

BEHAVIOR SPECIALIST (4232) INSURANCE OPTIONS OVERVIEW
January 1, 2024 – December 31, 2024

| | OPTION I Priority Health HSA | OPTION IV DENTAL/VISION/LIFE/LTD |
|------------------|--|--|
| Employee Cost | <u>Your monthly employee cost are:</u> Single: \$ 221.76 2 Person: \$ 757.86 Family: \$ 1070.59 | <u>Your monthly employee cost are:</u> Single: \$ 41.12 2 Person: \$ 73.47 Family: \$ 85.10 |
| Medical | <u>Priority Health HSA (HMO)</u> Deductible: \$3,000 single \$6,000 2-person \$6,000 Full family Co-Insurance: 20% after deductible is met | There is no medical coverage with this option |
| Prescription | 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 |
| Dental | There is no dental coverage with this option | 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 | There is no vision coverage with this option | 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 contact 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. |
| 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 | The Board shall pay 50% of the premium cost for employees electing Option II. The employee cost listed above is based on this contribution. Amounts are subject to change due to employment agreement changes |
| | <u>2024 Monthly Premiums/Deductibles:</u> HSA premium Single \$ 446.76 2 Person \$ 982.86 Family \$ 1,295.59 | <u>2024 Plan Year Premiums:</u> Dental/Vision Single \$ 82.24 2 Person \$ 146.94 Family \$ 170.20 |