

AAES 2014-2015 INSURANCE COVERAGE

ALL BENEFITS EFFECTIVE 1ST OF MONTH FOLLOWING
1ST DAY CONTRACTUAL ACTIVE DUTY

LIFE INSURANCE-UNUM

50,000 Basic Life \$8.25 .165 per 1,000
50,000 ADD
Optional Coverage Available at employee expense

LTD-LINCOLN FINANCIAL

Full Time Secretary .36 per 1,000 of covered salary
66 2/3% of salary
7,000 benefit maximum
180 day elimination period
90 Day Waiting Period
Minimum hrs per week 25

MEDICAL-MESSA

	Single	2P	FF
MESSA Choices	\$537.58	\$1,207.69	\$1,502.54
500/1000 Deductible January 1 thru December 31			
20/25/50 Copay			
Saver RX			
5,000 Life Insurance			
Optional Coverage available			
Employee Premium Contribution 20%	\$107.52	\$241.54	\$300.51

DENTAL-DELTA DENTAL OF MICHIGAN

	Single	2P	FF
No Other Coverage = 90/10 Plan			
\$1,200.00 per plan year total benefit	\$50.26	\$93.85	163.74
\$1,500.00 per lifetime orthodontic			
Employee Premium Contribution 20%	\$10.06	\$18.77	\$32.75
With Other Coverage = 50/50 Plan	\$19.17	\$37.39	\$71.72
\$1,200.00 per plan year total benefit			
\$1,500.00 per lifetime orthodontic			
\$50.00 paid to employee in December			
Employee Premium Contribution 20%	\$3.84	\$7.48	\$14.35
Plan year July 1 thru June 30			

VISION-VISION SERVICE PLAN

	Single	2P	FF
VSP3			
1 exam, pair of glasses or contacts per year	\$7.32	\$15.73	\$23.66
Employee Premium Contribution 20%	\$1.47	\$31.50	\$4.74
Plan year September 1 thru August 31			

OPTION TO HEALTH

If 1-4 FTE participate: \$140 per month.
If 5-8 FTE participate: \$210 per month.
If 9-12 FTE participate: \$300 per month.
If 13 FTE or more participate: \$390 per month
Paid over 10 months - September thru June

AFLAC SECTION 125-OPTIONAL

Plan year runs July 1 thru June 30
Unreimbursed medical limit - \$2500.00
Child Care limit - \$5000.00