






**Health Insurance Options**


	Priority Health HMO	Priority Health PPO	MESSA ABC Plan 1 Blue Cross Blue Shield MI PPO	Cash in Lieu of Medical Insurance
	 enrollment <b>Pak C</b>	 enrollment <b>Pak C</b>	 enrollment <b>Pak A</b>	enrollment <b>Pak B</b>
Deductible <b>Single</b> Coverage	\$0	\$250	\$1,600 includes Rx	<p><b>\$2,000</b></p> <p>Paid over 10 pays on the <b>1st paycheck</b> of each month September through June</p> <p>(No payout July or August)</p>
Deductible <b>2 Person/Family</b> Coverage	\$0	\$500	\$3,200 includes Rx	
Deductible Year	--	Jan. 1 - Dec. 31	Jan. 1 - Dec. 31	
Prescription (Rx) Drugs Copay	\$15 / \$30	\$10 / \$40	\$10 / \$40 after deductible only mandatory Rx mail order	
Office Visits Copay	\$5	\$20	--	
Hospital/Surgical Coverage after Deductible	100%	100%	100%	
Specialists	Referral Required for non- participating 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	\$6,867.16	\$4,576.36	\$14,471.15
<b>School Year Only Pay Deductions</b> based on <b>20 pays</b>	<b>\$343.36</b>	<b>\$228.82</b>	<b>\$723.56</b>
<b>Year Round Pay Deductions</b> based on <b>24 pays*</b>	<b>\$286.13</b>	<b>\$190.68</b>	<b>\$602.96</b>

\*Benefits Deductions will occur on the first 2 paychecks o

MESSA Vision - Vision Service Plan (VSP)		
	Cost Paid By Employee	July - June benefit year • \$0 copay for eye exam • \$65 maximum on frames • \$115 covered for contact lenses & exam (replaces glasses)  Employee Costs (per month) • Single \$5.23 • 2-Person \$11.22 • Family \$16.88

Dental - Delta Dental		
	Employer Paid	\$2,000 Maximum per person each benefit year for classes I, II & III services <b>Dental Plan with medical Pak A &amp; C</b> • 100% Coverage - Diagnostic & Preventive Services (Class I) • 75% Coverage - Basic & Major Services (Class II & III) • 50% Coverage - Orthodontics (Class IV) <b>Dental Plan without medical Pak B</b> • 80% Coverage - all classes (I, II, III, & IV)  Both dental plans have a lifetime maximum per person of \$2,000 for orthodontics up to age 19

MESSA Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	<b>With medical Pak A &amp; C</b> \$40,000 Negotiated Term Life / \$40,000 Negotiated AD&D \$ 5,000 Basic Term Life/ \$5,000 Basic AD&D <b>With medical Pak B</b> \$50,000 Negotiated Term Life / \$50,000 Negotiated AD&D  LTD Pays 66.67% up to \$4,000 monthly maximum Waiting period 90 work days 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**