

**TEACHER**  
**Class 04**

**January 1, 2019 through December 31, 2019**

**PRIORITY HEALTH HMO**

***Must elect Pak C***

\$15/\$30 co-pay for Rx Drugs  
\$5 co-pay for Office Visits  
100% Hospital/Surgical Coverage  
\$0 Deductible  
Referral required for non-participating specialist

**PRIORITY HEALTH PPO**

***Must elect Pak C***

\$250 Deductible – Single  
\$500 Deductible – 2-Person/Family  
Deductible year January 1 – December 31  
\$10/\$40 co-pay for Rx Drugs  
\$20 co-pay for Office Visits  
100% Hospital/Surgical Coverage after Deductible

**MESSA ABC PLAN 1 – HDHP WITH HSA**

***Must elect Pack A***

\$1,350 Deductible-Single  
\$2,700 Deductible- 2-Person/Family  
Deductible year January 1 – December 31  
100% coverage after deductible  
AAPS funds deductible – deposits made monthly  
paid the first paycheck of each month to Health Savings Acct.  
HSA deposit \$112.50 – Single  
HSA deposit \$225.00 – 2-Person/Family  
Deposits made ONLY while enrolled  
After Deductible \$10/\$40 co-pay for Rx Drugs  
Mandatory Rx Mail Order

**CASH-IN-LIEU OF MEDICAL**

***Must elect Pak B***

\$2,000 – Paid over 10 pays on the 1<sup>st</sup> paycheck of each month throughout the year other than July and August.

**VISION SERVICE PLAN (VSP)**

***Cost is paid by Employee -Single Coverage \$5.03, 2-Person Coverage \$10.81, Family Coverage \$16.25***

\$0 co-pay for eye exam, \$65 maximum on frames, \$115 covered for contact lenses & exam (replaces glasses) Eligible - Every 12 months from date of service.

Benefit year is July – June.

**Employee Contribution per Pay Period**  
**Based on January 1-December 31, 2019 coverage**  
**Rates will fluctuate based on Employee**  
**Pay cycle 21 pay – (20 pay deducts Jan – Dec)**  
**26 pay - (26 pay deducts Jan – Dec)**

<u>INSURANCE</u>	<u>12MONTH</u>	<u>21 PAY</u>	<u>26 PAY</u>
<u>COVERAGE</u>	<u>COST</u>	<u>DEDUCT</u>	<u>DEDUCT</u>
<i>Priority Health HMO</i>	\$5,348.94	\$267.45	\$205.73
<i>Priority Health PPO</i>	\$3,138.54	\$156.93	\$120.72
<i>MESSA ABC Plan 1 HDHP WITH HSA</i>	\$7,630.62	\$381.53	\$293.49

*Rates listed above are for full-time employees only. Part-time employee rates vary, please see HR for details*

**Insurances listed below are benefits**  
**at no cost to employee**

**DELTA DENTAL**

\$2,000 maximum per person each benefit year  
Benefit year for all teachers is July – June  
100% Coverage – Class 1 Benefits with medical  
75% Coverage – Class 2 & 3 with medical  
**80% Coverage – Class 1, 2 & 3 if Employee does not enroll in any Medical Insurance**  
50% Coverage – Orthodontics, Class 4 Benefits has a lifetime maximum per person of \$2,000 up to age 19 with or without medical

**DISABILITY (CIGNA)**

Pays 66 2/3%  
Waiting Period – 90 work days or when all sick days are used (later of the two)

**LIFE INSURANCE (CIGNA)**

\$45,000 Term Life/ \$45,000 AD&D with medical  
\$50,000 Term Life / \$50,000 AD&D without medical

**When placed on Leave of Absence insurance will terminate once taken off payroll through AAPS**