







Health Insurance Options


	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO
	 enrollment Pak C	 enrollment Pak C	 enrollment Pak C	 enrollment Pak A
Deductible Single Coverage	\$0	\$250	\$0	\$1,400 <i>includes Rx</i>
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	\$2,700 <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 1st paycheck of each month , only while employee is enrolled in the plan AAPS HSA monthly contributions Single \$125.00 2 Person/Family \$250.00

12 Month Cost	\$1,000.00	\$1,514.44	\$6,372.48	\$9,979.00
School Year Only Pay Deductions <i>based on 20 pays</i>	\$50.00	\$75.72	\$318.62	\$498.95
Year Round Pay Deductions <i>based on 24 pays*</i>	\$41.67	\$63.10	\$265.52	\$415.79

*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 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 365 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