2025 GRPS HEALTH INSURANCE RATES - GREA

Deductions are based on Full Time (1.0 Ft.) Employees Collective Bargaining Unit Full Name Group Code Insurance Maiting Period Cash in Lieu				2025 GRPS HEALTH INS	URANCE RATES - G	IREA			
Collective Bargaining Unit Full Name Grup Code Instrument Full Name Grup Code Instrument Full Name Grup Code Instrument GREA MESSA Immediate \$3,000		Deductions a	re Based on Full	Time (1.0 FTE) Emplo	vees			1	
Final A - MESSA ABC Plan 1 \$1650/\$3300 deductible	Less than 1.0 FTE (30 hrs. wk							•	
Final A - MESSA ABC Plan 1 \$1650/\$3300 deductible	Collective Bargaining Unit	Full Name	Group Code	Insurance	Waiting Period	Cash in Lieu			
Plan A - MESSA ABC Plan 1 \$1650/\$3300 deductible		Grand Rapids Education	•						
Messa Monthly Rate	Plan A - MESSA ARC Plan 1		1						
Coverage Level MESSA Monthly Rate Annual Premium Cost Family Cost Annual Cost Family Cos	Tidir A Pressa Aberruir 1	+10507							
Coverage Messa Monthly Nate Premium Cost Monthly Cost Mo	0% Coinsurance	5Tier Mail Order ONLY							
Two-Person Coverage	Coverage Level	MESSA Monthly Rate							-, , , -
Plan B - CASH IN LIEU 3000 Includes MESSA Delta Dental/VSP Vision/\$50,000 Includes MESSA Delta Dental/VSP Vision/\$50,000 S142.65	Single Coverage	\$769.05	\$9,228.60	\$7,718.26	\$643.19	\$1,510.34	\$125.86	\$77.45	\$62.93
Plan C - MESSA Delta Dental / VSP Vision / S50,000 Includes MESSA Delta Dental / VSP Vision / S50,000 Includes MESSA Delta Dental / VSP Vision / S50,000 Includes MESSA Delta Dental / VSP Vision / S50,000 Includes MESSA Delta Dental / VSP Vision / S50,000 Includes MESSA Delta Dental / VSP Vision / S50,000 Includes MESSA Delta Dental / VSP Vision / S50,000 Includes Messa Monthly Rate MESSA Monthly Rate MESSA Monthly Rate Premium Cost Messa Monthly Rate S12,019,085 S1,781,26 S643,19 S1,781,15 S5,787,23 S466,44 S287.04 S233,22 S278,50 S278,50 S478,50 S278,50 S478,50									
Includes MESSA Delta Dental/VSP Vision/\$59,000 S142.85	Three or More Coverage	\$2,150.63	\$25,807.56	\$21,049.85	\$1,754.15	\$4,757.71	\$396.48	\$243.99	\$198.24
Life Insurance	Plan B - CASH IN LIEU \$30	00				L		•	
Annual Benefit Per 21 Pays \$13,00.00 \$142.85									
Single Coverage									
Plan C - MESSA Choices Plan \$1000/\$2000 deductible 31er MAIL Order ONLY; \$20/\$52/\$50 OV/UC/ER \$20/\$52/\$50 OV/UC/ER Copay									
\$20/\$25/\$50 OV/UC/ER \$20/\$25/\$50 OV/UC/ER \$10% Coinsurance \$10	\$3,000.00	\$142.85							
Copay	Plan C - MESSA Choices Pla	n \$1000/\$2000 deductible 3Tier MAIL Order ONLY;							
Coverage Level MESSA Monthly Rate Annual Premium Cost Annual Cos		\$20/\$25/\$50 OV/UC/ER							
Coverage Level MESSA Monthly Rate Premium Cost Annual Cost Monthly Cost Annual Cost Monthly Cost (13 pays) Deduction (8 pays)	10% Coinsurance	Copay		-					
Two-Person Coverage	Coverage Level	MESSA Monthly Rate			• •		• •	•	
