

2024-2025 School Year



EMPLOYEE HEALTH INSURANCE OPTIONS

Pick Your Plan

PLAN #1 – Priority Health \$1,600/\$3,200 Deductible with an HSA Account

Single Plan: \$1,073.33 Employer Contribution

Two Person Plan: \$198.26 Employer Contribution

Family Plan: \$1,119.27 Employer Contribution

PLAN #2 – Priority Health \$2,000/\$4,000 Deductible with an HSA Account

Single Plan: \$1,490.09 Employer Contribution

Two Person Plan: \$1,198.46 Employer Contribution

Family Plan: \$2,369.55 Employer Contribution

PLAN #3 – Priority Health \$3,200/\$6,400 Deductible with an HSA Account

Single Plan: \$2,213.57 Employer Contribution

Two Person Plan: \$2,934.86 Employer Contribution

Family Plan: \$4,539.99 Employer Contribution

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.

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. 2024 HSA Limits: \$4,150 Self Only/\$8,300 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.