










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>\$1,700</p> <p>Paid over 10 pays on the 1st paycheck of each month September through June</p> <p>(No payout July or August)</p> <p>*Cash in Lieu payout amount is based on number of employees enrolled each year, and is subject to change</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	\$1,000.00	\$2,026.84	\$4,862.20	\$7,318.12	
School Year Only Pay Deductions <i>based on 20 pays</i>	\$50.00	\$101.34	\$243.11	\$365.90	
Year Round Pay Deductions <i>based on 24 pays*</i>	\$41.67	\$84.45	\$202.59	\$304.92	

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

Vision - Davis Vision - With medical Pak A & C		
	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"> \$10 copay for eye exam \$0 copay for lenses & frames Davis Vision Collection frames covered 100% \$120 covered for contact lenses & exam (replaces glasses)
MESSA Vision - Vision Service Plan (VSP) - Without medical Pak B		
	Employer Paid	July - June benefit year \$0 copay for eye exam \$65 maximum on frames \$115 covered for contact lenses & exam (replaces glasses)
MESSA Dental - Delta Dental		
	Employer Paid	July - June benefit year \$2,000 Maximum per person each benefit year for classes I, II & III services <ul style="list-style-type: none"> 100% Coverage - Diagnostic & Preventative Services (Class I) 80% Coverage - Basic & Major Services (Class II & III) 50% Coverage - Orthodontics (Class IV) up to age 19, \$2,000 lifetime max per person
MESSA Life, AD&D Term Life, Accidental Death and Dismemberment (AD&D)		
	Employer Paid	With medical Pak A&C \$25,000 Term Life / \$25,000 AD&D Without medical Pak B \$35,000 Term Life / \$35,000 AD&D
UNUM LTD Long Term Disability (LTD) Insurance		
	Employer Paid	Pays 66.67% up to \$3,333 monthly maximum Waiting period 60 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