

Health Insurance Options



| | Priority Health HMO | Priority Health PPO | Priority Health HMO | Priority Health PPO | Priority Health HSA PPO | Cash in Lieu of Medical Insurance |
|-------------------------------------|---|--------------------------|---------------------------|---------------------------|--|---|
| | | | | | | |
| Deductible Single Coverage | \$0 | \$250 | \$250 | \$500 | \$1,650 Includes Rx | <p>\$1,700</p> <p>Paid over 10 pays on the 1st paycheck of each month September through June</p> <p>(No payout July or August)</p> <p>*Cash in Lieu payout amount is based on number of employees enrolled each year, and is subject to change</p> |
| Deductible 2 Person/Family Coverage | \$0 | \$500 | \$500 | \$1,000 | \$3,300 Includes Rx | |
| Out of Pocket Maximum | \$9,100 / \$18,200 | \$9,100 / \$18,200 | \$9,200 / \$18,400 | \$9,200 / \$18,400 | \$3,000 / \$6,000 | |
| Coinsurance Maximum | None | None | \$1,500 / \$3,000 | \$1,000 / \$2,000 | None | |
| Prescription (Rx) Drugs Copay | \$10 / \$40 | \$10 / \$40 | \$10 / \$40 / \$80 | \$10 / \$40 / \$80 | \$10 / \$40 / \$80 after deductible only | |
| Office Visit Copay | \$20 | \$20 | \$20 | \$20 | 100% after deductible | |
| Emergency Room Copay | \$50 | \$50 after deductible | \$150 after deductible | \$150 after deductible | 100% after deductible | |
| Hospital/Surgical Coverage | 100% | 100% after deductible | 90% after deductible | 90% after deductible | 100% after deductible | |
| Specialists | \$20 Referral Required for non-participating specialists | \$20 after deductible | \$40 | \$40 | 100% after deductible | |
| Health Savings Account (HSA) | -- | -- | -- | -- | AAPS Funds \$1,650 annually. \$825 is paid in January then beginning in July - December deductible, \$137.50 is paid monthly | |

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|--|------------|------------|------------|------------|------------|
| 12 Month Cost | \$5,941.96 | \$6,112.60 | \$2,417.20 | \$4,134.28 | \$1,196.20 |
| School Year Only Pay Deductions based on 20 pays | \$297.10 | \$305.63 | \$120.86 | \$206.71 | \$59.81 |
| Year Round Pay Deductions based on 24 pays* | \$247.58 | \$254.69 | \$100.72 | \$172.26 | \$49.84 |

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

| Vision – Davis Vision | | |
|-----------------------|---------------|--|
| | Employer Paid | Eligible every 12 months from date of service, 24 months for adult frames In-Network Services <ul style="list-style-type: none"> • \$10 copay for eye exam • \$0 copay for lenses & frames • Davis Vision Collection frames covered 100% or \$120 frame allowance • \$120 covered for contact lenses & exam (replaces glasses) |

| Dental - Blue Cross Dental | | |
|----------------------------|---------------|--|
| | Employer Paid | \$1,000 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, \$1,000 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 | \$50,000 Term Life and AD&D Employer Paid Employees may purchase an additional \$150,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$5,000 monthly maximum |

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