MDT 2025 Hard Cap</b>	<b>Annual Premium Share</b>	<b>H.S.A ER Contribution</b>	<b>Per Pay Deduction (26 Pays)</b>
Single	\$721.77	\$8,661.24	\$7,718.26	\$942.98	\$0.00	\$36.27
Two Person	\$1,623.99	\$19,487.88	\$16,141.28	\$3,346.60	\$0.00	\$128.72
Full Family	\$2,020.96	\$24,251.52	\$21,049.85	\$3,201.67	\$0.00	\$123.14

<b>ABC Plan 2, 5 Tier ABC Mail RX &amp; 10% co-ins [PAK D] \$2000/\$4000 Deductible</b>						
<b>Monthly Medical Premium</b>	<b>Pak D (10% Co-insurance)</b>	<b>Annual Premium Cost</b>	<b>MDT 2025 Hard Cap</b>	<b>Annual Premium Share</b>	<b>H.S.A ER Contribution</b>	<b>Per Pay Deduction (26 Pays)</b>
Single	\$617.60	\$7,411.20	\$7,718.26	\$0.00	\$307.06	\$0.00
Two Person	\$1,389.59	\$16,675.08	\$16,141.28	\$533.80	\$0.00	\$20.54
Full Family	\$1,729.27	\$20,751.24	\$21,049.85	\$0.00	\$298.61	\$0.00