

**FULL TIME SACC (4231) INSURANCE OPTIONS OVERVIEW**  
**January 1, 2024 – December 31, 2024**

	<b>OPTION I</b> <b>Priority Health HMO</b>	<b>OPTION II</b> <b>Priority Health EPO</b>	<b>OPTION III</b> <b>Priority Health HSA</b>	<b>OPTION IV</b> <b>Waiver</b>
Employee Cost	<u>Your monthly employee cost are:</u> Single: \$ 279.39 2 Person: \$ 722.78 Family: \$ 816.83	<u>Your monthly employee cost are:</u> Single: \$ 124.63 2 Person: \$ 374.61 Family: \$ 383.56	<u>Your monthly employee cost are:</u> Single: \$ 134.29 2 Person: \$ 354.70 Family: \$ 277.30	
Cash In-Lieu Payment	N/A	N/A	N/A	<b>Full-time</b> \$150 per month cash in lieu paid with the waiver of all the above coverage options
Medical	<u>Priority Health HMO</u> Office Visit co pay: \$5.00 Deductible: None  All services must be in network	<u>Priority Health EPO</u> Deductible: \$500 Single \$1000 2-Person \$1000 Full Family	<u>Priority Health HSA (HMO)</u> Deductible: \$2,000 single \$4,000 2-person \$4,000 Full family  KPS will fund deductible at 100%. Amounts will be prorated for mid-year elections.	There is no medical coverage with this option
Prescription	Co-payment \$10 generic/\$20 brand - for 30 day fill \$10 generic/\$20 brand - 90 day mail.	3-Tier Rx Co-payment \$10 / 20% / 20%	Co-payment <b>After</b> plan year deductible is met \$10 generic/\$40 brand for 30 day fill.	There is no prescription coverage with this option
Dental	<u>ADN Administrators, Inc.</u> Plan year January - December  \$2,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none"> <li>Basic dental services paid at 100%</li> <li>Major dental services paid at 90%</li> </ul> \$1,500 maximum benefit for each insurance person per lifetime for orthodontics  Orthodontic dental services paid at 50%.	<u>ADN Administrators, Inc.</u> Plan year January - December  \$2,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none"> <li>Basic dental services paid at 100%</li> <li>Major dental services paid at 90%</li> </ul> \$1,500 maximum benefit for each insurance person per lifetime for orthodontics  Orthodontic dental services paid at 50%.	<u>ADN Administrators, Inc.</u> Plan year January - December  \$2,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none"> <li>Basic dental services paid at 100%</li> <li>Major dental services paid at 90%</li> </ul> \$1,500 maximum benefit for each insurance person per lifetime for orthodontics  Orthodontic dental services paid at 50%.	There is no dental coverage with this option

