

**2025 GRPS HEALTH INSURANCE RATES - GREA**

Deductions are Based on Full Time (1.0 FTE) Employees					
Less than 1.0 FTE (30 hrs. wk), but at least .4 FTE (12 hrs. wk.) will be prorated for CIL or Medical. Below .4 FTE doesn't qualify.					
Collective Bargaining Unit	Full Name	Group Code	Insurance	Waiting Period	Cash in Lieu
GREA	Grand Rapids Education Association	TC - MEA	MESSA	Immediate	\$3,000

**Plan A - MESSA ABC Plan 1 \$1650/\$3300 deductible**

0% Coinsurance		5Tier Mail Order ONLY						
Coverage Level	MESSA Monthly Rate	Annual Premium Cost	Hard Cap Employer Annual Cost	Employer (ER) Monthly Cost	Employee Annual Cost	Employee Monthly Cost	1/3 - 6/19 Deduction (13 pays)	9/12 - 12/19 Deduction (8 pays)
Single Coverage	\$769.05	\$9,228.60	\$7,718.26	\$643.19	\$1,510.34	\$125.86	\$77.45	\$62.93
Two-Person Coverage	\$1,728.49	\$20,741.88	\$16,141.28	\$1,345.11	\$4,600.60	\$383.38	\$235.93	\$191.69
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

**Plan B - CASH IN LIEU \$3000**

**Includes MESSA Delta Dental/VSP Vision/\$50,000 Life Insurance**

Annual Benefit	Per 21 Pays
\$3,000.00	\$142.85

**Plan C - MESSA Choices Plan \$1000/\$2000 deductible**

10% Coinsurance		3Tier MAIL Order ONLY; \$20/\$25/\$50 OV/UC/ER Copay						
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	\$794.03	\$9,528.36	\$7,718.26	\$643.19	\$1,810.10	\$150.84	\$92.83	\$75.42
Two-Person Coverage	\$1,784.69	\$21,416.28	\$16,141.28	\$1,345.11	\$5,275.00	\$439.58	\$270.51	\$219.79
Three or More Coverage	\$2,220.59	\$26,647.08	\$21,049.85	\$1,754.15	\$5,597.23	\$466.44	\$287.04	\$233.22

**Plan D - MESSA Balance+ \$1650/\$3300 deductible**

20% Coinsurance		Balance+ Rx \$25/\$50/\$200 OV/UC/ER Copay						
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	\$712.65	\$8,551.80	\$7,718.26	\$643.19	\$833.54	\$69.46	\$42.75	\$34.73
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**

0% Coinsurance		3Tier Rx						
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
Three or More Coverage	\$2,113.43	\$25,361.16	\$21,049.85	\$1,754.15	\$4,311.31	\$359.28	\$221.09	\$179.64

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Plan F - Essentials by MESSA \$375/\$750 deductible								
	EbM Rx \$25/\$50/\$200 OV/UC/ER Copay							
20% Coinsurance								
Coverage Level	MESSA Monthly Rate	Annual Premium Cost	Hard Cap Employer Annual Cost	Employer Monthly Cost	Employee Annual Cost	Employee Monthly Cost	1/5 - 6/20 Deduction (13 pays)	9/13 - 12/20 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