

Full Time Site Coordinator & Assistant Project Director (4234) 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: \$1535.17 Family: \$2065.55	Single: \$81.30 2 Person: \$960.44 Family: \$1309.61	Single: \$14.28 2 Person: \$758.06 Family: \$1057.76
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 50% after 60 day waiting period. 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 50% after 60 day waiting period. 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 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.	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 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.	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 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.
Life Insurance	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D	\$10,000 Life - \$10,000 AD&D
Footnotes			
2025 Monthly Premiums	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 employee only coverage. Dependent coverage can be purchased at full cost. PA 152 Employer limit monthly amount: Single \$ 643.19 Medical Dental/Vision	FULL-TIME EMPLOYEE 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 employee only coverage. Dependent coverage can be purchased at full cost. PA 152 Employer limit monthly amount: Single \$ 643.19 Medical HSA Dental/Vision	FULL-TIME EMPLOYEE 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 HSA premium plus 20% of the dental/vision cost. KPS will contribute towards the cost of employee only coverage. Dependent coverage can be purchased at full cost. PA 152 Employer limit monthly amount: Single \$ 643.19 Medical HSA Dental/Vision
Single	\$956.41 \$71.40	\$626.87 \$83.34 \$71.40	\$536.93 \$83.34 \$71.40
2 Person	\$2151.85 \$132.52	\$1410.46 \$166.67 \$132.52	\$1208.08 \$166.67 \$132.52
Family	\$2677.85 \$154.49	\$1755.23 \$166.67 \$154.49	\$1503.38 \$166.67 \$154.49

	Option IV Priority Health EPO 90/10												
Monthly Employee Cost	Single: \$163.92 2 Person: \$1167.15 Family: \$1607.59												
Cash In Lieu	N/A												
Medical	Deductible: Single: \$500 2 Person: \$1000 Family: \$1000 10% Co-Insurance once deductible is met.												
Prescription	3-Tier Rx Co-payment \$10 / 20% / 20%												
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%.												
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 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.												
Life Insurance	\$10,000 Life - \$10,000 AD&D												
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 HSA premium plus 20% of the dental/vision cost. KPS will contribute towards the cost of employee only coverage. Dependent coverage can be purchased at full cost. PA 152 Employer limit monthly amount: Single \$ 643.19 <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Medical</th> <th style="text-align: center;">Dental/Vision</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: center;">\$792.83</td> <td style="text-align: center;">\$71.40</td> </tr> <tr> <td>2 Person</td> <td style="text-align: center;">\$1783.84</td> <td style="text-align: center;">\$132.52</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$2219.88</td> <td style="text-align: center;">\$154.49</td> </tr> </tbody> </table>		Medical	Dental/Vision	Single	\$792.83	\$71.40	2 Person	\$1783.84	\$132.52	Family	\$2219.88	\$154.49
	Medical	Dental/Vision											
Single	\$792.83	\$71.40											
2 Person	\$1783.84	\$132.52											
Family	\$2219.88	\$154.49											