

**Full Time Secretaries/Clerks (KESA) 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 EPO 90/10</b>
<b>Monthly Employee Cost</b>	Single: \$327.30 2 Person: \$832.80 Family: \$954.06	Single: \$164.44 2 Person: \$424.74 Family: \$364.78	Single: \$163.73 2 Person: \$464.79 Family: \$496.09
<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: \$500 2 Person: \$1000 Family: \$1000  10% Co-Insurance once deductible is met.
<b>Prescription</b>	Co-payment \$10 generic/\$20 brand – for 30 day fill \$10 generic/\$20 brand – 90 day mail.	Co-payment <u>After</u> plan year deductible is met \$10 generic/\$40 brand for 30 day fill.	3-Tier Rx Co-payment \$10 / 20% / 20%
<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 70% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 70%.	<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 70% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 70%.	<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 70% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 70%.
<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.	<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.	<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.
<b>Life Insurance</b>	\$35,000 Life - \$35,000 AD&D	\$35,000 Life - \$35,000 AD&D	\$50,000 Life - \$50,000 AD&D
<b>Long Term Disability</b>	66.67% of monthly salary to a maximum of \$5000 per month	66.67% of monthly salary to a maximum of \$5000 per month	66.67% of monthly salary to a maximum of \$5000 per month
<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. <b>PA 152 Employer limit monthly amount:</b> Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15  <b>Medical                      Dental/Vision</b>	<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. <b>PA 152 Employer limit monthly amount:</b> Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15  <b>Medical              HSA                      Dental/Vision</b>	<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. <b>PA 152 Employer limit monthly amount:</b> Single \$ 643.19 2 Person \$ 1,345.11 Family \$ 1,754.15  <b>Medical                      Dental/Vision</b>
Single	\$956.41                      \$70.42	\$626.87    \$166.67                      \$70.42	\$792.83                      \$70.42
2 Person	\$2151.85                      \$130.30	\$1410.46    \$333.33                      \$130.30	\$1783.84                      \$130.30
Family	\$2677.85                      \$151.82	\$1755.23    \$333.33                      \$151.82	\$2219.88                      \$151.82

	<b>Option V Dental, Vision, CILO</b>	<b>Option VI Waiver</b>
<b>Monthly Employee Cost</b>	Single: \$14.08 2 Person: \$26.06 Family: \$30.36	Single: \$0.00 2 Person: \$0.00 Family: \$0.00
<b>Cash In Lieu</b>	<b>Full Time</b> - \$130.00 per month	<b>Full Time</b> - \$500.00 per month
<b>Medical</b>	There is no medical coverage with this option	There is no medical coverage with this option
<b>Prescription</b>	There is no prescription coverage with this option	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 70% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 70%.	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>	\$45,000 Life - \$45,000 AD&D	\$45,000 Life - \$45,000 AD&D
<b>Long Term Disability</b>	66.67% of monthly salary to a maximum of \$5000 per month	66.67% of monthly salary to a maximum of \$5000 per month
<b>Footnotes</b>		
<b>2025 Monthly Premiums</b>	<b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week  Full-time employees who election Option IV will pay 20% of the dental/vision premium  <b>Dental/Vision</b> Single \$70.42 2 Person \$130.30 Family \$151.85	<b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week