







Health Insurance Options

	Priority Health HMO	Priority Health PPO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO	Cash in Lieu of Medical Insurance
	 enrollment Pak C	 enrollment Pak C	 enrollment Pak A	enrollment Pak B
Deductible Single Coverage	\$0	\$250	\$1,400 includes Rx	\$2,000 Paid over 10 pays on the 1st paycheck of each month September through June (No payout July or August)
Deductible 2 Person/Family Coverage	\$0	\$500	\$2,800 includes Rx	
Deductible Year	--	Jan. 1 - Dec. 31	Jan. 1 - Dec. 31	
Prescription (Rx) Drugs Copay	\$15 / \$30	\$10 / \$40	\$10 / \$40 after deductible only mandatory Rx mail order	
Office Visits Copay	\$5	\$20	--	
Hospital/Surgical Coverage after Deductible	100%	100%	100%	
Specialists	Referral Required for non- participating 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	\$5,101.38	\$3,478.86	\$8,770.14	
School Year Only Pay Deductions based on 20 pays	\$255.07	\$173.95	\$438.51	
Year Round Pay Deductions based on 24 pays*	\$212.56	\$144.96	\$365.43	

*Benefits Deductions will occur on the first 2 paychecks o

MESSA Vision - Vision Service Plan (VSP)		
	Cost Paid By Employee	July - June benefit year • \$0 copay for eye exam • \$65 maximum on frames • \$115 covered for contact lenses & exam (replaces glasses) Employee Costs (per month) • Single \$5.76 • 2-Person \$12.36 • Family \$18.59

Dental - Delta Dental		
	Employer Paid	\$2,000 Maximum per person each benefit year for classes I, II & III services Dental Plan with medical Pak A & C • 100% Coverage - Diagnostic & Preventive Services (Class I) • 75% Coverage - Basic & Major Services (Class II & III) • 50% Coverage - Orthodontics (Class IV) Dental Plan without medical Pak B • 80% Coverage - all classes (I, II, III, & IV) Both dental plans have a lifetime maximum per person of \$2,000 for orthodontics up to age 19

MESSA Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	With medical Pak A & C \$40,000 Negotiated Term Life / \$40,000 Negotiated AD&D \$ 5,000 Basic Term Life/ \$5,000 Basic AD&D With medical Pak B \$50,000 Negotiated Term Life / \$50,000 Negotiated AD&D LTD Pays 66.67% up to \$4,000 monthly maximum Waiting period 90 work days or when all sick days are used (whichever comes last)

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