Full Time SACC (4231) 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		Single: \$74.69 2 Person: \$924.72			
Monthly Employee Cost	Family: \$2065.55					
Cash In Lieu	N/A	N/A	N/A			
	,	Deductible:	Deductible:			
		Single: \$2000	Single: \$2000			
	Office Visit Copay: \$5.00	2 Person: \$4000	2 Person: \$4000 Family: \$4000			
Medical	Deductible: None No Co-Insurance	Family: \$4000	•			
	All Services Must be In-Network	100% Coverage once deductible is met.	20% Co-Insurance once deductible is met.			
		KPS will fund deductible 100%. Amounts will be prorated for mid-year elections.	KPS will fund deductible 100%. Amounts will be prorated for mid-year elections.			
	Co-payment	Co-payment	Co-payment			
Prescription	\$10 generic/\$20 brand – for 30 day fill \$10 generic/\$20 brand – 90 day mail.	After plan year deductible is met \$10 generic/\$40 brand for 30 day fill.	After plan year deductible is met \$10 generic/\$40 brand for 30 day fill.			
	ADN Administrators, Inc.	ADN Administrators, Inc.	ADN Administrators, Inc.			
	Plan year January - December	Plan year January - December	Plan year January - December			
	\$2,000 maximum benefit for each insured person per year for basic and major services	\$2,000 maximum benefit for each insured person per year for basic and major services	\$2,000 maximum benefit for each insured person per year for basic and major services			
Dental	· Basic dental services paid at 100%	· Basic dental services paid at 100%	· Basic dental services paid at 100%			
	Major dental services paid at 90%	· Major dental services paid at 90%	Major dental services paid at 90%			
	\$1,500 maximum benefit for each insurance person per lifetime for orthodontics	\$1,500 maximum benefit for each insurance person per lifetime for orthodontics	\$1,500 maximum benefit for each insurance person per lifetime for orthodontics			
	Orthodontic dental services paid at 50%.	Orthodontic dental services paid at 50%.	Orthodontic dental services paid at 50%.			
	NVA (National Vision Administrators)	NVA (National Vision Administrators)	NVA (National Vision Administrators)			
Vision	Plan year is January - December.	Plan year is January - December.	Plan year is January - December.			
	· Vision exam – 100% in network (\$50.00 maximum benefit)	· Vision exam – 100% in network (\$50.00 maximum benefit)	· 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.	Lenses-standard glass or plastic covered     Frames – \$200 allowance     Contact lenses: Up to \$115 In lieu of glasses including contact fitting fees.	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.	Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year.	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.	See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.	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	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D			
Footnotes  FULL-TIME EMPLOYEE working 30 or more hours FULL-TIME EMPLOYEE working 30 or more hours FULL-TIME EMPLOYEE working 30 or more hours						
	per week	per week	per week			
	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%	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	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. KPS will contribute towards the cost of coverage	the dental/vision cost. KPS will contribute towards the cost of coverage	of the dental/vision cost. KPS will contribute towards the cost of coverage			
	for the employee only. Dependent coverage can	for the employee only. Dependent coverage can	for the employee only. Dependent coverage can			
	be purchased at full cost PA 152 Employer limit monthly amount:	be purchased at full cost PA 152 Employer limit monthly amount:	be purchased at full cost PA 152 Employer limit monthly amount:			
2025 Monthly	Single \$ 643.19	Single \$ 643.19	Single \$ 643.19			
Premiums	Medical Dental/Vision	Medical HSA Dental/Vision	Medical HSA Dental/Vision			
Single	\$956.41 \$71.40	\$626.87 \$166.67 \$71.40	\$536.93 \$166.67 \$71.40			
2 Person	\$2151.85 \$132.52	\$1410.46 \$333.33 \$132.52	\$1208.08 \$333.33 \$132.52			
Family	\$2677.85 \$154.49	\$1755.23 \$333.33 \$154.49	\$1503.38 \$333.33 \$154.49			

Priority Health EPO   Solution		Option IV				
Single: \$163.92 Single: 0.0  Monthly Employee Cost 2 Person: \$1167.15 2 Person: 0.0  Family: \$1607.59 Family: 0.0  Cash in Lieu N/A Full Time - \$150.00 per month  Deductible: Single: \$500 2 Person: \$1000 Family: \$1000 10% Co-Insurance once deductible is met. 3-Tier Rx Co-payment \$107.20% / 20% ADN Administrators, inc. Plan year Insurancy - December \$52,000 maximum benefit for each insured person per year for basic and major services paid at 50%.  Person Major dental services paid at 30% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50%.  NVA (National Vision Administrators) Plan year is pausary - December. Vision exam - 100% in network (\$50.00 maximum benefit)  Lenses-standard glass or plastic covered Frames - \$200 allowance Contract lenses: Up to \$115 in lieu of glasses including contact fitting fees.  See RNA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fees chedule.  Life Insurance \$1,000 Life - \$10,000 AD&D  FULL-TIME EMPLOYEE working 30 or more hours per week 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. KPS will contribute towards the cost of coverage and be purchased at full cost PA152 Employee I milk monthly amount; Single \$643.19  2025 Monthly Premiums Medical Dental/Vision S132.52		· · · · · · · · · · · · · · · · · · ·		•		
