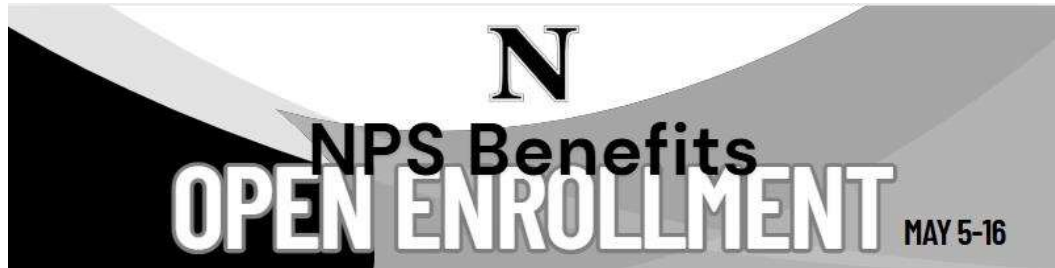


2025-2026 School Year  
Enrollment Form



Contribution Amount/Cost Per Pay (20 pays schedule)	Plan 1 Deductible \$1,650-3300	Plan 2 Deductible \$2000-4000	Plan 3 – Embedded Deductible \$3300-6600	Plan 4 w/ 20% co-insurance Deductible \$2000-4000
Single	\$140.16/\$0 Cost PP	\$561.58/\$0 Cost PP	\$1,465.54/\$0 Cost PP	\$1,366.06/\$0 Cost PP
2-Person	\$0/\$102.31 Cost PP	\$0/\$51.74 Cost PP	\$1,134.68/\$0 Cost PP	\$896.00/\$0 Cost PP
Full Family	\$0/\$84.22 Cost PP	\$0/\$21.01 Cost PP	\$2,291.69/\$0 Cost PP	\$1,993.25/\$0 Cost PP

**CONTRIBUTION AMOUNT** = The amount of \$\$ the District contributes to your Health Savings Acct.

**COST PER PAY:** The annual premium broken up into 20 pays throughout the school year.

**PLAN 4:** This is a new option offering a 20% co-insurance after the deductible has been met. This allows for an employer HSA contribution on the \$2000-4000 deductible plan.

**I Choose Plan \_\_\_\_\_ (1, 2, 3, or 4)**

**I Choose \_\_\_\_\_ (Single, 2 Person, or Family)**

**Cash in Lieu of Insurance Option:**

If you choose the Cash in Lieu of Insurance, you must fill out the CIL and Waiver Form located on the District Website under Staff > Open Enrollment 2025.

**Employee HSA Contributions**

\_\_\_\_\_ I wish to make HSA Deductions from payroll as follows:

Please withhold \$\_\_\_\_\_ from my bi-weekly payroll.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ or until further notice

*\*\*Start Date MUST be a Friday pay date. 2025 HSA Limits: \$4,300 Self Only/\$8,550 2+ People*

**Employee Name:** \_\_\_\_\_ **Employee Signature:** \_\_\_\_\_

**OPTIONAL MESSA Benefits** - Please Review the [MESSA Optional Benefits Guide](#)

If you wish to purchase any of the optional benefits, please contact Christina Wetherell and a payroll deduction form will be sent out to you. All options will be an added EMPLOYEE Cost spread over 20 pays.