








**Health Insurance Options**

	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO
	 enrollment Pak C	 enrollment Pak C	 enrollment Pak C	 enrollment Pak A
Deductible Single Coverage	\$0	\$250	\$0	\$1,600 <i>includes Rx</i>
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	\$3,200 <i>includes Rx</i>
Deductible Year	--	Jan. 1 - Dec. 31	--	Jan. 1 - Dec. 31
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	\$10 / \$40 <i>after deductible only</i>
Office Visits Copay	\$20	\$20	\$20	--
Hospital/Surgical Coverage after Deductible	100%	100%	100%	100%
Specialists	Referral Required for non-participating specialists	--	Referral Required for all specialists	--
Health Savings Account (HSA)	--	--	--	AAPS Funds deductible through monthly deposits into employee's HSA, paid on <b>1st paycheck of each month</b> , only while employee is enrolled in the plan  <b>AAPS HSA monthly contributions</b> Single \$133.33 2 Person/Family \$266.67
12 Month Cost	\$1,0000	\$1,422.88	\$11,153.20	\$11,317.67
School Year Only Pay Deductions <i>based on 20 pays</i>	\$50.00	\$71.14	\$557.66	\$565.88
Year Round Pay Deductions <i>based on 24 pays*</i>	\$41.67	\$59.29	\$464.72	\$471.57

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

Vision - Davis Vision		
	May be Purchased (2 year minimum enrollment requirement)	Eligible every 12 months from date of service In-Network Services <ul style="list-style-type: none"> <li>• \$10 copay for eye exam</li> <li>• \$0 copay for lenses &amp; frames</li> <li>• Davis Vision Collection frames covered 100%</li> <li>• \$120 covered for contact lenses &amp; exam (replaces glasses)</li> </ul>

Dental - Blue Cross Dental		
	Employer Paid	No Coordination for Dental \$1,000 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, \$1,000 lifetime max per person January - December benefit year</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: \$100,000 (premiums paid by AAPS) Employee may purchase up to \$100,000 of additional Life/AD&D coverage  LTD Pays 66.67% up to \$6,000 monthly maximum Waiting period 365 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**