Monthly Employee Cost 2 Person: \$1167.15 2 Person: 0 Cash In Lieu N/A \$1507.59 Family: 5 1000 Family: 5 1000 \$10% Co-Insurance once deductible is met. \$1507.20% / 20% \$1500 Family: 5 1000 \$10% Co-Insurance once deductible is met. \$1507.20% / 20% \$1500 Family: 5 1000 \$10% Co-Insurance once deductible is met. \$1507.20% / 20% \$1500 Family: 5 1000 \$10% Co-Insurance once deductible is met. \$1507.00% / 20% \$1500 Family: 5 1000 \$10% Co-Insurance once deductible is met. \$1507.00% / 20% \$1500 Family: 5 1000 Family: 5 10		· ·		Waiver		
Cash In Lieu  N/A  Pedututible: Single: \$500 2 Person: \$1000 3-Tier Rx Co-payment 510 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /		Single: \$	163.92	Single: 0		
N/A   Politime - \$150.00 per month	Monthly Employee Cost	_	167.15	2 Person: 0		
N/A   Full Time - \$150.00 per month		Family: \$1	607.59	Family: 0		
Medical    Single: \$500	Cash In Lieu					
Medical    Single: \$500		,		Full Time - \$150.00 per month		
Medical  2 Person: \$1000 Family: \$1000 10% Co-Insurance once deductible is met.  3 Tier Rx Co-payment \$10 / 20% / 20% Prescription  ADA 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 100% - Major dental services paid at 50%.  NVA (National Vision Administrators) Plan year is January - December - Vision nexam - 100% in network (\$50.00 maximum benefit) - Lense-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  FULL-TIME EMPLOYEE working 30 or more hours per week Full-time employees who elect Option I will pay the difference between the PA 152 CAP amount and the Priority Health HMO premilium plus 20% of the dental/vision cost. KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost PA 152 Employer limit monthly amount: Single \$ 643.19  Medical Dental/Vision Single \$ 792.83 \$71.40  \$ 178.28						
Family: \$1000  10% Co-Insurance once deductible is met.  3-Tier Rx Co-payment \$10 / 20% / 20%  ADM Administrators, Inc. Plan year January - December \$2,000 maximum benefit for each insured person per year for basic and major services Dental  • Basic dental services paid at 100% • Major dental services paid at 50% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50% NNA (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 (including contact fitting fees. • Benefits are limited to one exam and either one pair of glasses (including source) rope of the order of pair of glasses (including contact fitting fees. • Benefits are limited to one exam and either one pair of glasses (including source) Footnotes  FULL-TIME EMPLOYEE working 30 or more hours per week 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.  KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost PA 152 Employer limit monthly amount: Single 5 643.19  2025 Monthly Premiums Medical Dental/Vision Single 579.283 \$71.40 2 Person \$1783.84 \$132.52		_		There is no modical severage with this entire		
Prescription  3-Tier Rx Co-payment \$10/0 C20% / 20%  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 100% S1,500 maximum benefit for each insurance person per year for the dental services paid at 100% S1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50%.  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  \$10,000 Life - \$10,000 AD&D  FOOtnotes  FULL-TIME EMPLOYEE working 30 or more hours pure week Full-time employees who elect Option I will pay the difference between the PA 152 CAP amount and the Priority Health HIMO premium plus 20% of the dental/vision cost.  KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost PA 152 Employer limit monthly amount: Single \$ 643.19  2025 Monthly Premiums Medical Dental/Vision Single \$ 5792.83 \$71.40 \$172.52	Medical	,		There is no medical coverage with this option		
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Prescription  Co-payment \$10 / 20% / 20%  ADA Maministrators, inc. Plan year January - December \$2,000 maximum benefit for each insured person per year for basic and major services 0. Basic dental services paid at 100% 1.5,000 maximum benefit for each insurance person per lifetime for orthodontics 0. Major dental services paid at 100% 1.5,000 maximum benefit for each insurance person per lifetime for orthodontics 0. MVA (National Vision Administrators) Plan year is January - December 1. Vision exam - 100% in network (\$50.00 maximum benefit) 1. Lenses-standard glass or plastic covered 1. Frames - \$20.0 allowance 2. Contact lenses: Up to \$115 in lieu of glasses including contact fitting fees. 3. Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year. 3. 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  FOULT-TIME EMPLOYEE working 30 or more hours per week 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.  KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost PA 152 Employer limit monthly amount: Single \$ 643.19  2025 Monthly Premiums Medical Dental/Vision Single \$ 93.28 \$ \$71.40 2 Person \$ \$178.84 \$ \$132.52		10% Co-Insurance once deductible is met.				
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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  FUIL-TIME EMPLOYEE working 30 or more hours per week 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.  KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost PA 152 Employer limit monthly amount:  Single \$ 643.19  Premiums  Medical Dental/Vision Single \$ 792.83 \$71.40 2 Person \$178.84 \$132.52		•	1			
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