

ADMINISTRATORS (2020) INSURANCE OPTIONS OVERVIEW
January 1, 2024 - December 31, 2024

| | OPTION I Priority Health HMO | OPTION II Priority Health EPO | OPTION III Priority Health HSA | OPTION IV DENTAL/VISION/LIFE/LTD | OPTION V Waiver |
|-----------------------------|--|--|--|--|--|
| Employee Cost | <u>Your monthly employee cost are:</u> Single: \$ 279.39 2 Person: \$ 722.78 Family: \$ 816.83 | <u>Your monthly employee cost are:</u> Single: \$ 124.63 2 Person: \$ 374.61 Family: \$ 383.56 | <u>Your monthly employee cost are:</u> Single: \$ 134.29 2 Person: \$ 354.70 Family: \$ 277.30 | <u>Your monthly employee cost are:</u> Single: \$ 16.45 2 Person: \$ 29.39 Family: \$ 34.04 | |
| Cash In-Lieu Payment | N/A | N/A | N/A | Full time \$130.00 per month cash in lieu paid with the waiver of medical and prescription coverage. | Full-time \$500 per month cash in lieu paid with the waiver of all the above coverage options |
| 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 100%. Amounts will be prorated for mid-year elections. | There is no medical coverage with this option | There is no medical coverage with this option |
| 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 <u>After</u> plan year deductible is met \$10 generic/\$40 brand for 30 day fill. | There is no prescription coverage with this option | There is no prescription coverage with this option |
| Dental | <u>ADN Administrators, Inc.</u> 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%. | <u>ADN Administrators, Inc.</u> 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%. | <u>ADN Administrators, Inc.</u> 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%. | <u>ADN Administrators, Inc.</u> 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%. | There is no dental coverage with this option |
| Vision | <u>NVA (National Vision Administrators)</u> 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. | <u>NVA (National Vision Administrators)</u> 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. | <u>NVA (National Vision Administrators)</u> 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. | <u>NVA (National Vision Administrators)</u> 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. | There is no vision coverage with this option |

| | OPTION I Priority Health HMO | OPTION II Priority Health EPO | OPTION III Priority Health HSA | OPTION IV DENTAL/VISION/LIFE/LTD | OPTION V Waiver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|-----------|----------|----------|------------|-----------|--------|------------|-----------|---|--|-------------|---------------|--------|-----------|----------|----------|-------------|-----------|--------|-------------|-----------|--|--|-------------|------------|---------------|--------|-----------|-----------|----------|----------|-------------|-----------|-----------|--------|-------------|-----------|-----------|---|--|---------------|--------|----------|----------|-----------|--------|-----------|-----|
| Life Insurance | \$50,000 life - \$50,000 AD&D | \$50,000 life - \$50,000 AD&D | \$50,000 life - \$50,000 AD&D | \$45,000 life - \$45,000 AD&D | \$45,000 life - \$45,000 AD&D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Long Term Disability | 66 2/3% of monthly salary to a maximum of \$5,000 per month. | 66 2/3% of monthly salary to a maximum of \$5,000 per month. | 66 2/3% of monthly salary to a maximum of \$5,000 per month. | 66 2/3% of monthly salary to a maximum of \$5,000 per month. | 66 2/3% of monthly salary to a maximum of \$5,000 per month. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>PA 152 Employer limit monthly amount:</p> <p style="padding-left: 40px;">Single \$ 641.90 2 Person \$ 1,342.42 Family \$ 1,750.65</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>PA 152 Employer limit monthly amount:</p> <p style="padding-left: 40px;">Single \$ 641.90 2 Person \$ 1,342.42 Family \$ 1,750.65</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>PA 152 Employer limit monthly amount:</p> <p style="padding-left: 40px;">Single \$ 641.90 2 Person \$ 1,342.42 Family \$ 1,750.65</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;">\$ 166.67</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;">\$ 333.33</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;">\$ 333.33</td> <td style="text-align: right;">\$ 170.20</td> </tr> </tbody> </table> | | HSA premium | Deductible | Dental/Vision | Single | \$ 593.07 | \$ 166.67 | \$ 82.24 | 2 Person | \$ 1,334.40 | \$ 333.33 | \$ 146.94 | Family | \$ 1,660.58 | \$ 333.33 | \$ 170.20 | <p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>Full-time employees who elect option IV will pay 20% of the dental/vision cost.</p> <p>2024 Plan Year Premiums:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: right;">\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td style="text-align: right;">\$ 146.94</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$ 170.20</td> </tr> </tbody> </table> | | Dental/Vision | Single | \$ 82.24 | 2 Person | \$ 146.94 | Family | \$ 170.20 | N/A |
| | 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 | \$ 166.67 | \$ 82.24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Person | \$ 1,334.40 | \$ 333.33 | \$ 146.94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family | \$ 1,660.58 | \$ 333.33 | \$ 170.20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dental/Vision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single | \$ 82.24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Person | \$ 146.94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family | \$ 170.20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |