

FULL TIME MISC. STAFF (4230) 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	Priority Health HMO Office Visit co pay: \$5.00 Deductible: None All services must be in network	Priority Health EPO Deductible: \$500 Single \$1000 2-Person \$1000 Full Family	Priority Health HSA (HMO) 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 After 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	ADN Administrators, Inc. Plan year January - December \$2,000 maximum benefit for each insured person per year for basic and major services • 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 • 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 • 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 • 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	NVA (National Vision Administrators) Plan year is January - December. • 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. • 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. • 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. • 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

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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.																																																																		
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	<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> <table> <tr> <td>Single</td> <td>\$ 641.90</td> </tr> <tr> <td>2 Person</td> <td>\$ 1,342.42</td> </tr> <tr> <td>Family</td> <td>\$ 1,750.65</td> </tr> </table> <p>2024 Monthly Premiums:</p> <table> <thead> <tr> <th></th> <th>HMO premium</th> <th>Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$ 904.83</td> <td>\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td>\$ 2035.81</td> <td>\$ 146.94</td> </tr> <tr> <td>Family</td> <td>\$ 2533.44</td> <td>\$ 170.20</td> </tr> </tbody> </table>	Single	\$ 641.90	2 Person	\$ 1,342.42	Family	\$ 1,750.65		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> <table> <tr> <td>Single</td> <td>\$ 641.90</td> </tr> <tr> <td>2 Person</td> <td>\$ 1,342.42</td> </tr> <tr> <td>Family</td> <td>\$ 1,750.65</td> </tr> </table> <p>2024 Monthly Premiums:</p> <table> <thead> <tr> <th></th> <th>HMO premium</th> <th>Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$ 750.08</td> <td>\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td>\$ 1,687.64</td> <td>\$ 146.94</td> </tr> <tr> <td>Family</td> <td>\$ 2,100.17</td> <td>\$ 170.20</td> </tr> </tbody> </table>	Single	\$ 641.90	2 Person	\$ 1,342.42	Family	\$ 1,750.65		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> <table> <tr> <td>Single</td> <td>\$ 641.90</td> </tr> <tr> <td>2 Person</td> <td>\$ 1,342.42</td> </tr> <tr> <td>Family</td> <td>\$ 1,750.65</td> </tr> </table> <p>2024 Monthly Premiums/Deductibles:</p> <table> <thead> <tr> <th></th> <th>HSA premium</th> <th>Deductible</th> <th>Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$ 593.07</td> <td>\$ 166.67</td> <td>\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td>\$ 1,334.40</td> <td>\$ 333.33</td> <td>\$ 146.94</td> </tr> <tr> <td>Family</td> <td>\$ 1,660.58</td> <td>\$ 333.33</td> <td>\$ 170.20</td> </tr> </tbody> </table>	Single	\$ 641.90	2 Person	\$ 1,342.42	Family	\$ 1,750.65		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> <thead> <tr> <th></th> <th>Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$ 82.24</td> </tr> <tr> <td>2 Person</td> <td>\$ 146.94</td> </tr> <tr> <td>Family</td> <td>\$ 170.20</td> </tr> </tbody> </table>		Dental/Vision	Single	\$ 82.24	2 Person	\$ 146.94	Family	\$ 170.20	N/A
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