

2023 INSURANCE OPTIONS OVERVIEW

FULL TIME SITE COORDINATOR & ASSISTANT PROJECT DIRECTOR

	OPTION I PRIORITY HEALTH HMO	OPTION II PRIORITY HEALTH HSA
Employee Cost	<u>Employee Monthly Cost</u> Single: \$ 266.47	<u>Employee Monthly Cost</u> Single: \$15.15
Medical	<u>Priority Health HMO</u> Office Visit co pay: \$5.00 Deductible: None All services must be in network.	<u>Priority Health HSA (HMO)</u> Deductible: \$2,000 single Half of the deductible funded by KPS after a 60 day waiting period.
Prescription	<u>Co-payment</u> \$10 generic/\$20 brand – for 30 day fill \$20 generic/\$40 brand – 90 day fill	<u>Co-payment</u> After plan year deductible is met \$10 generic/\$40 brand for 30 day fill.
Dental	<u>ADN Administrators, Inc.</u> Plan year January – December \$1,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none">• Basic dental services paid at 100%• Major dental services (prosthodontic) paid at 90% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50% (to age 19).	<u>ADN Administrators, Inc.</u> Plan year January – December \$1,000 maximum benefit for each insured person per year for basic and major services <ul style="list-style-type: none">• Basic dental services paid at 100%• Major dental services (prosthodontic) paid at 90% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50% (to age 19).
Vision	<u>NVA (National Vision Administrators)</u> Plan year January – December <ul style="list-style-type: none">• Vision exam – \$50.00 maximum benefit Limited to one exam per covered person each benefit year.• Lenses-once per plan yr. single vision up to \$45, Bifocal up to \$55, Trifocal and Lenticular up to \$80.• Frames – covered at 100% up to \$200 per person per plan year.• Contact lenses (single or bifocal) Necessary- covered at 100% up to \$200.00. Elective- covered at 100% up to \$115.• Benefits are limited to either one pair of glasses (lenses & frames) or maximum allowance of contract lenses, but not both. You may be eligible for additional cost reduction if an in network provider is used, see NVA’s summary for details.	<u>NVA (National Vision Administrators)</u> Plan year January – December <ul style="list-style-type: none">• Vision exam – \$50.00 maximum benefit Limited to one exam per covered person each benefit year.• Lenses-once per plan yr. single vision up to \$45, Bifocal up to \$55, Trifocal and Lenticular up to \$80.• Frames – covered at 100% up to \$200 per person per plan year.• Contact lenses (single or bifocal) Necessary- covered at 100% up to \$200.00. Elective- covered at 100% up to \$115.• Benefits are limited to either one pair of glasses (lenses & frames) or maximum allowance of contract lenses, but not both. You may be eligible for additional cost reduction if an in network provider is used, see NVA’s summary for details.
Life Insurance	\$10,000 life - \$10,000 AD&D	\$10,000 life - \$10,000 AD&D
Footnotes		
	Full-time employees (30 or more hours per week) Full time employees who elect this plan will pay the difference between the PA 152 Employer limit and the Priority Health HMO premium plus 20% of the dental/vision cost. <u>2023 PA 152 District Cap amounts</u> Single \$ 616.62 <u>2023 Monthly Premiums:</u> HMO premium Dental/Vision Single \$ 867.94 \$ 75.77	Full-time employees (30 or more hours per week) Full-time employee cost is based on the employer paying the allowed PA 152 Employer limit towards the HSA premium the annual deductible. The employee cost is the difference between CAP amount and the HSA premium/deductible plus 20% of the dental/vision cost. <u>2023 PA 152 District Cap amounts</u> Single \$ 616.62 <u>2023 Monthly Premiums/Deductibles:</u> HSA premium Deductible Dental/Vision Single \$ 568.89 \$ 83.33 \$ 75.77