








## 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
							
Deductible Single Coverage	\$0	\$250	\$1,650 Includes Rx	\$250	\$500	\$1,650 Includes Rx	<b>\$1,000</b>  <b>Paid over 10 pays on the 1st paycheck of each month September through June</b>
Deductible 2 Person/Family Coverage	\$0	\$500	\$3,300 Includes Rx	\$500	\$1,000	\$3,300 Includes Rx	
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	
Coinsurance Maximum	None	None	None	\$1,500 / \$3,000	\$1,000 / \$2,000	None	
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	
Office Visit Copay	\$20	\$20	100% after deductible	\$20	\$20	100% after deductible	
Emergency Room Copay	\$50	\$50 after deductible	100% after deductible	\$150 after deductible	\$150 after deductible	100% after deductible	
Hospital/Surgical Coverage	100%	100% after deductible	100% after deductible	90% after deductible	90% after deductible	100% after deductible	
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 through quarterly deposits into employee's HSA, only while employee is enrolled in the plan (New Hire amount is prorated?) <b>AAPS HSA quarterly contributions</b> Single \$412.50 2 Person/Family \$825.00	--	--	AAPS Funds \$1,650 annually: <b>AAPS HSA quarterly contributions</b> \$412.50  (New Hire amount is prorated)	(No payout July or August)  (New Hire amount is prorated)

12 Month Cost	\$9,935.03	\$10,105.67	\$20,116.31	\$6,410.27	\$8,127.35	\$5,189.27
School Year Only Pay Deductions based on 20 pays	\$496.75	\$505.28	\$1,005.82	\$320.51	\$406.37	\$259.46
Year Round Pay Deductions based on 24 pays*	\$413.96	\$421.07	\$838.18	\$267.10	\$338.64	\$216.22

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

Vision - Blue Cross/Vision Service Plan (VSP)		
	Employer Paid	Coordination for Vision Eligible every 12 months from date of service <ul style="list-style-type: none"> <li>\$5 copay for eye exam</li> <li>\$10 copay for lenses &amp; frames</li> <li>\$130 covered for contact lenses &amp; exam (replaces glasses)</li> </ul>

Dental - Blue Cross Dental		
	Employer Paid	Coordination for Dental \$2,000 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, \$2,000 lifetime max per person</li> </ul>

Unum Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	Life & AD&D Coverage Amount: 1x annual salary up to \$100,000 maximum (premiums paid by AAPS) Employee may purchase up to \$50,000 of additional Life/AD&D coverage  LTD Pays 66.67% up to \$8,000 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