2020
FULL-TIME SECRETARIES/CLERKS INSURANCE OPTIONS OVERVIEW

	Option I Priority Health HMO	Option II Priority Health HSA	Option III No Medical dental/vision/life/LTD	Option IV WAIVER
Employee Cost	**Your monthly employee cost are:** **Single $ 234.44** **2 Person $ 610.36** **Family $ 686.11**	**Your monthly employee cost are:** **Single $ 130.33** **2 Person $ 334.47** **Family $ 261.32**	**Your monthly employee cost are:** **Single $ 16.78** **2 Person $ 30.49** **Family $ 35.40**	N/A
Cash In-Lieu Payment	**N/A**	**N/A**	**Full time** $75.00 per month cash in lieu paid with the waiver of medical and prescription coverage.	**Full-time** $500 per month cash in lieu paid with the waiver of all the above coverage options.
Medical	**Priority Health HMO** Office Visit co pay: $5.00 Deductible: None All services must be in network Plan summary available upon request	**Priority Health HSA (HMO)** Deductible: $2,000 single $4,000 2-person $4,000 Full family KPS will fund deductible at 100%. Amount will be prorated for mid-year elections. Plan summary available upon request	There is no medical coverage with this option	no medical coverage with this option
Prescription	Co-payment $10 generic/$20 brand - for 30 day fill $10 generic/$20 brand - 90 day mail order.	Co-payment **After plan year deductible is met** $10 generic/$40 brand for 30 day fill.	There is no prescription coverage with this option	no prescription coverage with this option
Dental	**ADN Administrators, Inc.** Plan year January - December $1,000 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% (19 age limit).	**ADN Administrators, Inc.** Plan year January - December $1,000 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% (19 age limit).	**ADN Administrators, Inc.** Plan year January - December $1,000 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% (19 age limit).	no dental coverage with this option
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 and contact fitting exam:	**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 and contact fitting exam:	**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	There is no vision coverage with this option

	Medically Necessary- covered up to $200.00. **Elective**- covered up to $115. • Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year per plan participant. The above amounts are covered using a NVA network provider. You may be eligible for additional cost reduction if an in network provider is used, see NVA's summary for details.	**Medically Necessary**- covered up to $200.00. **Elective**- covered up to $115. • Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year per plan participant. The above amounts are covered using a NVA network provider. You may be eligible for additional cost reduction if an in network provider is used, see NVA's summary for details.	• Contact lenses and contact fitting exam: **Medically Necessary**- covered up to $200.00. **Elective**- covered up to $115. • Benefits are limited to one exam and either one pair of glasses (lenses & frames) or maximum allowance of contract lenses once per plan year per plan participant. The above amounts are covered using a NVA network provider. You may be eligible for additional cost reduction if an in network provider is used, see NVA's summary for details.	
Life Insurance	$35,000 life - $35,000 AD&D	$35,000 life - $35,000 AD&D	$19,000 life - $19,000 AD&D	$19,000 life - $19,000 AD&D
Long Term Disability	66 2/3% of monthly salary to a maximum of $5,000 per month.	66 2/3% of monthly salary to a maximum of $5,000 per month.	66 2/3% of monthly salary to a maximum of $5,000 per month.	66 2/3% of monthly salary to a maximum of $5,000 per month.
Foot Notes				
Insurance Carrier Rates KPS cost and Michigan Hard CAP amounts	Full-time employees (30 or more hours per week) The above cost is based on the employer paying the allowed PA 152 cap amounts towards the HMO premium. The employee cost is the difference between CAP amount and the HMO premium plus 20% of the dental/vision cost. **2020 PA 152 District Cap amounts** **Single $ 568.24** **2 Person $1,188.36** **Family $1,549.74** **2020 Monthly Premiums:** **HMO premium / Dental/Vision** **Single $ 785.90 / $ 83.91** **2 Person $1,768.23 / $ 152.44** **Family $2,200.45 / $ 177.01**	Full-time employees (30 or more hours per week) The above cost is based on the employer paying the allowed PA 152 cap amounts towards the HSA premium the annual deductible. The employee cost is the difference between CAP amount and the HSA premium/deductible plus 20% of the dental/vision cost. **2020 PA 152 District Cap amounts** **Single $ 568.24** **2 Person $1,188.36** **Family $1,549.74** **2020 Monthly Premiums/Deductibles:** **HSA premium / Deductible / Dental/Vision** **Single $ 515.12 / $166.66 / $ 83.91** **2 Person $ 1,159.01 / $333.33 / $152.44** **Family $ 1,442.32 / $333.33 / $177.01**	Full-time employees (30 or more hours per week) The above full-time employee cost is based on 20% of the dental/vision cost. **2020 monthly premiums:** **Dental/Vision** **Single $ 83.91** **2 Person $ 152.44** **Family $ 177.01**	