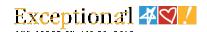
Class 10 Paraprofessionals (TAs)

January 1, 2025 - December 31, 2025



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
	Priority Health	Priority Health	Blue Cross Blue Shield of Michigan	MESSA.	Priority Health	Priority Health	
Deductible Single Coverage	\$0	\$250	\$0	\$1,650 Includes Rx	\$250	\$1,650 Includes Rx	
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	\$3,300 Includes Rx	\$500	\$3,300 Includes Rx	\$2,200
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	D : 1 40
Coinsurance Maximum	None	None	None	None	\$1,500 / \$3,000	None	Paid over 10 pays on
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	\$10 / \$40 after deductible only	\$10 / \$40 / \$80	\$10 / \$40 / \$80 after deductible only	the 1st paycheck of each month September through
Office Visit Copay	\$20	\$20	\$20	100% after deductible	\$20	100% after deductible	June
Emergency Room Copay	\$50	\$50 after deductible	\$50	100% after deductible	\$150 after deductible	100% after deductible	(No payout July or August
Hospital/Surgical Coverage	100%	100% after deductible	100% after deductible	100% after deductible	90% after deductible	100% after deductible	*Cash in Lieu payout amount is based on number of employees
Specialists	\$20 Referral Required for non- participating specialists	\$20 after deductible	\$20 Referral Required for all specialists	100% after deductible	\$40	100% after deductible	enrolled each year, and is subject to change
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	¢5 105 40	¢11 712 22	\$15.206.04	\$1,500,00	¢1 106 20	
School Year Only Pay Deductions based on 20 pays	\$5,024.76 \$251.24	\$5,195.40 \$259.77	\$11,713.32 \$585.67	\$15,206.04 \$760.30	\$1,500.00 \$75.00	\$1,196.20 \$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+				
MESSA.	Employer Paid	Eligible every 12 months from date of service In-Network Services • 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		

△ DELTA DENTAL°	Employer Paid	January - December benefit year \$2,000 Maximum per person each benefit year for classes I, II & III services • 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		

MESSA Life, AD&D Term Life, Accidental Death and Dismemberment (AD&D)				
Cigna	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				
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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