



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 Include Rx	<p>\$3,000</p> <p>\$300.00 is paid over 10 months on the 1st paycheck of each month excluding July & August</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	\$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)	--	--	<p>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);</p> <p>AAPS HSA monthly Single contributions \$137.50 2 Person/Family \$275.00</p>	--	--	<p>AAPS Funds \$1,650 annually - \$825 is paid in January, then beginning in July:</p> <p>AAPS HSA monthly contribution \$137.50</p> <p>New Hire amount is prorated</p>	

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 <ul style="list-style-type: none"> \$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 <ul style="list-style-type: none"> 100% Coverage - Diagnostic & Preventive Services (Class I) 75% Coverage - Basic & Major Services (Class II & III) 50% Coverage - Orthodontics (Class IV) Dental Plan without medical <ul style="list-style-type: none"> 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