






**Health Insurance Options**

	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO
	 <b>enrollment Pak C</b>	 <b>enrollment Pak C</b>	 <b>enrollment Pak C</b>	 <b>enrollment Pak A</b>
Deductible <b>Single Coverage</b>	\$0	\$250	\$0	\$1,500 <i>includes Rx</i>
Deductible <b>2 Person/Family Coverage</b>	\$0	\$500	\$0	\$3,000 <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)	--	--	--	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</b> Single \$125.00 2 Person/Family \$250.00


12 Month Cost	\$4,729.80	\$5,244.24	\$10,102.28	\$13,708.80
<b>School Year Only Pay Deductions</b> <i>based on 20 pays</i>	<b>\$236.49</b>	<b>\$262.21</b>	<b>\$505.11</b>	<b>\$685.44</b>
<b>Year Round Pay Deductions</b> <i>based on 24 pays*</i>	<b>\$197.08</b>	<b>\$218.51</b>	<b>\$420.93</b>	<b>\$571.20</b>

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

**Vision - Blue Cross/Vision Service Plan (VSP)**


	Employer Paid	Coordination for Vision Eligible every 12 months from date of service <ul style="list-style-type: none"> <li>\$5 copay for eye exam</li> <li>\$10 copay for lenses &amp; frames</li> <li>\$130 covered for contact lenses &amp; exam (replaces glasses)</li> </ul>
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**Dental - Blue Cross Dental**

	Employer Paid	Coordination for Dental \$2,000 maximum per person each benefit year for classes I, II & III services <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> January - December benefit year
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**Unum Life, AD&D, LTD**

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

	Employer Paid	Life & AD&D Coverage Amount: \$100,000 (premiums paid by AAPS) Employee may purchase up to \$50,000 of additional Life/AD&D coverage  LTD Pays 66.67% up to \$10,000 monthly maximum Waiting period 180 calendar days
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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**