

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
Deductible Single Coverage	\$0	\$250	\$1,650 includes Rx	\$250	\$500	\$1,650
Deductible 2 Person/Family Coverage	\$0	\$500	\$3,300 includes Rx	\$500	\$1,000	\$3,300
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
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 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 \$137.50 2 Person/Family \$275.00	--	--	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 \$137.50 2 Person/Family \$137.50

12 Month Cost	\$6,628.60	\$6,799.24	\$16,809.88	\$3,103.84	\$4,820.92	\$1,882.84
School Year Only Pay Deductions based on 20 pays	\$331.43	\$339.96	\$840.49	\$155.19	\$241.05	\$94.14
Year Round Pay Deductions based on 24 pays*	\$276.19	\$283.30	\$700.41	\$129.33	\$200.87	\$78.45

*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, 24 months for adult frames In-Network Services <ul style="list-style-type: none"> • \$10 copay for eye exam • \$0 copay for lenses & frames • Davis Vision Collection frames covered 100% or \$120 frame allowance • \$120 covered for contact lenses & exam (replaces glasses)

Dental - Blue Cross Dental		
	Employer Paid	\$1,000 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) • 75% Coverage - Basic & Major Services (Class II & III) • 50% Coverage - Orthodontics (Class IV) up to age 19, \$1,000 lifetime max per person January - December benefit year

Unum Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	\$35,000 Term Life / \$35,000 AD&D Employee may purchase up to \$165,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$5,000 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