Plan D - MESSA Balance+ \$1650/\$3300 deductible Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay Annual Cost Annual Cost Premium Cost \$1,754.15 \$1,754.15 \$1,754.15 \$2,718.26 \$1,754.15 \$1,754.15 \$2,862.67 \$238.56 \$1,754.15 \$2,862.67 \$238.56 \$1,601.59 \$1,992.71 \$23,912.52 \$21,049.85 \$1,754.15 \$2,862.67 \$238.56 \$1,601.59 \$1,992.71 \$23,912.52 \$21,049.85 \$1,754.15 \$2,862.67 \$238.56 \$1,601.59 \$1	Single Coverage	\$794.03	\$9,528.36	\$7,718.26	\$643.19	\$1,810.10	\$150.84	\$92.83	\$75.42
Plan D - MESSA Balance+ \$1650/\$3300 deductible Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay			\$21,416.28	\$16,141.28	\$1,345.11	\$5,275.00	\$439.58		
Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay									\$219.79
Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay				\$21,0 1 3.03	\$1,/54.15	\$5,597.23	\$466.44		
\$25/\$50/\$200 OV/UC/ER Copay Annual Premium Cost Annual Cost Messa Monthly Rate Premium Cost Annual Cost Monthly Cost Employee Annual Cost Monthly C	Plan D - MESSA Balance+ \$	4470 (+0000 1 1 1 1	1	φ21,043.03	\$1,/54.15	\$5,597.23	\$466.44		
Coverage Level MESSA Monthly Rate Annual Premium Cost Fremium Cost Frem]	Ψ21,043.03	\$1,/54.15	\$5,597.23	\$466.44		
Coverage Level MESSA Monthly Rate Annual Premium Cost Annual Cost Monthly Cost Employee Employee Monthly Cost Monthly Cos		Balance+ Rx		Ψ21,043.03	\$1,754.15	\$5,597.23	\$466.44		
Two-Person Coverage \$1,601.59 \$19,219.08 \$16,141.28 \$1,345.11 \$3,077.80 \$256.48 \$157.84 \$128.24 Three or More Coverage \$1,992.71 \$23,912.52 \$21,049.85 \$1,754.15 \$2,862.67 \$238.56 \$146.80 \$119.28 Plan E - MESSA ABC Plan 2 \$2000/\$4000 deductible O% Coinsurance 3Tier Rx Coverage Level MESSA Monthly Rate Annual Premium Cost Annual Cost Monthly Cost Single Coverage \$7,55.76 \$9,069.12 \$7,718.26 \$643.19 \$1,350.86 \$112.57 \$69.27 \$56.29 Two-Person Coverage \$1,698.59 \$20,383.08 \$16,141.28 \$1,345.11 \$4,241.80 \$353.48 \$217.53 \$176.74	20% Coinsurance	Balance+ Rx \$25/\$50/\$200		Ψ21,0 1 7.03	\$1,754.15	\$5,597.23	\$466.44		
Two-Person Coverage \$1,601.59 \$19,219.08 \$16,141.28 \$1,345.11 \$3,077.80 \$256.48 \$157.84 \$128.24 Three or More Coverage \$1,992.71 \$23,912.52 \$21,049.85 \$1,754.15 \$2,862.67 \$238.56 \$146.80 \$119.28 Plan E - MESSA ABC Plan 2 \$2000/\$4000 deductible O% Coinsurance 3Tier Rx Coverage Level MESSA Monthly Rate Annual Premium Cost Annual Cost Monthly Cost Single Coverage \$7,55.76 \$9,069.12 \$7,718.26 \$643.19 \$1,350.86 \$112.57 \$69.27 \$56.29 Two-Person Coverage \$1,698.59 \$20,383.08 \$16,141.28 \$1,345.11 \$4,241.80 \$353.48 \$217.53 \$176.74		Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay		Hard Cap Employer	Employer	Employee	Employee	\$287.04 1/3 - 6/19 Deduction	\$233.22 9/12 - 12/19
Three or More Coverage \$1,992.71 \$23,912.52 \$21,049.85 \$1,754.15 \$2,862.67 \$238.56 \$146.80 \$119.28	Coverage Level	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate	Premium Cost	Hard Cap Employer Annual Cost	Employer Monthly Cost	Employee Annual Cost	Employee Monthly Cost	\$287.04 1/3 - 6/19 Deduction (13 pays)	\$233.22 9/12 - 12/19 Deduction (8 pays)
