	Full Time	Site Coordinator & As	_			ance Optio	ns		
	Prior	January 1 Option I ity Health HMO	, 2025 - Dec	Option II iority Health		P	Option III riority Health 80/20	HSA	
Monthly Employee Cost	Single: 2 Person: Family:	\$327.50 \$1535.17 \$2065.55	2 Person:		\$960.44	2 Person:	·	\$14.28 \$758.06 \$1057.76	
Cash In Lieu		N/A	N/A			N/A			
Medical	De No	Visit Copay: \$5.00 ductible: None o Co-Insurance is Must be In-Network	2 Person: S Family: S 100% Cove	ductible 50% ants will be pro	: luctible is met. after 60 day waiting rated for mid-year	Option III Priority Health HS 80/20 S81.30 Single: 960.44 2 Person: 309.61 Family: N/A Deductible: Single: \$2000 2 Person: \$4000 Family: \$4000 20% Co-Insurance once deductions. Co-payment ic/\$40 After plan year deductible is methoral for 30 day file Derson \$2,000 maximum benefit for each per year for basic and majous Hallow Basic dental services paid at 10 Major dental services paid at 10 M		ductible is met. after 60 day waiting	
Prescription	\$10 generic/	Co-payment \$10 generic/\$20 brand – for 30 day fill \$10 generic/\$20 brand – 90 day mail.		elections. 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 persor 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					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%. NVA (National Vision Administrators)		Orthodontic dental services paid at 50%. NVA (National Vision Administrators)			Orthodontic dental services paid at 50%.			
Vision	Plan year i Vision exam – 1(maximum benefit) Lenses-standard Frames – \$200 a	s January - December. 00% in network (\$50.00 glass or plastic covered llowance Jp to \$115 In lieu of glasses	Plan yea Vision exam – maximum benef Lenses-standa Frames – \$20	ar is January - - 100% in netw it) ard glass or pla 0 allowance s: Up to \$115	December. vork (\$50.00	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			
	one pair of glasses allowance of contra See NVA's summ savings/discou	ted to one exam and either (lenses & frames) or maximum act lenses once per plan year. ary of benefits for additional nts for using an in network out of network fee schedule.	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.			 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	\$10,0	00 Life - \$10,0	00 AD&D	\$10,0	000 Life - \$10,0	00 AD&D	
	FULL-TIME EMPLOYEE working 30 or more hours per week		FOULL-TIME EMPLOYEE working 30 or more hours per week			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.		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.			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 puchased at full cost. PA 152 Employer limit monthly amount: Single \$ 643.19		KPS will contribute towards the cost of employee only coverage. Dependent coverage can be puchased at full cost. PA 152 Employer limit monthly amount: Single \$ 643.19			KPS will contribute towards the cost of employee only coverage. Dependent coverage can be puchased at full cost. PA 152 Employer limit monthly amount: Single \$ 643.19			
2025 Monthly Premiums Single	Medical \$956.41	Dental/Vision \$71.40	Medical \$626.87	HSA \$83.34	Dental/Vision \$71.40	Medical \$536.93	HSA \$83.34	Dental/Vision \$71.40	
2 Person Family	\$2151.85 \$2677.85	\$132.52 \$154.49	\$1410.46 \$1755.23	\$166.67 \$166.67	\$132.52 \$154.49	\$1208.08 \$1503.38	\$166.67 \$166.67	\$132.52 \$154.49	

		Option IV				
		Priority Health EPO				
		90/10				
	Single:	\$16	53.92			
Monthly Employee Cost	2 Person:	\$116	57.15			
	Family:	\$160	07.59			
Cash In Lieu		NI/A				
	Single:	\$500				
Medical	2 Person:	\$1000				
Wedical	Family:	\$1000				
	10% Co-In	surance once deductible is met	t.			
		3-Tier Rx				
Prescription		Co-payment				
		N/A Deductible: gle: \$500 erson: \$1000 nily: \$1000 10% Co-Insurance once deductible is met. 3-Tier Rx Co-payment \$10 / 20% / 20% ADN Administrators, Inc. Plan year January - December 000 maximum benefit for each insured perso per year for basic and major services Basic dental services paid at 100% Major dental services paid at 90% 500 maximum benefit for each insurance son per lifetime for orthodontics hodontic dental services paid at 50%. NVA (National Vision Administrators) Plan year is January - December. //ision exam - 100% in network (\$50.00 kimum benefit) Lenses-standard glass or plastic covered frames - \$200 allowance Contact lenses: Up to \$115 In lieu of glasses uding contact fitting fees. Benefits are limited to one exam and either a pair of glasses (lenses & frames) or maximu wance of contract lenses once per plan year. see NVA's summary of benefits for additional savings/discounts for using an in network				
		stority Health EPO 90/10 \$16 \$116 \$116 \$166 N/A Deductible: \$500 \$1000 \$1000 \$1000 \$1000 \$110000 \$1100000 \$1100000 \$110000 \$1100000 \$11000000 \$110000000 \$1100000000	ersor			
Dental		•				
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	-	3-Tier Rx Co-payment \$10 / 20% / 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 90% ,500 maximum benefit for each insurance rson per lifetime for orthodontics thodontic dental services paid at 50%. NVA (National Vision Administrators) Plan year is January - December. Vision exam – 100% in network (\$50.00 eximum benefit) Lenses-standard glass or plastic covered Frames – \$200 allowance Contact lenses: Up to \$115 In lieu of glasses cluding contact fitting fees. Benefits are limited to one exam and either e pair of glasses (lenses & frames) or maximum owance of contract lenses once per plan year. See NVA's summary of benefits for additional				
	Orthodontic d	lental services paid at 50%.				
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Vision	Frames – \$200 allowance Contact lenses: Up to \$115 In lieu of					
	· Benefits are	e limited to one exam and eithe	r			
	See NVA's s	summary of benefits for addition	nal			
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	provider, o	r for out of network fee schedu	le.			
Life Insurance	4					
			ours			
	Priority Health EPO 90/10 Single: \$ 2 Person: \$1 Family: \$1 N/A Deductible: Single: \$500 2 Person: \$1000 Family: \$1000 10% Co-Insurance once deductible is m 3-Tier Rx Co-payment \$10 / 20% / 20% ADN Administrators, Inc. Plan year January - December \$2,000 maximum benefit for each insured 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 insuranc 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 glas including contact fitting fees. Benefits are limited to one exam and eit one pair of glasses (lenses & frames) or mai allowance of contract lenses once per plan See NVA's summary of benefits for addition savings/discounts for using an in networ provider, or for out of network fee scheols \$10,000 Life - \$10,000 AD&D Footnotes FULL-TIME EMPLOYEE working 30 or more per week Full-time employees who elect Option IV with difference between the PA 152 CAP are and the Priority Health HSA premium plus the dental/vision cost. KPS will contribute towards the cost of emonly coverage. Dependent coverage car puchased at full cost. PA 152 Employer limit monthly amound single \$ 643.19 Medical Dental/Vision \$792.83 \$71.40					
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	only coverage. Dependent coverage can be					
	PA 152 Employer limit monthly amount:					
2025 84	S	ingle \$ 643.19				
2025 Monthly Premiums	Medical	Dental Mision				
i reilliullis		•				
Single	\$ /un x2	\$71.70				
Single 2 Person		'				