







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.1, B.2 |
| Deductible Single Coverage | \$0 | \$250 | \$0 | \$1,600 includes Rx | \$3,200 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 | \$3,200 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 | |

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|---|----------------|----------------|-----------------|-----------------|--|
| 12 Month Cost | \$1,000.00 | \$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 - MESSA Vision Service Plan (VSP) | | |
|---|---------------|--|
|  | Employer Paid | No Coordination for Vision July - June benefit year \$0 copay for eye exam \$65 maximum on frames \$115 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 | With medical Pak A & C \$35,000 Term Life / \$35,000 AD&D Without medical Pak B.2 \$50,000 Term Life / \$50,000 AD&D Employee may purchase up to \$140,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$2,500 monthly maximum Waiting period 90 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