








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	\$1,600 includes Rx
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	\$3,200 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 \$133.33 2 Person/Family \$266.67
12 Month Cost	\$1,000	\$1,422.88	\$11,153.20	\$11,317.67
School Year Only Pay Deductions based on 20 pays	\$50.00	\$71.14	\$557.66	\$565.88
Year Round Pay Deductions based on 24 pays*	\$41.67	\$59.29	\$464.72	\$471.57

*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 • \$5 copay for eye exam • \$10 copay for lenses & frames • \$130 covered for contact lenses & exam (replaces glasses)
Dental - Blue Cross Dental		
	Employer Paid	Coordination for Dental \$2,000 maximum per person each benefit year for classes I, II & III services • 100% Coverage - Diagnostic & Preventive Services (Class I) • 75% Coverage - Basic & Major Services (Class II & III) • 50% Coverage - Orthodontics (Class IV) up to age 19, \$2,000 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	Life & AD&D Coverage Amount: \$50,000 (premiums paid by AAPS) Employee may purchase up to \$100,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$10,000 monthly maximum Waiting period 180 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