






Health Insurance Options


	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	Cash in Lieu of Medical Insurance
	 enrollment Pak A	 enrollment Pak A	 enrollment Pak A	enrollment Pak B
Deductible Single Coverage	\$0	\$250	\$0	\$2,700 Paid over 10 pays on the 1st paycheck of each month September through June (No payout July or August) *Cash in Lieu payout amount is based on number of employees enrolled each year, and is subject to change
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	
Deductible Year	--	Jan. 1 - Dec. 31	--	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	
Office Visits Copay	\$20	\$20	\$20	
Hospital/Surgical Coverage after Deductible	100%	100%	100%	
Specialists	Referral Required for non-participating specialists	--	Referral Required for all specialists	
Health Savings Account (HSA)	--	--	--	

12 Month Cost	\$1,000.00	\$2,026.84	\$4,862.20
School Year Only Pay Deductions based on 20 pays	\$50.00	\$101.34	\$243.11
Year Round Pay Deductions based on 24 pays*	\$41.67	\$84.45	\$202.59

*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"> • \$10 copay for eye exam • \$0 copay for lenses & frames • Davis Vision Collection frames covered 100% • \$120 covered for contact lenses & exam (replaces glasses)

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"> • 100% Coverage - Diagnostic & Preventive Services (Class I) • 75% Coverage - Basic & Major Services (Class II & III) • 50% Coverage - Orthodontics (Class IV) up to age 19, \$1,000 lifetime max per person January - December benefit year

Unum Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	\$35,000 Ter*\$35,000 Term Life / \$35,000 AD&D Employee may purchase up to \$165,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$5,000 monthly maximum Waiting period 90 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