

2025 GRPS HEALTH INSURANCE RATES - GRESPA, GRAEOP, GRACEN

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 | |
|----------------------------|-----------|------------------|-----------|----------------|--------------|--|
| GRESPA, GRAEOP, GRACEN | | BA, SC, WT - MEA | MESSA | 90 days | \$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 |

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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 | Per 19 Pays Deduction |
| 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 |