



Health Insurance Options

	Priority Health HMO 1	Priority Health HMO 2	Priority Health HMO 3	Priority Health PPO 1	Priority Health PPO 2	Priority Health PPO H.S.A \$1,750	Priority Health PPO H.S.A \$2,000	Cash in Lieu of Medical Insurance
Deductible Single Coverage	\$0	\$250	\$500	\$250	\$500	\$1,750	\$2,000	\$1,000 Paid on the 1st paycheck of each month. New hire amount is prorated. (No payout July or August)
Deductible 2 Person/Family Coverage	\$0	\$500	\$1,000	\$500	\$1,000	\$3,500	\$4,000	
Coinsurance	0% / 100%	10% / 90%	20% / 80%	0% / 100%	10% / 90%	0% / 100%	20% / 80%	
Coinsurance Maximum	None	\$1,500 / \$3,000	\$2,000 / \$4,000	None	\$1,000 / \$2,000	None	None	
Out of Pocket Maximum	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,100 / \$18,200	\$9,200 / \$18,400	\$3,500 / \$7,000	\$5,000 / \$10,000	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40 / \$80	20% after deductible	\$10 / \$40	\$10 / \$40 / \$80	\$10 / \$40 / \$80 after deductible	\$10 / \$40 / \$80 after deductible	
Office Visit Copay	\$20	\$20	\$30	\$20	\$20	0% after deductible	20% after deductible	
Urgent Care Copay	\$20	\$50	\$75	\$40 after deductible	\$50	0% after deductible	20% after deductible	
Emergency Room Copay	\$50	\$150 after deductible	\$150 after deductible	\$50 after deductible	\$150 after deductible	0% after deductible	20% after deductible	
Hospital/Surgical Coverage	Covered 100%	10% after deductible	20% after deductible	0% after deductible	10% after deductible	0% after deductible	20% after deductible	
Specialists	\$20 Referral Required for non- participating specialists	\$40	\$50	\$20 after deductible	\$40	0% after deductible	20% after deductible	
Health Savings Account (HSA)	--	--	--	--	--	AAPS HSA quarterly contributions** \$437.50	AAPS HSA quarterly contributions** \$500.00	

12 Month Cost	\$15,524.52	\$11,635.32	\$7,350.96	\$18,501.96	\$20,732.40	\$11,078.08	\$3,543.80
School Year Only Pay Deductions based on 20 pays	\$776.23	\$581.77	\$367.55	\$925.10	\$1,036.62	\$553.90	\$177.19
Year Round Pay Deductions based on 24 pays*	\$646.86	\$484.81	\$306.29	\$770.92	\$863.85	\$461.59	\$147.66

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

**AAPS Funds deductible through quarterly deposits into employee's HSA, only while employee is enrolled in the high-deductible health 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)

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

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: 1x annual salary up to \$100,000 maximum (premiums paid by AAPS) Employee may purchase up to \$50,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$8,000 monthly maximum Waiting period 90 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