






**Health Insurance Options**


	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	Cash in Lieu of Medical Insurance
	 enrollment Pak A	 enrollment Pak A	 enrollment Pak A	enrollment Pak B
Deductible Single Coverage	\$0	\$250	\$0	<b>\$2,700</b>  Paid over 10 pays on the <b>1st paycheck</b> 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	
Deductible Year	--	Jan. 1 - Dec. 31	--	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	
Office Visits Copay	\$20	\$20	\$20	
Hospital/Surgical Coverage after Deductible	100%	100%	100%	
Specialists	Referral Required for non-participating specialists	--	Referral Required for all specialists	
Health Savings Account (HSA)	--	--	--	

12 Month Cost	\$1,000.00	\$1,422.88	\$11,153.20
<b>School Year Only Pay Deductions based on 20 pays</b>	<b>\$50.00</b>	<b>\$71.14</b>	<b>\$557.66</b>
<b>Year Round Pay Deductions based on 24 pays*</b>	<b>\$41.67</b>	<b>\$59.29</b>	<b>\$464.72</b>

\*Benefits Deductions will occur on the first 2 paychecks of each month

Vision - Davis Vision		
	Employer Paid	Eligible every 12 months from date of service In-Network Services <ul style="list-style-type: none"> <li>• \$10 copay for eye exam</li> <li>• \$0 copay for lenses &amp; frames</li> <li>• Davis Vision Collection frames covered 100%</li> <li>• \$120 covered for contact lenses &amp; exam (replaces glasses)</li> </ul>

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"> <li>• 100% Coverage - Diagnostic &amp; Preventive Services (Class I)</li> <li>• 75% Coverage - Basic &amp; Major Services (Class II &amp; III)</li> <li>• 50% Coverage - Orthodontics (Class IV) up to age 19, \$1,000 lifetime max per person</li> </ul> January - December benefit year

Unum Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	\$35,000 Ter*\$35,000 Term Life / \$35,000 AD&D Employee may purchase up to \$165,000 of additional Life/AD&D coverage  LTD Pays 66.67% up to \$5,000 monthly maximum Waiting period 90 calendar days

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