Full Time Security, Aquatics & Ice Arena Staff (4233)
Insurance Options

January 1, 2026 - December 31, 2026

	Option I **Priority Health HSA** **80/20**
Monthly Employee Cost	Single: $265.40 2 Person: $853.88 Family: $1197.17
Cash In Lieu	N/A
Medical	**Deductible:** Single: $3000 2 Person: $6000 Family: $6000 20% Co-insurance once deductible is met.
Prescription	Co-payment **<u>After</u>** plan year deductible is met $10 generic/$40 brand for 30 day fill.
Dental	No dental coverage
Vision	No vision coverage
Footnotes	
	The Board shall pay $225.00 towards the monthly medical premium for employees electing Option I. The employee cost listed above is based on this contribution. **Amounts are subject to change due to employment agreement changes.**
2025 Monthly Premiums	**Medical**
Single	$490.40
2 Person	$1078.88
Family	$1422.17