



Health Insurance Options



	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO	Priority Health HMO	Priority Health HSA PPO	Cash in Lieu of Medical Insurance
Deductible Single Coverage	\$0	\$250	\$0	\$1,650 Includes Rx	\$250	\$1,650 Includes Rx	\$2,200 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	\$3,300 Includes Rx	\$500	\$3,300 Includes Rx	
Out of Pocket Maximum	\$9,100 / \$18,200	\$9,100 / \$18,200	\$6,350 / \$12,700	\$2,650 / \$5,300	\$9,200 / \$18,400	\$3,000 / \$6,000	
Coinurance Maximum	None	None	None	None	\$1,500 / \$3,000	None	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	\$10 / \$40 after deductible only	\$10 / \$40 / \$80	\$10 / \$40 / \$80 after deductible only	
Office Visit Copay	\$20	\$20	\$20	100% after deductible	\$20	100% after deductible	
Emergency Room Copay	\$50	\$50 after deductible	\$50	100% after deductible	\$150 after deductible	100% after deductible	
Hospital/Surgical Coverage	100%	100% after deductible	100% after deductible	100% after deductible	90% after deductible	100% after deductible	
Specialists	\$20 Referral Required for non-participating specialists	\$20 after deductible	\$20 Referral Required for all specialists	100% after deductible	\$40	100% after deductible	
Health Savings Account (HSA)	--	--	--	AAPS Funds deductible - \$825 is paid in January for single coverage, \$1,650 is paid in January for 2 Person/Family coverage, then monthly payments beginning in July: (New Hire amount is prorated) AAPS HSA monthly contributions Single \$137.50 2 Person/Family \$275.00	--	AAPS Funds \$1,650 annually - \$825 is paid in January, then beginning in July: AAPS HSA monthly contributions \$137.50 (New Hire amount is prorated)	(New Hire amount is prorated)

12 Month Cost	\$5,024.76	\$5,195.40	\$11,713.32	\$15,206.04	\$1,500.00	\$1,196.20
School Year Only Pay Deductions based on 20 pays	\$251.24	\$259.77	\$585.67	\$760.30	\$75.00	\$59.81
Year Round Pay Deductions based on 24 pays*	\$209.37	\$216.48	\$488.06	\$633.59	\$62.50	\$49.84

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

MESSA Vision – MESSA VSP 3+		
	Employer Paid	Eligible every 12 months from date of service In-Network Services <ul style="list-style-type: none"> • No copayment for eye exam • \$130 allowance for frames • MESSA pays 100% of approved amount for eyeglass lenses • \$250 allowance for contact lenses includes contact lens exam

MESSA Dental - Delta Dental		
	Employer Paid	January - December benefit year \$2,000 Maximum per person each benefit year for classes I, II & III services <ul style="list-style-type: none"> • 100% Coverage - Diagnostic & Preventative Services (Class I) • 80% Coverage - Basic & Major Services (Class II & III) • 50% Coverage - Orthodontics (Class IV) up to age 19, \$2,000 lifetime max per person

MESSA Life, AD&D Term Life, Accidental Death and Dismemberment (AD&D)		
	Employer Paid	With medical \$25,000 Term Life / \$25,000 AD&D Without medical \$35,000 Term Life / \$35,000 AD&D

Unum LTD Long Term Disability (LTD) Insurance		
	Employer Paid	Pays 66.67% up to \$3,333 monthly maximum Waiting period 60 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