



Health Insurance Options



	Priority Health HMO 1	Priority Health HMO 2	Priority Health HMO 3	Priority Health PPO 1	Priority Health PPO H.S.A \$1,700	Priority Health PPO H.S.A \$2,000
Deductible Single Coverage	\$0	\$250	\$500	\$250	\$1,700	\$2,000
Deductible 2 Person/Family Coverage	\$0	\$500	\$1,000	\$500	\$3,400	\$4,000
Coinsurance	0% / 100%	10% / 90%	20% / 80%	0% / 100%	0% / 100%	20% / 80%
Coinsurance Maximum	None	\$1,500 / \$3,000	\$2,000 / \$4,000	None	None	None
Out of Pocket Maximum	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,100 / \$18,200	\$3,000 / \$6,000	\$5,000 / \$10,000
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40 / \$80	\$10 / \$40 / \$80	\$10 / \$40	\$10 / \$40 / \$80 after deductible	\$10 / \$40 / \$80 after deductible
Office Visit Copay	\$20	\$20	\$30	\$20	0% after deductible	20% after deductible
Urgent Care Copay	\$20	\$50	\$75	\$40 after deductible	0% after deductible	20% after deductible
Emergency Room Copay	\$50	\$150 after deductible	\$150 after deductible	\$50 after deductible	0% after deductible	20% after deductible
Hospital/Surgical Coverage	Covered 100%	10% after deductible	20% after deductible	0% after deductible	0% after deductible	20% after deductible
Specialists	\$20 Referral Required for non-participating specialists	\$40	\$50	\$20 after deductible	0% after deductible	20% after deductible
Health Savings Account (HSA)	--	--	--	--	AAPS HSA monthly contributions** \$ 141.67	AAPS HSA monthly contributions** \$ 166.67

12 Month Cost	\$7,323.64	\$4,241.56	\$2,161.72	\$12,347.44	\$4,678.44	\$2,148.52
School Year Only Pay Deductions based on 20 pays	\$366.18	\$212.08	\$108.09	\$617.37	\$233.92	\$107.41
Year Round Pay Deductions based on 24 pays*	\$305.15	\$176.73	\$90.07	\$514.48	\$194.94	\$89.51

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

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. New hire amount is prorated.

Vision - Blue Cross/Vision Service Plan (VSP)

	Employer Paid	Coordination for Vision Eligible every 12 months from date of service <ul style="list-style-type: none"> \$5 copay for eye exam \$10 copay for lenses & frames \$130 covered for contact lenses & exam (replaces glasses)
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Dental - Blue Cross Dental

	Employer Paid	Coordination for Dental \$2,000 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, \$2,000 lifetime max per person January - December benefit year
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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 \$50,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$10,000 monthly maximum Waiting period 180 calendar days
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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