

FULL TIME SITE COORDINATOR & ASSISTANT PROJECT DIRECTOR (4234) INSURANCE OPTIONS OVERVIEW
January 1, 2024 – December 31, 2024

	OPTION I Priority Health HMO	OPTION II Priority Health EPO	OPTION III Priority Health HSA
Employee Cost	<u>Your monthly employee cost are:</u> Single: \$ 279.39 2 Person: \$ 1423.30 Family: \$ 1925.58	<u>Your monthly employee cost are:</u> Single: \$ 124.63 2 Person: \$ 1075.13 Family: \$ 1492.31	<u>Your monthly employee cost are:</u> Single: \$ 50.95 2 Person: \$ 888.25 Family: \$ 1219.39
Cash In-Lieu Payment	N/A	N/A	N/A
Medical	<u>Priority Health HMO</u> Office Visit co pay: \$5.00 Deductible: None All services must be in network	<u>Priority Health EPO</u> Deductible: \$500 Single \$1000 2-Person \$1000 Full Family	<u>Priority Health HSA (HMO)</u> Deductible: \$2,000 single \$4,000 2-person \$4,000 Full family KPS will fund deductible at 50% after 60 day waiting period. Amounts will be prorated for mid-year elections.
Prescription	Co-payment \$10 generic/\$20 brand - for 30 day fill \$10 generic/\$20 brand - 90 day mail.	3-Tier Rx Co-payment \$10 / 20% / 20%	Co-payment After plan year deductible is met \$10 generic/\$40 brand for 30 day fill.
Dental	ADN Administrators, Inc. Plan year January - December \$2,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none"> Basic dental services paid at 100% Major dental services paid at 90% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50%.	ADN Administrators, Inc. Plan year January - December \$2,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none"> Basic dental services paid at 100% Major dental services paid at 90% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50%.	ADN Administrators, Inc. Plan year January - December \$2,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none"> Basic dental services paid at 100% Major dental services paid at 90% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50%.
Vision	NVA (National Vision Administrators) Plan year is January - December. <ul style="list-style-type: none"> Vision exam - 100% in network (\$50.00 maximum benefit) Lenses-standard glass or plastic covered Frames - \$200 allowance Contact lenses: Up to \$115 In lieu of glasses including contact fitting fees. Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.	NVA (National Vision Administrators) Plan year is January - December. <ul style="list-style-type: none"> Vision exam - 100% in network (\$50.00 maximum benefit) Lenses-standard glass or plastic covered Frames - \$200 allowance Contact lenses: Up to \$115 In lieu of glasses including contact fitting fees. Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.	NVA (National Vision Administrators) Plan year is January - December. <ul style="list-style-type: none"> Vision exam - 100% in network (\$50.00 maximum benefit) Lenses-standard glass or plastic covered Frames - \$200 allowance Contact lenses: Up to \$115 In lieu of glasses including contact fitting fees. Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.

	OPTION I Priority Health HMO	OPTION II Priority Health EPO	OPTION III Priority Health HSA																																								
Life Insurance	\$10,000 life - \$10,000 AD&D	\$10,000 life - \$10,000 AD&D	\$10,000 life - \$10,000 AD&D																																								
Footnotes																																											
	<p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>Full-time employees who elect option I will pay the difference between the PA 152 CAP amount and the Priority Health HMO premium plus 20% of the dental/vision cost.</p> <p>KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost.</p> <p>PA 152 Employer limit monthly amount:</p> <p style="text-align: center;">Single \$ 641.90</p> <p>2024 Monthly Premiums:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">HMO premium</th> <th style="text-align: center;">Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: right;">\$ 904.83</td> <td style="text-align: right;">\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td style="text-align: right;">\$ 2035.81</td> <td style="text-align: right;">\$ 146.94</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$ 2533.44</td> <td style="text-align: right;">\$ 170.20</td> </tr> </tbody> </table>		HMO premium	Dental/Vision	Single	\$ 904.83	\$ 82.24	2 Person	\$ 2035.81	\$ 146.94	Family	\$ 2533.44	\$ 170.20	<p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>Full-time employees who elect option II will pay the difference between the PA 152 CAP amount and the Priority Health EPO premium plus 20% of the dental/vision cost.</p> <p>KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost.</p> <p>PA 152 Employer limit monthly amount:</p> <p style="text-align: center;">Single \$ 641.90</p> <p>2024 Monthly Premiums:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">HMO premium</th> <th style="text-align: center;">Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: right;">\$ 750.08</td> <td style="text-align: right;">\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td style="text-align: right;">\$ 1,687.64</td> <td style="text-align: right;">\$ 146.94</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$ 2,100.17</td> <td style="text-align: right;">\$ 170.20</td> </tr> </tbody> </table>		HMO premium	Dental/Vision	Single	\$ 750.08	\$ 82.24	2 Person	\$ 1,687.64	\$ 146.94	Family	\$ 2,100.17	\$ 170.20	<p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>Full-time employees who elect option III will pay the difference between the PA 152 CAP amount and the Priority Health EPO premium plus 20% of the dental/vision cost.</p> <p>KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost.</p> <p>PA 152 Employer limit monthly amount:</p> <p style="text-align: center;">Single \$ 641.90</p> <p>2024 Monthly Premiums/Deductibles:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">HSA premium</th> <th style="text-align: center;">Deductible</th> <th style="text-align: center;">Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: right;">\$ 593.07</td> <td style="text-align: right;">\$ 83.33</td> <td style="text-align: right;">\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td style="text-align: right;">\$ 1,334.40</td> <td style="text-align: right;">\$ 166.67</td> <td style="text-align: right;">\$ 146.94</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$ 1,660.58</td> <td style="text-align: right;">\$ 166.67</td> <td style="text-align: right;">\$ 170.20</td> </tr> </tbody> </table>		HSA premium	Deductible	Dental/Vision	Single	\$ 593.07	\$ 83.33	\$ 82.24	2 Person	\$ 1,334.40	\$ 166.67	\$ 146.94	Family	\$ 1,660.58	\$ 166.67	\$ 170.20
	HMO premium	Dental/Vision																																									
Single	\$ 904.83	\$ 82.24																																									
2 Person	\$ 2035.81	\$ 146.94																																									
Family	\$ 2533.44	\$ 170.20																																									
	HMO premium	Dental/Vision																																									
Single	\$ 750.08	\$ 82.24																																									
2 Person	\$ 1,687.64	\$ 146.94																																									
Family	\$ 2,100.17	\$ 170.20																																									
	HSA premium	Deductible	Dental/Vision																																								
Single	\$ 593.07	\$ 83.33	\$ 82.24																																								
2 Person	\$ 1,334.40	\$ 166.67	\$ 146.94																																								
Family	\$ 1,660.58	\$ 166.67	\$ 170.20																																								