







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 | \$1,500 includes Rx | \$1,700 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 | \$3,000 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) | -- | -- | -- | 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 based on 20 pays | \$50.00 | \$75.72 | \$318.62 | \$498.95 | |
| Year Round Pay Deductions based on 24 pays* | \$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) |

| 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