



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	<p>\$3,200</p> <p>Paid over 10 pays on the 1st paycheck of each month September through June</p> <p>(No payout July or August)</p> <p>*Cash in Lieu payout amount is based on number of employees enrolled each year, and is subject to change</p> <p>(New Hire amount is prorated)</p>
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 - \$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)	

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	\$297.10	\$305.63	\$806.16	\$120.86	\$206.71	\$59.81
Year Round Pay Deductions based on 24 pays*	\$247.58	\$254.69	\$671.80	\$100.72	\$172.26	\$49.84

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

Vision – MESSA 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)

Dental - Blue Cross 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 & 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)		
	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		
	Employer Paid	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