Plan E - MESSA ABC Plan 2 \$2000/\$4000 deductible	Coverage Level Single Coverage	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate \$712.65	Premium Cost \$8,551.80	Hard Cap Employer Annual Cost \$7,718.26	Employer Monthly Cost \$643.19	Employee Annual Cost \$833.54	Employee Monthly Cost \$69.46	\$287.04 1/3 - 6/19 Deduction (13 pays) \$42.75	\$233.22 9/12 - 12/19 Deduction (8 pays) \$34.73
Coverage Level MESSA Monthly Rate Annual Premium Cost Hard Cap Employer Annual Cost Employer Monthly Cost Employee Annual Cost Employee Monthly Cost 1/3 - 6/19 Deduction (13 pays) 9/12 - 12/19 Deduction (8 pays) Single Coverage \$755.76 \$9,069.12 \$7,718.26 \$643.19 \$1,350.86 \$112.57 \$69.27 \$56.29 Two-Person Coverage \$1,698.59 \$20,383.08 \$16,141.28 \$1,345.11 \$4,241.80 \$353.48 \$217.53 \$176.74	Coverage Level Single Coverage Two-Person Coverage	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate \$712.65 \$1,601.59	\$8,551.80 \$19,219.08	Hard Cap Employer Annual Cost \$7,718.26 \$16,141.28	Employer Monthly Cost \$643.19 \$1,345.11	Employee Annual Cost \$833.54 \$3,077.80	Employee Monthly Cost \$69.46 \$256.48	\$287.04 1/3 - 6/19 Deduction (13 pays) \$42.75 \$157.84	\$233.22 9/12 - 12/19 Deduction (8 pays) \$34.73 \$128.24
Coverage Level MESSA Monthly Rate Premium Cost Annual Cost Monthly Cost Annual Cost Monthly Cost (13 pays) Deduction (8 pays) Single Coverage \$755.76 \$9,069.12 \$7,718.26 \$643.19 \$1,350.86 \$112.57 \$69.27 \$56.29 Two-Person Coverage \$1,698.59 \$20,383.08 \$16,141.28 \$1,345.11 \$4,241.80 \$353.48 \$217.53 \$176.74	Coverage Level Single Coverage Two-Person Coverage Three or More Coverage Plan E - MESSA ABC Plan 2	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate \$712.65 \$1,601.59 \$1,992.71 \$2000/\$4000 deductible	\$8,551.80 \$19,219.08	Hard Cap Employer Annual Cost \$7,718.26 \$16,141.28	Employer Monthly Cost \$643.19 \$1,345.11	Employee Annual Cost \$833.54 \$3,077.80	Employee Monthly Cost \$69.46 \$256.48	\$287.04 1/3 - 6/19 Deduction (13 pays) \$42.75 \$157.84	\$233.22 9/12 - 12/19 Deduction (8 pays) \$34.73 \$128.24
Single Coverage \$755.76 \$9,069.12 \$7,718.26 \$643.19 \$1,350.86 \$112.57 \$69.27 \$56.29 Two-Person Coverage \$1,698.59 \$20,383.08 \$16,141.28 \$1,345.11 \$4,241.80 \$353.48 \$217.53 \$176.74	Coverage Level Single Coverage Two-Person Coverage Three or More Coverage Plan E - MESSA ABC Plan 2	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate \$712.65 \$1,601.59 \$1,992.71 \$2000/\$4000 deductible	\$8,551.80 \$19,219.08 \$23,912.52	Hard Cap Employer Annual Cost \$7,718.26 \$16,141.28 \$21,049.85	Employer Monthly Cost \$643.19 \$1,345.11 \$1,754.15	Employee Annual Cost \$833.54 \$3,077.80 \$2,862.67	Employee Monthly Cost \$69.46 \$256.48 \$238.56	\$287.04 1/3 - 6/19 Deduction (13 pays) \$42.75 \$157.84 \$146.80	\$233.22 9/12 - 12/19 Deduction (8 pays) \$34.73 \$128.24 \$119.28
