

Full Time Security, Aquatics & Ice Arena Staff (4233) Insurance Options January 1, 2025 - December 31, 2025	
	Option I Priority Health HSA 80/20
Monthly Employee Cost	Single: \$247.22 2 Person: \$813.88 Family: \$1144.44
Cash In Lieu	N/A
Medical	<p style="text-align: center;">Deductible:</p> Single: \$3000 2 Person: \$6000 Family: \$6000 20% Co-insurance once deductible is met.
Prescription	Co-payment <u>After</u> plan year deductible is met \$10 generic/\$40 brand for 30 day fill.
Dental	No dental coverage
Vision	No vision coverage
Footnotes	
2025 Monthly Premiums	<p>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>Amounts are subject to change due to employment agreement changes.</p> <p style="text-align: center;">Medical</p> Single \$472.22 2 Person \$1038.88 Family \$1369.44