

Full Time Misc. Staff (4230) Insurance Options
January 1, 2025 - December 31, 2025

	Option I Priority Health HMO	Option II Priority Health HSA 100	Option III Priority Health HSA 80/20																																												
Monthly Employee Cost	Single: \$327.50 2 Person: \$833.25 Family: \$954.59	Single: \$164.63 2 Person: \$425.18 Family: \$365.31	Single: \$74.69 2 Person: \$222.80 Family: \$113.46																																												
Cash In Lieu	N/A	N/A	N/A																																												
Medical	Office Visit Copay: \$5.00 Deductible: None No Co-Insurance All Services Must be In-Network	Deductible: Single: \$2000 2 Person: \$4000 Family: \$4000 100% Coverage once deductible is met. KPS will fund deductible 100%. Amounts will be prorated for mid-year elections.	Deductible: Single: \$2000 2 Person: \$4000 Family: \$4000 20% Co-Insurance once deductible is met. KPS will fund deductible 100%. 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.	Co-payment After plan year deductible is met \$10 generic/\$40 brand for 30 day fill.	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 · 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%.																																												
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.																																												
Life Insurance	\$50,000 Life - \$50,000 AD&D	\$50,000 Life - \$50,000 AD&D	\$50,000 Life - \$50,000 AD&D																																												
Long Term Disability	66.67% of monthly salary to a maximum of \$5000 per month	66.67% of monthly salary to a maximum of \$5000 per month	66.67% of monthly salary to a maximum of \$5000 per month																																												
Footnotes																																															
2025 Monthly Premiums	<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. PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15</p> <table border="0"> <tr> <td></td> <td align="center">Medical</td> <td align="center">Dental/Vision</td> </tr> <tr> <td>Single</td> <td align="right">\$956.41</td> <td align="right">\$71.40</td> </tr> <tr> <td>2 Person</td> <td align="right">\$2151.85</td> <td align="right">\$132.52</td> </tr> <tr> <td>Family</td> <td align="right">\$2677.85</td> <td align="right">\$154.49</td> </tr> </table>		Medical	Dental/Vision	Single	\$956.41	\$71.40	2 Person	\$2151.85	\$132.52	Family	\$2677.85	\$154.49	<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 HSA premium plus 20% of the dental/vision cost. PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15</p> <table border="0"> <tr> <td></td> <td align="center">Medical</td> <td align="center">HSA</td> <td align="center">Dental/Vision</td> </tr> <tr> <td>Single</td> <td align="right">\$626.87</td> <td align="right">\$166.67</td> <td align="right">\$71.40</td> </tr> <tr> <td>2 Person</td> <td align="right">\$1410.46</td> <td align="right">\$333.33</td> <td align="right">\$132.52</td> </tr> <tr> <td>Family</td> <td align="right">\$1755.23</td> <td align="right">\$333.33</td> <td align="right">\$154.49</td> </tr> </table>		Medical	HSA	Dental/Vision	Single	\$626.87	\$166.67	\$71.40	2 Person	\$1410.46	\$333.33	\$132.52	Family	\$1755.23	\$333.33	\$154.49	<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 HSA premium plus 20% of the dental/vision cost. PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15</p> <table border="0"> <tr> <td></td> <td align="center">Medical</td> <td align="center">HSA</td> <td align="center">Dental/Vision</td> </tr> <tr> <td>Single</td> <td align="right">\$536.93</td> <td align="right">\$166.67</td> <td align="right">\$71.40</td> </tr> <tr> <td>2 Person</td> <td align="right">\$1208.08</td> <td align="right">\$333.33</td> <td align="right">\$132.52</td> </tr> <tr> <td>Family</td> <td align="right">\$1503.38</td> <td align="right">\$333.33</td> <td align="right">\$154.49</td> </tr> </table>		Medical	HSA	Dental/Vision	Single	\$536.93	\$166.67	\$71.40	2 Person	\$1208.08	\$333.33	\$132.52	Family	\$1503.38	\$333.33	\$154.49
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	Option IV Priority Health EPO 90/10	Option V Dental, Vision, CILO	Option VI Waiver
Monthly Employee Cost	Single: \$163.92 2 Person: \$465.23 Family: \$496.63	Single: \$14.28 2 Person: \$26.50 Family: \$30.90	Single: 0 2 Person: 0 Family: 0
Cash In Lieu	N/A	Full Time - \$130.00 per month	Full Time - \$500.00 per month
Medical	Deductible: Single: \$500 2 Person: \$1000 Family: \$1000 10% Co-Insurance once deductible is met.	There is no medical coverage with this option	There is no medical coverage with this option
Prescription	3-Tier Rx Co-payment \$10 / 20% / 20%	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%.	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.	There is no vision coverage with this option
Life Insurance	\$50,000 Life - \$50,000 AD&D	\$45,000 Life - \$45,000 AD&D	\$45,000 Life - \$45,000 AD&D
Long Term Disability	66.67% of monthly salary to a maximum of \$5000 per month	66.67% of monthly salary to a maximum of \$5000 per month	66.67% of monthly salary to a maximum of \$5000 per month
Footnotes			
2025 Monthly Premiums	FULL-TIME EMPLOYEE working 30 or more hours per week Full-time employees who elect Option IV will pay the difference between the PA 152 CAP amount and the Priority Health HMO premium plus 20% of the dental/vision cost. PA 152 Employer limit monthly amount: Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15 Medical Dental/Vision Single \$792.83 \$71.40 2 Person \$1783.84 \$132.52 Family \$2219.88 \$154.49	FULL-TIME EMPLOYEE working 30 or more hours per week Full-time employees who election Option V will pay 20% of the dental/vision premium Dental/Vision \$71.40 \$132.52 \$154.49	FULL-TIME EMPLOYEE working 30 or more hours per week