

Plan Description	Benefits	Enrollment	Per Pay Cost (Approx)
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA Choices (3G) \$100/\$200 0% \$5/\$5/\$5 \$10/\$25 \$10/\$20 EA1	Single 2-Person Family	\$226.86 \$557.02 \$656.56
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (7U) \$1400/\$2800 0% \$0 \$0 ABC Rx EA1, HEQ	Single 2-Person Family	\$144.05 \$356.12 \$378.02
Plan IN Deductible: IN Coinsurance: OL/OV/SV Copay: UC/ER Copay: Rx Coverage: Riders:	MESSA ABC Plan 1 (AF) \$1400/\$2800 0% \$0 \$0 ABC Mail EA1, HEQ	Single 2-Person Family	\$139.39 \$345.64 \$364.99

**Note:** Per pay costs include front loaded H.S.A. The district pays dental/vision.

Cost Breakdown:

		Mo. Medical Cost	Monthly H.S.A.	Total Medical	Monthly Hardcap	Employee Portion	Per Pay Portion
<b>Choices</b>	Single:	\$ 1,040.72		\$1,040.72	\$ 586.99	\$ 453.73	\$ 226.86
	2-Person:	\$ 2,341.62		\$2,341.62	\$ 1,227.58	\$1,114.04	\$ 557.02
	Family:	\$ 2,914.00		\$2,914.00	\$ 1,600.89	\$1,313.11	\$ 656.56
<b>ABC Plan 1</b>	Single:	\$ 758.42	\$ 116.67	\$ 875.09	\$ 586.99	\$ 288.10	\$ 144.05
	2-Person:	\$ 1,706.48	\$ 233.33	\$1,939.81	\$ 1,227.58	\$ 712.23	\$ 356.12
	Family:	\$ 2,123.59	\$ 233.33	\$2,356.92	\$ 1,600.89	\$ 756.04	\$ 378.02
<b>ABC Plan 1 (Rx)</b>	Single:	\$ 749.11	\$ 116.67	\$ 865.78	\$ 586.99	\$ 278.79	\$ 139.39
	2-Person:	\$ 1,685.53	\$ 233.33	\$1,918.86	\$ 1,227.58	\$ 691.28	\$ 345.64
	Family:	\$ 2,097.53	\$ 233.33	\$2,330.86	\$ 1,600.89	\$ 729.98	\$ 364.99