








Health Insurance Options

	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO	Cash in Lieu of Medical Insurance
	 enrollment Pak C	 enrollment Pak C	 enrollment Pak C	 enrollment Pak A	enrollment Pak B
Deductible Single Coverage	\$0	\$250	\$0	\$1,400 <i>includes Rx</i>	<p>\$1,000</p> <p>Paid over 10 pays on the 1st paycheck of each month September through June</p> <p>(No payout July or August)</p>
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	\$2,800 <i>includes Rx</i>	
Deductible Year	--	Jan. 1 - Dec. 31	--	Jan. 1 - Dec. 31	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	\$10 / \$40 <i>after deductible only</i>	
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)	--	--	--	<p>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</p> <p>AAPS HSA monthly contributions</p> <p>Single \$116.67</p> <p>2 Person/Family \$233.33</p>	
12 Month Cost	\$3,070.50	\$4,097.34	\$6,932.70	\$9,388.62	
School Year Only Pay Deductions based on 20 pays	\$153.53	\$204.87	\$346.64	\$469.43	
Year Round Pay Deductions based on 24 pays*	\$127.94	\$170.73	\$288.87	\$391.20	

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

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

Dental - Blue Cross Dental		
	Employer Paid	<p>Coordination for Dental</p> <p>\$2,000 maximum per person each benefit year for classes I, II & III services</p> <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 <p>January - December benefit year</p>

Unum Life, AD&D, LTD		
Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	<p>Life & AD&D</p> <p>Coverage Amount: 1x annual salary up to \$100,000 maximum (premiums paid by AAPS)</p> <p>Employee may purchase up to \$50,000 of additional Life/AD&D coverage</p> <p>LTD Pays 66.67% up to \$8,000 monthly maximum</p> <p>Waiting period 90 calendar days</p>

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