

MEA MEMBERS CALENDAR YEAR 2023
Payroll Deduction Period: January-December

MESSA HEALTH INSURANCE PAYROLL DEDUCTIONS			
COVERAGE LEVEL	CHOICES	ABC 1	ESSENTIALS
SINGLE COVERAGE	\$129.80	\$140.35	\$0.00
2 PERSON COVERAGE	\$339.00	\$347.76	\$24.12
FAMILY COVERAGE	\$384.95	\$366.50	\$0.00

MESSA HEALTH INSURANCE CALCULATION									
MESSA HEALTH PLAN	COVERAGE LEVEL	MONTHLY PREMIUM	ANNUAL PREMIUM	2023 CAP EMPLOYER MAXIMUM	ANNUAL EMPLOYEE PREMIUM SHARE	2023 HSA DEDUCTIBLE DEPOSIT MAXIMUM	PER PAY PREMIUM 25 PAYS	PER PAY HSA 25 PAYS	PER PAY TOTAL DEDUCTION 25 PAYS
CHOICES	SINGLE COVERAGE	\$887.03	\$10,644.36	\$7,399.47	\$3,244.89	N/A	\$129.80	N/A	\$129.80
	2 PERSON COVERAGE	\$1,995.81	\$23,949.72	\$15,474.60	\$8,475.12	N/A	\$339.00		\$339.00
	FAMILY COVERAGE	\$2,483.68	\$29,804.16	\$20,180.43	\$9,623.73	N/A	\$384.95		\$384.95
ABC 1	SINGLE COVERAGE	\$784.01	\$9,408.12	\$7,399.47	\$2,008.65	\$1,500.00	\$80.35	\$60.00	\$140.35
	2 PERSON COVERAGE	\$1,764.04	\$21,168.48	\$15,474.60	\$5,693.88	\$3,000.00	\$227.76	\$120.00	\$347.76
	FAMILY COVERAGE	\$2,195.25	\$26,343.00	\$20,180.43	\$6,162.57	\$3,000.00	\$246.50	\$120.00	\$366.50
ESSENTIALS	SINGLE COVERAGE	\$595.46	\$7,145.52	\$7,399.47	\$0.00	N/A	\$0.00	N/A	\$0.00
	2 PERSON COVERAGE	\$1,339.79	\$16,077.48	\$15,474.60	\$602.88	N/A	\$24.12		\$24.12
	FAMILY COVERAGE	\$1,667.31	\$20,007.72	\$20,180.43	\$0.00	N/A	\$0.00		\$0.00