

**2025 GRPS HEALTH INSURANCE RATES - GREOA**

**Deductions are Based on Full Time (1.0 FTE) Employees**

*Less than 1.0 FTE, but at least .5 FTE, will be prorated for CIL or Medical. (Below .5 FTE doesn't qualify)*

Collective Bargaining Unit	Full Name	Group Code	Insurance	Waiting Period	Cash in Lieu
GREOA		AO - MEA	MESSA	1 <sup>st</sup> of month following date of hire	\$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	Per 19 Pays Deduction
Single Coverage	\$769.05	\$9,228.60	\$7,718.26	\$643.19	\$1,510.34	\$125.86	\$79.49
Two-Person Coverage	\$1,728.49	\$20,741.88	\$16,141.28	\$1,345.11	\$4,600.60	\$383.38	\$242.14
Three or More Coverage	\$2,150.63	\$25,807.56	\$21,049.85	\$1,754.15	\$4,757.71	\$396.48	\$250.41

**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	Per 19 Pays Deduction
Single Coverage	\$794.03	\$9,528.36	\$7,718.26	\$643.19	\$1,810.10	\$150.84	\$95.27
Two-Person Coverage	\$1,784.69	\$21,416.28	\$16,141.28	\$1,345.11	\$5,275.00	\$439.58	\$277.63
Three or More Coverage	\$2,220.59	\$26,647.08	\$21,049.85	\$1,754.15	\$5,597.23	\$466.44	\$294.59

**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	Per 19 Pays Deduction
Single Coverage	\$712.65	\$8,551.80	\$7,718.26	\$643.19	\$833.54	\$69.46	\$43.87
Two-Person Coverage	\$1,601.59	\$19,219.08	\$16,141.28	\$1,345.11	\$3,077.80	\$256.48	\$161.99
Three or More Coverage	\$1,992.71	\$23,912.52	\$21,049.85	\$1,754.15	\$2,862.67	\$238.56	\$150.67

**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	Per 19 Pays Deduction
Single Coverage	\$755.76	\$9,069.12	\$7,718.26	\$643.19	\$1,350.86	\$112.57	\$71.10
Two-Person Coverage	\$1,698.59	\$20,383.08	\$16,141.28	\$1,345.11	\$4,241.80	\$353.48	\$223.25
Three or More Coverage	\$2,113.43	\$25,361.16	\$21,049.85	\$1,754.15	\$4,311.31	\$359.28	\$226.91

**2025 GRPS HEALTH INSURANCE RATES - GREOA**

<b>Plan F - Essentials by MESSA \$375/\$750 deductible</b>							
<b>20% Coinsurance</b>		<b>EbM Rx \$25/\$50/\$200 OV/UC/ER Copay</b>					
<b>Coverage Level</b>	<b>MESSA Monthly Rate</b>	<b>Annual Premium Cost</b>	<b>Hard Cap Employer Annual Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Annual Cost</b>	<b>Employee Monthly Cost</b>	<b>Per 19 Pays Deduction</b>
Single Coverage	\$656.59	\$7,879.08	\$7,718.26	\$643.19	\$160.82	\$13.40	\$8.46
Two-Person Coverage	\$1,475.46	\$17,705.52	\$16,141.28	\$1,345.11	\$1,564.24	\$130.35	\$82.33
Three or More Coverage	\$1,835.76	\$22,029.12	\$21,049.85	\$1,754.15	\$979.27	\$81.61	\$51.54