

**FULL-TIME SECURITY, AQUATICS & ICE ARENA STAFF (4233)
INSURANCE OPTIONS
January 1, 2024 – December 31, 2024**

**OPTION I
Priority Health HSA**

Your monthly employee cost are:

Employee Cost
Single: \$ 221.76
2 Person: \$ 757.86
Family: \$ 1070.59

Priority Health HSA (HMO)

Medical
Deductible: \$3,000 single
\$6,000 2-person
\$6,000 Full family

Co-Insurance: 20% after deductible is met

Prescription
Co-payment
After plan year deductible is met \$10 generic/\$40 brand for 30 day fill.

Dental
There is no dental coverage with this option

Vision
There is no vision coverage with this option

Footnotes

The Board shall pay \$225.00 towards the monthly medical premium for employees electing Option I. The employee cost listed above is based on this contribution.

Amounts are subject to change due to employment agreement changes

2024 Monthly Premiums/Deductibles:

HSA premium
Single \$ 446.76
2 Person \$ 982.86
Family \$ 1,295.59