

MEA MEMBERS CALENDAR YEAR 2024

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	\$135.87	\$149.48	\$0.00
2 PERSON COVERAGE	\$356.62	\$370.60	\$18.78
FAMILY COVERAGE	\$403.76	\$388.55	\$0.00

MESSA HEALTH INSURANCE CALCULATION

MESSA HEALTH PLAN	COVERAGE LEVEL	MONTHLY PREMIUM	ANNUAL PREMIUM	2024 CAP EMPLOYER MAXIMUM	ANNUAL EMPLOYEE PREMIUM SHARE	2024 HSA DEDUCTIBLE DEPOSIT MAXIMUM	PER PAY EMPLOYEE PREMIUM + HSA SHARE DISTRIBUTION (OVER CAP)	TOTAL DEDUCTION PER 24 PAYS
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CHOICES

SINGLE COVERAGE	\$913.64	\$10,963.68	\$7,702.85	\$3,260.83	N/A	\$135.87	N/A	\$135.87
2 PERSON COVERAGE	\$2,055.67	\$24,668.04	\$16,109.06	\$8,558.98	N/A	\$356.62		\$356.62
FAMILY COVERAGE	\$2,558.17	\$30,698.04	\$21,007.83	\$9,690.21	N/A	\$403.76		\$403.76

ABC 1 (HSA)

SINGLE COVERAGE	\$807.53	\$9,690.36	\$7,702.85	\$1,987.51	\$1,600.00	\$82.81	\$66.67	\$149.48
2 PERSON COVERAGE	\$1,816.95	\$21,803.40	\$16,109.06	\$5,694.34	\$3,200.00	\$237.26	\$133.33	\$370.60
FAMILY COVERAGE	\$2,261.09	\$27,133.08	\$21,007.83	\$6,125.25	\$3,200.00	\$255.22	\$133.33	\$388.55

ESSENTIALS

SINGLE COVERAGE	\$613.32	\$7,359.84	\$7,702.85	\$0.00	N/A	\$0.00	N/A	\$0.00
2 PERSON COVERAGE	\$1,379.98	\$16,559.76	\$16,109.06	\$450.70	N/A	\$18.78		\$18.78
FAMILY COVERAGE	\$1,717.32	\$20,607.84	\$21,007.83	\$0.00	N/A	\$0.00		\$0.00