







**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 <b>Single</b> Coverage	\$0	\$250	\$0	\$1,400 includes Rx	<p><b>\$1,700</b></p> <p>Paid over 10 pays on the <b>1st paycheck</b> 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 <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)	--	--	--	<p>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</p> <p><b>AAPS HSA monthly contributions</b></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
<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)	<p>Eligible every 12 months from date of service</p> <p>In-Network Services</p> <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>

MESSA Life, AD&D Term Life, Accidental Death and Dismemberment (AD&D)		
	Employer Paid	<p>With medical <b>Pak A&amp;C</b> \$25,000 Term Life / \$25,000 AD&amp;D</p> <p>Without medical <b>Pak B</b> \$35,000 Term Life / \$35,000 AD&amp;D</p>

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**