








Health Insurance Options


	Priority Health HMO	Priority Health PPO	Blue Care Network HMO	MESSA ABC Plan 1	Cash in Lieu of Medical Insurance
	 enrollment Pak C	 enrollment Pak C	 enrollment Pak C	 enrollment Pak A	enrollment Pak B
Deductible Single Coverage	\$0	\$250	\$0	\$1,600 includes Rx	\$2,000
Deductible 2 Person/Family Coverage	\$0	\$500	\$0	\$3,200 includes Rx	
Deductible Year	--	Jan. 1 - Dec. 31	--	Jan. 1 - Dec. 31	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40	\$10 / \$40 after deductible only	
Office Visits Copay	\$20	\$20	\$20	--	
Hospital/Surgical Coverage after Deductible	100%	100%	100%	100%	Paid over 10 pays on the 1st paycheck of each month September through June (No payout July or August)
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 1st paycheck of each month , only while employee is enrolled in the plan AAPS HSA monthly contributions Single \$133.33 Person/Family \$266.67	


12 Month Cost	\$1,000.00	\$1,422.88	\$11,153.20	\$11,317.67	
School Year Only Pay Deductions based on 20 pays	\$50.00	\$71.14	\$557.66	\$565.88	
Year Round Pay Deductions based on 24 pays*	\$41.67	\$59.29	\$464.72	\$471.57	

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

MESSA Vision - MESSA VSP 3+ - With medical Pak A & C		
	Employer Paid	Eligible every 12 months from date of service In-Network Services • No copayment for eye exam • \$130 allowance for frames • MESSA pays 100% of approved amount for eyeglass lenses • \$250 allowance for contact lenses includes contact lens exam
MESSA Vision - MESSA VSP 3+ - Without medical Pak B		
	Employer Paid	Eligible every 12 months from date of service In-Network Services • No copayment for eye exam • \$130 allowance for frames • MESSA pays 100% of approved amount for eyeglass lenses • \$250 allowance for contact lenses includes contact lens exam

MESSA Dental - Delta Dental		
	Employer Paid	July - June benefit year \$2,000 Maximum per person each benefit year for classes I, II & III services • 100% Coverage - Diagnostic & Preventative 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

MESSA Life, AD&D Term Life, Accidental Death and Dismemberment (AD&D)		
	Employer Paid	With medical Pak A&C \$25,000 Term Life / \$25,000 AD&D Without medical Pak B \$35,000 Term Life / \$35,000 AD&D

UNUM LTD Long Term Disability (LTD) Insurance		
	Employer Paid	Pays 66.67% up to \$3,333 monthly maximum Waiting period 60 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**