

2025 GRPS HEALTH INSURANCE RATES - PT GRESPA/GRAEOP

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 - PT		BA/SC - 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	\$784.71	\$9,416.52	\$7,718.26	\$643.19	\$1,698.26	\$141.52	\$89.38
Two-Person Coverage	\$1,763.73	\$21,164.76	\$16,141.28	\$1,345.11	\$5,023.48	\$418.62	\$264.39
Three or More Coverage	\$2,194.49	\$26,333.88	\$21,049.85	\$1,754.15	\$5,284.03	\$440.34	\$278.11
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							
	3Tier MAIL Order ONLY; \$20/\$25/\$50 OV/UC/ER Copay						
10% 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	\$810.20	\$9,722.40	\$7,718.26	\$643.19	\$2,004.14	\$167.01	\$105.48
Two-Person Coverage	\$1,821.08	\$21,852.96	\$16,141.28	\$1,345.11	\$5,711.68	\$475.97	\$300.61
Three or More Coverage	\$2,265.87	\$27,190.44	\$21,049.85	\$1,754.15	\$6,140.59	\$511.72	\$323.19
Plan D - MESSA Balance+ \$1650/\$3300 deductible							
	Balance+ 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	\$727.16	\$8,725.92	\$7,718.26	\$643.19	\$1,007.66	\$83.97	\$53.03
Two-Person Coverage	\$1,634.24	\$19,610.88	\$16,141.28	\$1,345.11	\$3,469.60	\$289.13	\$182.61
Three or More Coverage	\$2,033.35	\$24,400.20	\$21,049.85	\$1,754.15	\$3,350.35	\$279.20	\$176.33
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	\$771.15	\$9,253.80	\$7,718.26	\$643.19	\$1,535.54	\$127.96	\$80.82
Two-Person Coverage	\$1,733.22	\$20,798.64	\$16,141.28	\$1,345.11	\$4,657.36	\$388.11	\$245.12
Three or More Coverage	\$2,156.53	\$25,878.36	\$21,049.85	\$1,754.15	\$4,828.51	\$402.38	\$254.13

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Plan F - Essentials by MESSA \$375/\$750 deductible							
20% Coinsurance		EBM 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	\$669.96	\$8,039.52	\$7,718.26	\$643.19	\$321.26	\$26.77	\$16.91
Two-Person Coverage	\$1,505.54	\$18,066.48	\$16,141.28	\$1,345.11	\$1,925.20	\$160.43	\$101.33
Three or More Coverage	\$1,873.19	\$22,478.28	\$21,049.85	\$1,754.15	\$1,428.43	\$119.04	\$75.18