



Health Insurance Options

	Blue Care Network HMO	Priority Health HMO 1	Priority Health HMO 2	Priority Health PPO 1	Priority Health PPO H.S.A \$1,750	Cash in Lieu of Medical Insurance
Deductible Single Coverage	\$0	\$0	\$250	\$250	\$1,750	\$2,200 Paid on the 1st paycheck of each month. (No payout July or August) New hire amount is prorated.
Deductible 2 Person/Family Coverage	\$0	\$0	\$500	\$500	\$3,500	
Coinsurance	0% / 100%	0% / 100%	10% / 90%	0% / 100%	0% / 100%	
Coinsurance Maximum	None	None	\$1,500 / \$3,000	None	None	
Out of Pocket Maximum	\$6,350 / \$12,700	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,100 / \$18,200	\$3,500 / \$7,000	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40	\$10 / \$40 / \$80	\$10 / \$40	\$10 / \$40 / \$80 after deductible	
Office Visit Copay	\$20	\$20	\$20	\$20	0% after deductible	
Urgent Care Copay	\$20	\$20	\$50	\$40 after deductible	0% after deductible	
Emergency Room Copay	\$50	\$50	\$150 after deductible	\$50 after deductible	0% after deductible	
Hospital/Surgical Coverage	Covered 100%	Covered 100%	10% after deductible	0% after deductible	0% after deductible	
Specialists	\$20 Referral Required for all specialists	\$20 Referral Required for non-participating specialists	\$40	\$20 after deductible	0% after deductible	
Health Savings Account (HSA)	--	--	--	--	AAPS contributes up to \$1,750 toward the deductible: \$875 upfront, plus \$145.83 monthly from July through December, prorated by hire date.**	

12 Month Cost	\$17,495.83	\$10,190.71	\$1,500.00	\$13,168.15	\$1,196.20	
School Year Only Pay Deductions based on 20 pays	\$874.79	\$509.54	\$75.00	\$658.41	\$59.81	
Year Round Pay Deductions based on 24 pays*	\$728.99	\$424.61	\$62.50	\$548.67	\$49.84	

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

** AAPS funding of employee's HSA will be paid ½ up front in January, then monthly July-December, only while employee is enrolled in the high-deductible health plan. New hire amount is prorated.

MESSA Vision - MESSA VSP 3+		
	Employer Paid	Eligible every 12 months from date of service In-Network Services <ul style="list-style-type: none"> 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	January - December benefit year \$2,000 Maximum per person each benefit year for classes I, II & III services <ul style="list-style-type: none"> 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 \$25,000 Term Life / \$25,000 AD&D Without medical \$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