

FULL TIME ACTIVITY LEADER 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 After 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 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.
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