Two-Person Coverage \$1,698.59 \$20,383.08 \$16,141.28 \$1,345.11 \$4,241.80 \$353.48 \$217.53 \$176.74	Coverage Level Single Coverage Two-Person Coverage Three or More Coverage Plan E - MESSA ABC Plan 2 0% Coinsurance	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate \$712.65 \$1,601.59 \$1,992.71 \$2000/\$4000 deductible	\$8,551.80 \$19,219.08 \$23,912.52	### Hard Cap Employer	Employer Monthly Cost \$643.19 \$1,345.11 \$1,754.15	Employee Annual Cost \$833.54 \$3,077.80 \$2,862.67	Employee Monthly Cost \$69.46 \$256.48 \$238.56	\$287.04 1/3 - 6/19 Deduction (13 pays) \$42.75 \$157.84 \$146.80	\$233.22 9/12 - 12/19 Deduction (8 pays) \$34.73 \$128.24 \$119.28
	Coverage Level Single Coverage Two-Person Coverage Three or More Coverage Plan E - MESSA ABC Plan 2 0% Coinsurance Coverage Level	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate \$712.65 \$1,601.59 \$1,992.71 \$2000/\$4000 deductible 3Tier Rx MESSA Monthly Rate	\$8,551.80 \$19,219.08 \$23,912.52 Annual Premium Cost	Hard Cap Employer Annual Cost \$7,718.26 \$16,141.28 \$21,049.85 Hard Cap Employer Annual Cost	Employer Monthly Cost \$643.19 \$1,345.11 \$1,754.15	Employee Annual Cost \$833.54 \$3,077.80 \$2,862.67 Employee Annual Cost	Employee Monthly Cost \$69.46 \$256.48 \$238.56	\$287.04 1/3 - 6/19 Deduction (13 pays) \$42.75 \$157.84 \$146.80 1/3 - 6/19 Deduction (13 pays)	\$233.22 9/12 - 12/19 Deduction (8 pays) \$34.73 \$128.24 \$119.28 9/12 - 12/19 Deduction (8 pays)
	Coverage Level Single Coverage Two-Person Coverage Three or More Coverage Plan E - MESSA ABC Plan 2 0% Coinsurance Coverage Level Single Coverage	Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay MESSA Monthly Rate \$712.65 \$1,601.59 \$1,992.71 \$2000/\$4000 deductible 3Tier Rx MESSA Monthly Rate \$755.76	\$8,551.80 \$19,219.08 \$23,912.52 Annual Premium Cost \$9,069.12	### Hard Cap Employer	Employer Monthly Cost \$643.19 \$1,345.11 \$1,754.15 Employer Monthly Cost \$643.19	Employee Annual Cost \$833.54 \$3,077.80 \$2,862.67 Employee Annual Cost \$1,350.86	Employee Monthly Cost \$69.46 \$256.48 \$238.56 Employee Monthly Cost \$112.57	\$287.04 1/3 - 6/19 Deduction (13 pays) \$42.75 \$157.84 \$146.80 1/3 - 6/19 Deduction (13 pays) \$69.27	\$233.22 9/12 - 12/19 Deduction (8 pays) \$34.73 \$128.24 \$119.28 9/12 - 12/19 Deduction (8 pays) \$56.29

2025 GRPS HEALTH INSURANCE RATES - GREA

Plan F - Essentials by MESSA \$375/\$750 deductible								
	EbM Rx	1						
	\$25/\$50/\$200							
20% Coinsurance	OV/UC/ER Copay							
Coverage Level	MESSA Monthly Rate	Annual	Hard Cap Employer	Employer	Employee	Employee	1/5 - 6/20 Deduction	9/13 - 12/20
Coverage Level	MESSA Monthly Rate	Premium Cost	Annual Cost	Monthly Cost	Annual Cost	Monthly Cost	(13 pays)	Deduction (8 pays)
Single Coverage	\$656.59	\$7,879.08	\$7,718.26	\$643.19	\$160.82	\$13.40	\$8.25	\$6.70
Two-Person Coverage	\$1,475.46	\$17,705.52	\$16,141.28	\$1,345.11	\$1,564.24	\$130.35	\$80.22	\$65.18
Three or More Coverage	\$1.835.76	\$22,029.12	\$21.049.85	\$1,754.15	\$979.27	\$81.61	\$50.22	\$40.80