







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	\$1,600 includes Rx	\$1,000 Paid over 10 pays on the 1st paycheck of each month September through June (No payout July or August)
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	\$5,020.40	\$5,443.28	\$15,173.60	\$15,338.07	
School Year Only Pay Deductions based on 20 pays	\$251.02	\$272.16	\$758.68	\$766.90	
Year Round Pay Deductions based on 24 pays*	\$209.18	\$226.80	\$632.23	\$639.09	

*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"> \$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 <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, \$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: 1x annual salary up to \$100,000 maximum (premiums paid by AAPS) Employee may purchase up to \$50,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$8,000 monthly maximum Waiting period 90 calendar days

Rates listed above are for **Full Time employees**, rates for Part Time employees vary, see HR for detailsPlans 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**