<table>
<tr><th colspan="4">Full Time Miscellaneous Staff (4230) Insurance Options
July 1, 2026 - December 31, 2026</th></tr>
<tr><th></th><th>Option I
Priority Health HMO</th><th>Option II
Priority Health HSA
100</th><th>Option III
Priority Health HSA
80/20</th></tr>
<tr><td>Monthly Employee Cost</td><td>Single: $331.38
2 Person: $850.58
Family: $975.91</td><td>Single: $155.84
2 Person: $413.97
Family: $351.11</td><td>Single: $62.44
2 Person: $203.80
Family: $89.56</td></tr>
<tr><td>Cash In Lieu</td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
<tr><td>Medical</td><td>Office Visit Copay: $5.00
Deductible: None
No Co-Insurance
All Services Must be In-Network</td><td>Deductible:
Single: $2,000.00
2 Person: $4,000.00
Family: $4,000.00
100% Coverage once deductible is met.
KPS will fund deductible 100%. Amounts will be prorated for mid-year elections.</td><td>Deductible:
Single: $2,000.00
2 Person: $4,000.00
Family: $4,000.00
20% Co-Insurance once deductible is met.
KPS will fund deductible 100%. Amounts will be prorated for mid-year elections.</td></tr>
<tr><td>Prescription</td><td>Co-payment
$10 generic/$20 brand – for 30 day fill
$10 generic/$20 brand – 90 day mail.</td><td>Co-payment
<u>After</u> plan year deductible is met $10 generic/$40 brand for 30 day fill.</td><td>Co-payment
<u>After</u> plan year deductible is met $10 generic/$40 brand for 30 day fill.</td></tr>
<tr><td>Dental</td><td>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%.</td><td>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%.</td><td>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%.</td></tr>
<tr><td>Vision</td><td>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 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.</td><td>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 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.</td><td>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 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.</td></tr>
<tr><td>Life Insurance</td><td>$50,000 Life - $50,000 AD&D</td><td>$50,000 Life - $50,000 AD&D</td><td>$50,000 Life - $50,000 AD&D</td></tr>
<tr><td>Long Term Disability</td><td>66.67% of monthly salary to a maximum of $5000 per month</td><td>66.67% of monthly salary to a maximum of $5000 per month</td><td>66.67% of monthly salary to a maximum of $5000 per month</td></tr>
<tr><td colspan="4">Footnotes</td></tr>
<tr><td></td><td>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.
<u>PA 152 Employer limit monthly amount:</u>
Single $ 661.84
2 Person $ 1,384.12
Family $ 1,805.03</td><td>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.
<u>PA 152 Employer limit monthly amount</u>:
Single $ 661.84
2 Person $ 1,384.12
Family $ 1,805.03</td><td>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.
<u>PA 152 Employer limit monthly amount:</u>
Single $ 661.84
2 Person $ 1,384.12
Family $ 1,805.03</td></tr>
<tr><td>2025 Monthly Premiums</td><td>Medical | Dental/Vision</td><td>Medical | HSA | Dental/Vision</td><td>Medical | HSA | Dental/Vision</td></tr>
<tr><td>Single</td><td>$993.22 | $73.70</td><td>$651.01 | $166.67 | $73.70</td><td>$557.61 | $166.67 | $73.70</td></tr>
<tr><td>2 Person</td><td>$2,234.70 | $137.70</td><td>$1,464.76 | $333.33 | $137.70</td><td>$1,254.59 | $333.33 | $137.70</td></tr>
<tr><td>Family</td><td>$2,780.94 | $160.71</td><td>$1,822.81 | $333.33 | $160.71</td><td>$1,561.26 | $333.33 | $160.71</td></tr>
</table>

	Option IV Priority Health EPO 90/10	Option V Dental, Vision, CILO	Option VI Waiver
Monthly Employee Cost	Single: $161.52 2 Person: $468.39 Family: $500.32	Single: $0.00 2 Person: $0.00 Family: $0.00	Single: $0.00 2 Person: $0.00 Family: $0.00
Cash In Lieu	N/A	**Full Time** - $130.00 per month	**Full Time -** $500.00 per month
Medical	**Deductible:** Single: $500 2 Person: $1000 Family: $1000 10% Co-Insurance once deductible is met.	There is no medical coverage with this option	There is no medical coverage with this option
Prescription	3-Tier Rx Co-payment $10 / 20% / 20%	There is no prescription coverage with this option	There is no prescription coverage with this option
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%.	There is 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: 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.	**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 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
Life Insurance	$50,000 Life - $50,000 AD&D	$45,000 Life - $45,000 AD&D	$45,000 Life - $45,000 AD&D
Long Term Disability	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
Footnotes			
	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 HMO premium. **PA 152 Employer limit monthly amount:** **Single $ 661.84** **2 Person $ 1,384.12** **Family $ 1,805.03**	**FULL-TIME EMPLOYEE** working 30 or more hours per week	**FULL-TIME EMPLOYEE** working 30 or more hours per week
2025 Monthly Premiums	**Medical** / **Dental/Vision**	**Dental/Vision**	
Single	$823.36 / $73.70	$73.70	
2 Person	$1852.51 / $137.70	$137.70	
Family	$2305.35 / $160.71	$160.71	