ADDISON COMMUNITY SCHOOLS

BUSINESS OFFICE
219 N. COMSTOCK ● ADDISON, MI 49220
Phone: 517-547-7509 Fax: 517-547-3838

2027 Individual Contract Health Insurance Choices

2 payments from the District will be made to your Health Equity Account. One in January equivalent to 8/12's of the annual deductible and one in September equivalent to 4/12's of the annual deductible.

Effective date is January 1, 2027

Copay changes will now be effective January and run January–December each year.

Please mark 1 box below:

_____ MESSA – High Deductible Plan – ABC Plan 2 $2000/$4000
90% = after deductible is met MESSA pays 90% and employee pays 10% other then prescription copays
(Summary of benefits – MESSA ABC Plan 2 90%)

Estimated copay (26 pays) = Single-$61.98 2 person-$162.91 Family-$125.68

_____ Pak B – NO health insurance

T***he district shall not be obligated to pay more than the monthly prorated "hard cap "amount established by Public Act 152 of 2011 for medical/health insurance coverage.***

Employee Signature: _____ Date: _____

Employee Name: _____