	OPTION I Priority Health HMO	OPTION II Priority Health EPO	OPTION III Priority Health HSA	OPTION V Waiver																																																										
Vision	<p><b>NVA (National Vision Administrators)</b> Plan year is January - December.</p> <ul style="list-style-type: none"> <li>Vision exam - 100% in network (\$50.00 maximum benefit)</li> <li>Lenses-standard glass or plastic covered</li> <li>Frames - \$200 allowance</li> <li>Contact lenses: Up to \$115 In lieu of glasses including contact fitting fees.</li> <li>Benefits are limited to one exam and either one pair of glasses (lenses &amp; frames) or maximum allowance of contract lenses once per plan year.</li> </ul> <p>See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.</p>	<p><b>NVA (National Vision Administrators)</b> Plan year is January - December.</p> <ul style="list-style-type: none"> <li>Vision exam - 100% in network (\$50.00 maximum benefit)</li> <li>Lenses-standard glass or plastic covered</li> <li>Frames - \$200 allowance</li> <li>Contact lenses: Up to \$115 In lieu of glasses including contact fitting fees.</li> <li>Benefits are limited to one exam and either one pair of glasses (lenses &amp; frames) or maximum allowance of contract lenses once per plan year.</li> </ul> <p>See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.</p>	<p><b>NVA (National Vision Administrators)</b> Plan year is January - December.</p> <ul style="list-style-type: none"> <li>Vision exam - 100% in network (\$50.00 maximum benefit)</li> <li>Lenses-standard glass or plastic covered</li> <li>Frames - \$200 allowance</li> <li>Contact lenses: Up to \$115 In lieu of glasses including contact fitting fees.</li> <li>Benefits are limited to one exam and either one pair of glasses (lenses &amp; frames) or maximum allowance of contract lenses once per plan year.</li> </ul> <p>See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.</p>	There is no vision coverage with this option																																																										
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<b>Footnotes</b>																																																														
	<p><b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week</p> <p>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.</p> <p><b>PA 152 Employer limit monthly amount:</b></p> <table> <tr><td>Single</td><td>\$ 641.90</td></tr> <tr><td>2 Person</td><td>\$ 1,342.42</td></tr> <tr><td>Family</td><td>\$ 1,750.65</td></tr> </table> <p><b>2024 Monthly Premiums:</b></p> <table> <thead> <tr><th></th><th>HMO premium</th><th>Dental/Vision</th></tr> </thead> <tbody> <tr><td>Single</td><td>\$ 904.83</td><td>\$ 82.24</td></tr> <tr><td>2 Person</td><td>\$ 2035.81</td><td>\$ 146.94</td></tr> <tr><td>Family</td><td>\$ 2533.44</td><td>\$ 170.20</td></tr> </tbody> </table>	Single	\$ 641.90	2 Person	\$ 1,342.42	Family	\$ 1,750.65		HMO premium	Dental/Vision	Single	\$ 904.83	\$ 82.24	2 Person	\$ 2035.81	\$ 146.94	Family	\$ 2533.44	\$ 170.20	<p><b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week</p> <p>Full-time employees who elect option II will pay the difference between the PA 152 CAP amount and the Priority Health EPO premium plus 20% of the dental/vision cost.</p> <p><b>PA 152 Employer limit monthly amount:</b></p> <table> <tr><td>Single</td><td>\$ 641.90</td></tr> <tr><td>2 Person</td><td>\$ 1,342.42</td></tr> <tr><td>Family</td><td>\$ 1,750.65</td></tr> </table> <p><b>2024 Monthly Premiums:</b></p> <table> <thead> <tr><th></th><th>HMO premium</th><th>Dental/Vision</th></tr> </thead> <tbody> <tr><td>Single</td><td>\$ 750.08</td><td>\$ 82.24</td></tr> <tr><td>2 Person</td><td>\$ 1,687.64</td><td>\$ 146.94</td></tr> <tr><td>Family</td><td>\$ 2,100.17</td><td>\$ 170.20</td></tr> </tbody> </table>	Single	\$ 641.90	2 Person	\$ 1,342.42	Family	\$ 1,750.65		HMO premium	Dental/Vision	Single	\$ 750.08	\$ 82.24	2 Person	\$ 1,687.64	\$ 146.94	Family	\$ 2,100.17	\$ 170.20	<p><b>FULL-TIME EMPLOYEE</b> working 30 or more hours per week</p> <p>Full-time employees who elect option III will pay the difference between the PA 152 CAP amount and the Priority Health EPO premium plus 20% of the dental/vision cost.</p> <p><b>PA 152 Employer limit monthly amount:</b></p> <table> <tr><td>Single</td><td>\$ 641.90</td></tr> <tr><td>2 Person</td><td>\$ 1,342.42</td></tr> <tr><td>Family</td><td>\$ 1,750.65</td></tr> </table> <p><b>2024 Monthly Premiums/Deductibles:</b></p> <table> <thead> <tr><th></th><th>HSA premium</th><th>Deductible</th><th>Dental/Vision</th></tr> </thead> <tbody> <tr><td>Single</td><td>\$ 593.07</td><td>\$ 166.67</td><td>\$ 82.24</td></tr> <tr><td>2 Person</td><td>\$ 1,334.40</td><td>\$ 333.33</td><td>\$ 146.94</td></tr> <tr><td>Family</td><td>\$ 1,660.58</td><td>\$ 333.33</td><td>\$ 170.20</td></tr> </tbody> </table>	Single	\$ 641.90	2 Person	\$ 1,342.42	Family	\$ 1,750.65		HSA premium	Deductible	Dental/Vision	Single	\$ 593.07	\$ 166.67	\$ 82.24	2 Person	\$ 1,334.40	\$ 333.33	\$ 146.94	Family	\$ 1,660.58	\$ 333.33	\$ 170.20	N/A
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