

## Class 03 Unaffiliated Supervisors (Non Union)

January 1, 2024 - December 31, 2024

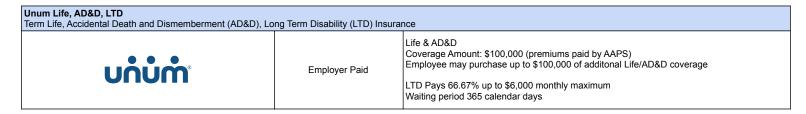
## **Health Insurance Options**

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	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO
	Priority Health	Priority Health	Blue Cross Blue Shield of Michigan	MESSA.
	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	¢4 0000	¢4 400 00	¢44.452.20	¢44.047.67
	\$1,0000	\$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

<sup>\*</sup>Benefits Deductions will occur on the first 2 paychecks of each month

## Vision - Davis Vision May be Purchased (2 year minimum enrollment requirement) May be Purchased (2 year minimum enrollment requirement) Bligible every 12 months from date of service In-Network Services • \$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 Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of Michigan Employer Paid Blue Cross Blue Shield of Michigan Employer Paid Blue Cross Blue Shield of Michigan Employer Paid Blue Cross Blue Shield of Michigan No Coordination for Dental \$1,000 maximum per person each benefit year for classes I, II & III services 100% Coverage - Diagnostic & Preventive Services (Class I) 15% 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



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