



Health Insurance Options

	Priority Health HMO	Priority Health PPO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO	NEW! Priority Health HMO	NEW! Priority Health PPO	NEW! Priority Health HSA PPO	Cash in Lieu of Medical Insurance
Deductible Single Coverage	\$0	\$250	\$1,650 Includes Rx	\$250	\$500	\$1,650 Include Rx	\$3,000 \$300.00 is paid over 10 months on the 1st paycheck of each month excluding July & August New Hire Amount is prorated
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	
Coinurance Maximum	None	None	None	\$1,500 / \$3,000	\$1,000 / \$2,000	None	
Prescription (Rx) Drugs Copay	\$15 / \$30	\$10 / \$40	\$10 / \$40 after deductible only mandatory Rx mail order	\$10 / \$40 / \$80	\$10 / \$40 / \$80	\$10 / \$40 / \$80 after deductible only	
Office Visit Copay	\$5	\$20	100% after deductible	\$20	\$20	100% after deductible	
Emergency Room Copay	\$25	\$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	\$5 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 July - December (New Hire amount is prorated): AAPS HSA monthly Single contributions \$137.50 2 Person/Family \$275.00	--	--	AAPS Funds \$1,650 annually - \$825 is paid in January, then beginning in July: AAPS HSA monthly contribution \$137.50 New Hire amount is prorated	

12 Month Cost	\$10,308.25	\$9,237.01	\$19,247.65	\$5,541.61	\$7,258.69	\$4,320.61	
School Year Only Pay Deductions based on 20 pays	\$515.41	\$461.85	\$962.38	\$277.08	\$362.93	\$216.03	
Year Round Pay Deductions based on 24 pays*	\$429.51	\$384.88	\$801.99	\$230.90	\$302.45	\$180.03	

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

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

MESSA Dental - Delta Dental		
	Employer Paid	January – December benefit year \$2,000 Maximum per person each benefit year for classes I, II & III services Dental Plan with medical • 100% Coverage - Diagnostic & Preventive Services (Class I) • 75% Coverage - Basic & Major Services (Class II & III) • 50% Coverage - Orthodontics (Class IV) Dental Plan without medical • 80% Coverage - all classes (I, II, III, & IV)

Cigna Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	With medical \$40,000 Negotiated Term Life / \$40,000 Negotiated AD&D \$ 5,000 Basic Term Life/ \$5,000 Basic AD&D With medical \$50,000 Negotiated Term Life / \$50,000 Negotiated AD&D LTD Pays 66.67% up to \$4,000 monthly maximum Waiting period 90 workdays or when all sick days are used (whichever comes last)

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

Issue Date: January 15, 2025