2027 Benefits Summaries

ANN ARBOR PUBLIC SCHOOLS

Class 05 Office Professional

January 1, 2027 - December 31, 2027

Health Insurance Options

	Priority Health HMO 1	Priority Health HMO 2	Priority Health PPO 1	Priority Health PPO 2	Priority Health PPO H.S.A $1,750	Cash in Lieu of Medical Insurance
	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	
Deductible **Single** Coverage	$0	$250	$250	$500	$1,750	**$4,000** **Paid** on the **1st paycheck** of each month. (No payout July or August) New hire amount is prorated.
Deductible **2 Person/Family** Coverage	$0	$500	$500	$1,000	$3,500	
Coinsurance	0% / 100%	10% / 90%	0% / 100%	10% / 90%	0% / 100%	
Coinsurance Maximum	None	$1,500 / $3,000	None	$1,000 / $2,000	None	
Out of Pocket Maximum	$9,100 / $18,200	$9,200 / $18,400	$9,100 / $18,200	$9,200 / $18,400	$3,500 / $7,000	
Prescription (Rx) Drugs Copay	$10 / $40	$10 / $40 / $80	$10 / $40	$10 / $40 / $80	$10 / $40 / $80 after deductible	
Office Visit Copay	$20	$20	$20	$20	0% after deductible	
Urgent Care Copay	$20	$50	$40 after deductible	$50	0% after deductible	
Emergency Room Copay	$50	$150 after deductible	$50 after deductible	$150 after deductible	0% after deductible	
Hospital/Surgical Coverage	Covered 100%	10% after deductible	0% after deductible	10% after deductible	0% after deductible	
Specialists	$20 Referral Required for non-participating specialists	$40	$20 after deductible	$40	0% after deductible	
Health Savings Account (HSA)	--	--	--	--	**AAPS funds $1750 of the deductible, $875 is contributed in January with $437.50 contributed in July and $437.50 contributed in October** **New Hire amount is prorated**	

12 Month Cost	$9,877.80	$5,988.60	$12,855.24	$15,085.68	$1,196.20
School Year Only Pay Deductions based on **20 pays**	$493.89	$299.43	$642.76	$754.28	$59.81
Year Round Pay Deductions based on **24 pays***	$411.57	$249.52	$535.63	$628.57	$49.84

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

AAPS Funds employee's HSA, paid ½ up front in January, then quarterly (July and October), only while an employee is enrolled in the high-deductible health plan. New hire amount is prorated.

Vision – MESSA Vision Service Plan (VSP)		
MESSA	Employer Paid	January - December benefit year $0 copay for eye exam $65 maximum on frames $115 covered for contact lenses & exam (replaces glasses)

Dental - Blue Cross Dental		
DELTA DENTAL	Employer Paid	January - December benefit year $2,000 maximum per person each benefit year for classes I, II & III services • 100% Coverage - Diagnostic & Preventive 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

UNUM Life, AD&D Term Life, Accidental Death and Dismemberment (AD&D)		
unum	Employer Paid	With medical $80,000 Term Life / $80,000 AD&D Without medical $100,000 Term Life / $50,000 AD&D Employees may purchase up to $140,000 of additional Life/AD&D coverage

UNUM LTD Long Term Disability (LTD) Insurance		
unum	Employer Paid	LTD Pays 66.67% up to $2,500 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