

**FULL-TIME SAFETY/SECURITY, AQUATIC CENTER, & ICE ARENA STAFF
(4233) INSURANCE OPTIONS OVERVIEW
January 1, 2023 - December 31, 2023**

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| | Option I Priority Health HSA |
| Employee Cost | <u>Your monthly employee cost are:</u> Single \$ 203.54 |
| Medical | <u>Priority Health HSA (HMO)</u> Deductible: \$3,000 Single Co-Insurance: 20% after deductible is met Summary of Benefits and Coverage available upon request |
| Prescription | <u>After plan year deductible is met</u> Co-payment \$10 generic/\$40 brand - for 30 day fill |
| Dental | No Dental Coverage with Option I |
| Vision | No Vision Coverage with Option I |
| | The Board shall pay \$225.00 towards the monthly medical premium for employees electing Option I medical only coverage. The employee cost listed above is based on this contribution. Amounts are subject to change due to employment agreement changes. <u>2023 plan Year Premiums:</u> HSA premium Single \$ 428.54 |