

**FULL-TIME J.E.A. MEMBERS**  
**2024 MESSA Health Care Premium Costs**

<b>ABC Plan 1, Mail RX [PAK A] \$1600/\$3200 Deductible</b>							
<b>Monthly Medical Premium</b>	<b>Pak A (No Co-insurance)</b>	<b>Annual Premium Cost</b>	<b>MDT 2024 Hard Cap</b>	<b>Annual Premium Share</b>	<b>H.S.A ER Contribution</b>	<b>Per Pay Deduction (26 Pays)</b>	
Single	\$684.29	\$8,211.48	\$7,702.85	\$508.63	\$0.00	\$19.57	
Two Person	\$1,539.65	\$18,475.80	\$16,109.06	\$2,366.74	\$0.00	\$91.03	
Full Family	\$1,916.02	\$22,992.24	\$21,007.83	\$1,984.41	\$0.00	\$76.33	

<b>ABC Plan 1, 3 Tier ABC Mail RX &amp; 10% co-ins [PAK C] \$1600/\$3200 Deductible</b>							
<b>Monthly Medical Premium</b>	<b>Pak C (10% Co-insurance)</b>	<b>Annual Premium Cost</b>	<b>MDT 2024 Hard Cap</b>	<b>Annual Premium Share</b>	<b>H.S.A ER Contribution</b>	<b>Per Pay Deduction (26 Pays)</b>	
Single	\$609.18	\$7,310.16	\$7,702.85	\$0.00	\$392.69	\$0.00	
Two Person	\$1,370.66	\$16,447.92	\$16,109.06	\$338.86	\$0.00	\$13.04	
Full Family	\$1,705.71	\$20,468.52	\$21,007.83	\$0.00	\$539.31	\$0.00	

<b>ABC Plan 2, 3 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 2024 Hard Cap</b>	<b>Annual Premium Share</b>	<b>H.S.A ER Contribution</b>	<b>Per Pay Deduction (26 Pays)</b>	
Single	\$571.68	\$6,860.16	\$7,702.85	\$0.00	\$842.69	\$0.00	
Two Person	\$1,286.27	\$15,435.24	\$16,109.06	\$0.00	\$673.82	\$0.00	
Full Family	\$1,600.69	\$19,208.28	\$21,007.83	\$0.00	\$1,799.55	\$0.00	