



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
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) 3+		
	Employer Paid	January - December benefit year \$0 copay for eye exam \$130 allowance for frames MESSA pays 100% of approved amount for eyeglass lenses \$250 allowance for contact lenses & exam

Dental - Blue Cross 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 & 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)		
	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		
	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