





**Health Insurance Options**

	Priority Health HMO	Priority Health PPO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO
	 enrollment Pak C	 enrollment Pak C	 enrollment Pak A
Deductible <b>Single</b> Coverage	\$0	\$250	\$1,400 includes Rx
Deductible <b>2 Person/Family</b> 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 <b>1st paycheck of each month</b> , only while employee is enrolled in the plan <b>AAPS HSA monthly contributions are prorated, based on FTE</b>


Cost for Health and Dental insurance based on part time employee's Full Time Equivalency (FTE), ask HR for details.  
Costs are available online at [aaps.bswift.com](http://aaps.bswift.com) upon enrollment

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

**MESSA Vision - Vision Service Plan (VSP)**


	Cost Paid By Employee	<p>July - June benefit year</p> <ul style="list-style-type: none"> <li>• \$0 copay for eye exam</li> <li>• \$65 maximum on frames</li> <li>• \$115 covered for contact lenses &amp; exam (replaces glasses)</li> </ul> <p>Employee Costs (per month)</p> <ul style="list-style-type: none"> <li>• Single \$5.76</li> <li>• 2-Person \$12.36</li> <li>• Family \$18.59</li> </ul>
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**MESSA Dental - Delta Dental**

	<p>Both Employee and Employer Paid</p> <p>AAPS contributes a prorated portion of the cost, based on FTE</p>	<p>July - June benefit year</p> <p>\$2,000 Maximum per person each benefit year for classes I, II &amp; III services</p> <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, \$2,000 lifetime max per person</li> </ul>
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**MESSA Life, AD&D, LTD**

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

	Employer Paid	<p>\$45,000 Term Life / \$45,000 AD&amp;D</p> <p>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)</p>
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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**