

Health Insurance Options

	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO
	 enrollment Pak C	 enrollment Pak C	 enrollment Pak C	 enrollment Pak A
Deductible Single Coverage	\$0	\$250	\$0	\$1,400 includes Rx
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	\$2,800 includes Rx
Deductible Year	--	Jan. 1 - Dec. 31	--	Jan. 1 - Dec. 31
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	\$10 / \$40 after deductible only
Office Visits Copay	\$20	\$20	\$20	--
Hospital/Surgical Coverage after Deductible	100%	100%	100%	100%
Specialists	Referral Required for non-participating specialists	--	Referral Required for all specialists	--
Health Savings Account (HSA)	--	--	--	AAPS Funds deductible through monthly deposits into employee's HSA, paid on 1st paycheck of each month, only while employee is enrolled in the plan AAPS HSA monthly contributions Single \$116.67 2 Person/Family \$233.33

12 Month Cost	\$1,000.00	\$2,026.84	\$4,862.20	\$7,318.12
School Year Only Pay Deductions based on 20 pays	\$50.00	\$101.34	\$243.11	\$365.90
Year Round Pay Deductions based on 24 pays*	\$41.67	\$84.45	\$202.59	\$304.92

*Benefits Deductions will occur on the first 2 paychecks of each month

Vision - Blue Cross/Vision Service Plan (VSP)

	Employer Paid	Coordination for Vision Eligible every 12 months from date of service <ul style="list-style-type: none"> \$5 copay for eye exam \$10 copay for lenses & frames \$130 covered for contact lenses & exam (replaces glasses)
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Dental - Blue Cross Dental

	Employer Paid	Coordination for Dental \$2,000 maximum per person each benefit year for classes I, II & III services <ul style="list-style-type: none"> 100% Coverage - Diagnostic & Preventive Services (Class I) 75% Coverage - Basic & Major Services (Class II & III) 50% Coverage - Orthodontics (Class IV) up to age 19, \$2,000 lifetime max per person January - December benefit year
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Unum Life, AD&D, LTD

Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance

	Employer Paid	Life & AD&D Coverage Amount: \$50,000 (premiums paid by AAPS) Employee may purchase up to \$100,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$10,000 monthly maximum Waiting period 180 calendar days
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Rates listed above are for Full Time employees, rates for Part Time employees vary, see HR for details

Plans based on January 1 - December 31 coverage, rates subject to changes based on partial year coverage

When on Leave of Absence, insurance will terminate once taken off payroll with AAPS