

FULL TIME MISCELLANEOUS STAFF (4230) OVERVIEW

January 1, 2023 - December 31, 2023

	OPTION I PRIORITY HEALTH HMO	OPTION II PRIORITY HEALTH HSA	OPTION III DENTAL/VISION/LIFE/LTD	OPTION IV WAIVER
Employee Cost	<u>Your monthly employee cost are:</u> Single: \$ 266.47 2 Person: \$ 689.95 Family: \$ 779.29	<u>Your monthly employee cost are:</u> Single: \$ 134.09 2 Person: \$ 350.47 Family: \$ 275.35	<u>Your monthly employee cost are:</u> Single: \$ 15.15 2 Person: \$ 26.69 Family: \$ 30.83	
Cash In-Lieu Payment	N/A	N/A	Full time \$130.00 per month cash in lieu paid with the waiver of medical and prescription coverage.	Full-time \$500 per month cash in lieu paid with the waiver of all the above coverage options
Medical	Priority Health HMO Office Visit co pay: \$5.00 Deductible: None All services must be in network	Priority Health HSA (HMO) Deductible: \$2,000 single \$4,000 2-person \$4,000 Full family KPS will fund deductible at 100%. Amounts will be prorated for mid-year elections.	There is no medical coverage with this option	no medical coverage with this option
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.	There is no prescription coverage with this option	no prescription coverage with this option
Dental	ADN Administrators, Inc. 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 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 \$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 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 \$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 paid at 90% \$1,500 maximum benefit for each insurance person per lifetime for orthodontics Orthodontic dental services paid at 50%.	no dental coverage with this option

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Vision	<p>NVA (National Vision Administrators) Plan year is January - December.</p> <ul style="list-style-type: none">• 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. <p>See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.</p>	<p>NVA (National Vision Administrators) Plan year is January - December.</p> <ul style="list-style-type: none">• 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. <p>See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.</p>	<p>NVA (National Vision Administrators) Plan year is January - December.</p> <ul style="list-style-type: none">• 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. <p>See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.</p>	There is no vision coverage with this option																																																
Life Insurance	\$50,000 life - \$50,000 AD&D	\$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 2/3% of monthly salary to a maximum of \$5,000 per month.	66 2/3% of monthly salary to a maximum of \$5,000 per month.	66 2/3% of monthly salary to a maximum of \$5,000 per month.	66 2/3% of monthly salary to a maximum of \$5,000 per month.																																																
Footnotes																																																				
	<p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>Full-time employees who elect option I will pay the difference between the PA 152 CAP amount and the Priority Health HMO premium plus 20% of the dental/vision cost.</p> <p>PA 152 Employer limit monthly amount:</p> <table><tr><td>Single</td><td>\$ 616.62</td></tr><tr><td>2 Person</td><td>\$ 1,289.55</td></tr><tr><td>Family</td><td>\$ 1,681.70</td></tr></table> <p>2023 Monthly Premiums:</p> <table><tr><td></td><td>HMO premium</td><td>Dental/Vision</td></tr><tr><td>Single</td><td>\$ 867.94</td><td>\$ 75.77</td></tr><tr><td>2 Person</td><td>\$ 1,952.81</td><td>\$ 133.44</td></tr><tr><td>Family</td><td>\$ 2,430.16</td><td>\$ 154.17</td></tr></table>	Single	\$ 616.62	2 Person	\$ 1,289.55	Family	\$ 1,681.70		HMO premium	Dental/Vision	Single	\$ 867.94	\$ 75.77	2 Person	\$ 1,952.81	\$ 133.44	Family	\$ 2,430.16	\$ 154.17	<p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>Full time employees who elect cost is based on the employer paying the allowed PA 152 cap amounts 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.</p> <p>PA 152 Employer limit monthly amount:</p> <table><tr><td>Single</td><td>\$ 616.62</td></tr><tr><td>2 Person</td><td>\$ 1,289.55</td></tr><tr><td>Family</td><td>\$ 1,681.70</td></tr></table> <p>2023 Monthly Premiums/Deductibles:</p> <table><tr><td></td><td>HSA premium</td><td>Deductible</td><td>Dental/Vision</td></tr><tr><td>Single</td><td>\$ 568.89</td><td>\$ 166.66</td><td>\$ 75.77</td></tr><tr><td>2 Person</td><td>\$ 1,280.00</td><td>\$ 333.33</td><td>\$ 133.44</td></tr><tr><td>Family</td><td>\$ 1,592.89</td><td>\$ 333.33</td><td>\$ 154.17</td></tr></table>	Single	\$ 616.62	2 Person	\$ 1,289.55	Family	\$ 1,681.70		HSA premium	Deductible	Dental/Vision	Single	\$ 568.89	\$ 166.66	\$ 75.77	2 Person	\$ 1,280.00	\$ 333.33	\$ 133.44	Family	\$ 1,592.89	\$ 333.33	\$ 154.17	<p>FULL-TIME EMPLOYEE working 30 or more hours per week</p> <p>Full-time employees who elect option III will pay 20% of the dental/vision cost.</p> <p>2023 Plan Year Premiums:</p> <table><tr><td></td><td>Dental/Vision</td></tr><tr><td>Single</td><td>\$ 75.77</td></tr><tr><td>2 Person</td><td>\$ 133.44</td></tr><tr><td>Family</td><td>\$ 154.17</td></tr></table>		Dental/Vision	Single	\$ 75.77	2 Person	\$ 133.44	Family	\$ 154.17	N/A
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This comparison is intended as an easy-to-read summary. It is not a contract. Cost are subject to change with the annual insurance renewal and or employment agreements