Full Time Site Coordinator & Assistant Project Director (4234) Insurance Options

July 1, 2026 - December 31, 2026

	Option I Priority Health HMO	Option II Priority Health HSA 100	Option III Priority Health HSA 80/20
Monthly Employee Cost	Single: $331.38 2 Person: $1572.86 Family: $2119.10	Single: $72.51 2 Person: $969.59 Family: $1327.64	Single: $0.00 2 Person: $759.42 Family: $1066.09
Cash In Lieu	N/A	N/A	N/A
Medical	Office Visit Copay: $5.00 Deductible: None No Co-Insurance All Services Must be In-Network	**Deductible:** Single: $2000 2 Person: $4000 Family: $4000 100% Coverage once deductible is met. KPS will fund deductible 50% after 60 day waiting period. Amounts will be prorated for mid-year elections.	**Deductible:** Single: $2000 2 Person: $4000 Family: $4000 20% Co-Insurance once deductible is met. KPS will fund deductible 50% after 60 day waiting period. Amounts will be prorated for mid-year elections.
Prescription	Co-payment $10 generic/$20 brand – for 30 day fill $10 generic/$20 brand – 90 day mail.	Co-payment **After** plan year deductible is met $10 generic/$40 brand for 30 day fill.	Co-payment **After** plan year deductible is met $10 generic/$40 brand for 30 day fill.
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%.	**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%.
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.	**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.
Life Insurance	$10,000 Life - $10,000 AD&D	$10,000 Life - $10,000 AD&D	$10,000 Life - $10,000 AD&D
Footnotes			
	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. KPS will contribute towards the cost of employee only coverage. Dependent coverage can be puchased at full cost. **<u>PA 152 Employer limit monthly amount:</u>** **Single $ 661.84**	**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. KPS will contribute towards the cost of employee only coverage. Dependent coverage can be puchased at full cost. **<u>PA 152 Employer limit monthly amount:</u>** **Single $ 661.84**	**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. KPS will contribute towards the cost of employee only coverage. Dependent coverage can be puchased at full cost. **<u>PA 152 Employer limit monthly amount:</u>** **Single $ 661.84**
2025 Monthly Premiums	**Medical** / **Dental/Vision**	**Medical** / **HSA** / **Dental/Vision**	**Medical** / **HSA** / **Dental/Vision**
Single	$993.22 / $73.70	$651.01 / $83.34 / $73.70	$557.61 / $83.34 / $73.70
2 Person	$2234.70 / $137.70	$1464.76 / $166.67 / $137.70	$1254.59 / $166.67 / $137.70
Family	$2780.94 / $160.71	$1822.81 / $166.67 / $160.71	$1561.26 / $166.67 / $160.71

	Option IV Priority Health EPO 90/10
Monthly Employee Cost	Single: $161.52 2 Person: $1190.67 Family: $1643.51
Cash In Lieu	N/A
Medical	**Deductible:** Single: $500 2 Person: $1000 Family: $1000 10% Co-Insurance once deductible is met.
Prescription	3-Tier Rx Co-payment $10 / 20% / 20%
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%.
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.
Life Insurance	$10,000 Life - $10,000 AD&D
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 HSA premium. KPS will contribute towards the cost of employee only coverage. Dependent coverage can be puchased at full cost. **PA 152 Employer limit monthly amount:** **Single $ 661.84**
2025 Monthly Premiums	**Medical** / **Dental/Vision**
Single	$823.36 / $73.70
2 Person	$1852.51 / $137.70
Family	$2305.35 / $160.71