








**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 <b>Single</b> Coverage	\$0	\$250	\$0	\$1,400 includes Rx
Deductible <b>2 Person/Family</b> 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 <b>1st paycheck of each month</b> , only while employee is enrolled in the plan  <b>AAPS HSA monthly contributions</b> Single \$116.67 2 Person/Family \$233.33
12 Month Cost	\$1,000.00	\$2,026.84	\$4,862.20	\$7,318.12
<b>School Year Only Pay Deductions</b> based on <b>20 pays</b>	<b>\$50.00</b>	<b>\$101.34</b>	<b>\$243.11</b>	<b>\$365.90</b>
<b>Year Round Pay Deductions</b> based on <b>24 pays*</b>	<b>\$41.67</b>	<b>\$84.45</b>	<b>\$202.59</b>	<b>\$304.92</b>

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

Vision - Davis Vision		
	May be Purchased (2 year minimum enrollment requirement)	Eligible every 12 months from date of service In-Network Services <ul style="list-style-type: none"> <li>\$10 copay for eye exam</li> <li>\$0 copay for lenses &amp; frames</li> <li>Davis Vision Collection frames covered 100%</li> <li>\$120 covered for contact lenses &amp; exam (replaces glasses)</li> </ul>

Dental - Blue Cross Dental		
	Employer Paid	No Coordination for Dental \$1,000 maximum per person each benefit year for classes I, II & III services <ul style="list-style-type: none"> <li>100% Coverage - Diagnostic &amp; Preventive Services (Class I)</li> <li>75% Coverage - Basic &amp; Major Services (Class II &amp; III)</li> <li>50% Coverage - Orthodontics (Class IV) up to age 19, \$1,000 lifetime max per person</li> </ul> January - December benefit year

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: \$100,000 (premiums paid by AAPS) Employee may purchase up to \$100,000 of additional Life/AD&D coverage  LTD Pays 66.67% up to \$6,000 monthly maximum Waiting period 365 calendar days

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**