

**Full Time SACC (4231) Insurance Options**  
**January 1, 2025 - December 31, 2025**

	<b>Option I Priority Health HMO</b>	<b>Option II Priority Health HSA 100</b>	<b>Option III Priority Health HSA 80/20</b>																																												
<b>Monthly Employee Cost</b>	Single: \$327.50 2 Person: \$1535.17 Family: \$2065.55	Single: \$164.63 2 Person: \$1127.10 Family: \$1476.27	Single: \$74.69 2 Person: \$924.72 Family: \$1224.42																																												
<b>Cash In Lieu</b>	N/A	N/A	N/A																																												
<b>Medical</b>	Office Visit Copay: \$5.00 Deductible: None No Co-Insurance All Services Must be In-Network	<b>Deductible:</b> 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.	<b>Deductible:</b> 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.																																												
<b>Prescription</b>	Co-payment \$10 generic/\$20 brand – for 30 day fill \$10 generic/\$20 brand – 90 day mail.	Co-payment <b>After</b> plan year deductible is met \$10 generic/\$40 brand for 30 day fill.	Co-payment <b>After</b> plan year deductible is met \$10 generic/\$40 brand for 30 day fill.																																												
<b>Dental</b>	<b>ADN Administrators, Inc.</b> 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%.	<b>ADN Administrators, Inc.</b> 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%.	<b>ADN Administrators, Inc.</b> 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%.																																												
<b>Vision</b>	<b>NVA (National Vision Administrators)</b> 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 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.	<b>NVA (National Vision Administrators)</b> 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 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.	<b>NVA (National Vision Administrators)</b> 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 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.																																												
<b>Life Insurance</b>	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D																																												
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<b>2025 Monthly Premiums</b>	<b>FULL-TIME EMPLOYEE</b> 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 <b>PA 152 Employer limit monthly amount:</b> Single \$ 643.19	<b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week  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. KPS will contribute towards the cost of coverage for the employee only. Dependent coverage can be purchased at full cost <b>PA 152 Employer limit monthly amount:</b> Single \$ 643.19	<b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week  Full-time employees who elect Option III 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 <b>PA 152 Employer limit monthly amount:</b> Single \$ 643.19																																												
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	<b>Option IV Priority Health EPO 90/10</b>	<b>Option VI Waiver</b>
<b>Monthly Employee Cost</b>	Single: \$163.92 2 Person: \$1167.15 Family: \$1607.59	Single: 0 2 Person: 0 Family: 0
<b>Cash In Lieu</b>	N/A	<b>Full Time</b> - \$150.00 per month
<b>Medical</b>	<b>Deductible:</b> Single: \$500 2 Person: \$1000 Family: \$1000  10% Co-Insurance once deductible is met.	There is no medical coverage with this option
<b>Prescription</b>	3-Tier Rx Co-payment \$10 / 20% / 20%	There is no prescription coverage with this option
<b>Dental</b>	<b>ADN Administrators, Inc.</b> 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
<b>Vision</b>	<b>NVA (National Vision Administrators)</b> 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
<b>Life Insurance</b>	\$10,000 Life - \$10,000 AD&D	There is no life insurance coverage with this option
<b>Footnotes</b>		
<b>2025 Monthly Premiums</b>	<b>FULL-TIME EMPLOYEE</b> 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 <b>PA 152 Employer limit monthly amount:</b> <b>Single \$ 643.19</b>	<b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week
	<b>Medical                      Dental/Vision</b>	
Single	\$792.83                      \$71.40	
2 Person	\$1783.84                      \$132.52	
Family	\$2219.88                      \$154.49	