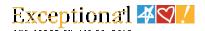
## **Class 05 Office Professional**

January 1, 2025 - December 31, 2025



## **Health Insurance Options**







	Priority Health HMO	Priority Health PPO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO	Priority Health HMO	Priority Health PPO	Priority Health HSA PPO	Cash in Lieu of Medical Insurance
	Priority Health	Priority Health	MESSA.	Priority Health	Priority Health	Priority Health	
Deductible Single Coverage	\$0	\$250	\$1,650 Includes Rx	\$250	\$500	\$1,650 Includes Rx	
Deductible 2 Person/Family Coverage	\$0	\$500	\$3,300 Includes Rx	\$500	\$1,000	\$3,300 Includes Rx	\$3,200  Paid over 10 pays on the
Out of Pocket Maximum	\$9,100 / \$18,200	\$9,100 / \$18,200	\$2,650 / \$5,300	\$9,200 / \$18,400	\$9,200 / \$18,400	\$3,000 / \$6,000	1st paycheck of each month
Coinsurance Maximum	None	None	None	\$1,500 / \$3,000	\$1,000 / \$2,000	None	September through June
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40 after deductible only	\$10 / \$40 / \$80	\$10 / \$40 / \$80	\$10 / \$40 / \$80 after deductible only	(No payout July or August)
Office Visit Copay	\$20	\$20	100% after deductible	\$20	\$20	100% after deductible	*Cash in Lieu payout
Emergency Room Copay	\$50	\$50 after deductible	100% after deductible	\$150 after deductible	\$150 after deductible	100% after deductible	amount is based on number of employees enrolled each
Hospital/Surgical Coverage	100%	100% after deductible	100% after deductible	90% after deductible	90% after deductible	100% after deductible	year, and is subject to change
Specialists	\$20 Referral Required for non- participating specialists	\$20 after deductible	100% after deductible	\$40	\$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	\$5.941.96	\$6.112.60	\$16,123.24	\$2,417.20	\$4.134.28	\$1,196,20	
School Year Only Pay Deductions based on 20 pays	\$5,941.96	\$305.63	\$16,123.24	\$2,417.20 \$120.86	\$4,134.28	\$1,196.20	
Year Round Pay Deductions based on 24 pays*	\$247.58	\$254.69	\$671.80	\$100.72	\$172.26	\$49.84	

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

Vision – MESSA Vision Service Plan (VSP)				
MESSA.	Employer Paid	January - December benefit year \$0 copay for eye exam \$65 maximum on frames \$115 covered for contact lenses & exam (replaces glasses)		

Dental - Blue Cross Dental				
Blue Cross Blue Shield of Michigan	Employer Paid	January - December benefit year \$2,000 maximum per person each benefit year for classes I, II & III services • 100% Coverage - Diagnostic & Preventive 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		

UNUM Life, AD&D					
Term Life, Accidental Death and Dismemberment (AD&D)					
บกํบํกํ	Employer Paid	With medical \$80,000 Term Life / \$80,000 AD&D Without medical \$100,000 Term Life / \$50,000 AD&D Employees may purchase up to \$140,000 of additional Life/AD&D coverage			

Unum LTD				
Long Term Disability (LTD) Insurance				
บกำน้ำกำ		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