

Behavior Specialist (4232) & Activity Leader Insurance Options

January 1, 2025 - December 31, 2025

	Option I Priority Health HSA 80/20	Option II Dental/Vision
Monthly Employee Cost	Single: \$247.22 2 Person: \$813.88 Family: \$1144.44	Single: \$35.70 2 Person: \$66.26 Family: \$77.25
Cash In Lieu	N/A	N/A
Medical	<p align="center">Deductible:</p> Single: \$3000 2 Person: \$6000 Family: \$6000 20% Co-insurance once deductible is met.	There is no medical coverage with this option
Prescription	<p align="center">Co-payment</p> <u>After</u> plan year deductible is met \$10 generic/\$40 brand for 30 day fill.	There is no prescription coverage with this option
Dental	No dental coverage	<p align="center">ADN Administrators, Inc.</p> 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	No vision coverage	<p align="center">NVA (National Vision Administrators)</p> 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.
Footnotes		
2025 Monthly Premiums	<p align="center">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.</p> <p align="center">Amounts are subject to change due to employment agreement changes.</p> <p align="center">Medical</p> Single \$472.22 2 Person \$1038.88 Family \$1369.44	<p align="center">The Board shall pay 50% of the premium cost for employees electing Option II. The employee cost listed above is based on this contribution.</p> <p align="center">Amounts are subject to change due to employment agreement changes.</p> <p align="center">Dental/Vision</p> \$71.40 \$132.52 \$154.49