

FULL TIME SACC (4231) INSURANCE OVERVIEW

January 1, 2023 - December 31, 2023

	OPTION I PRIORITY HEALTH HMO	OPTION II PRIORITY HEALTH HSA	OPTION IV WAIVER
Employee Cost	<u>Your monthly employee cost are:</u> Single: \$ 266.47	<u>Your monthly employee cost are:</u> Single: \$ 15.15	N/A
Cash In-Lieu Payment	N/A	N/A	Full Time: \$150 per month cash in lieu paid with the waiver of all options
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 KPS will fund deductible at 100%. Amounts will be prorated for mid-year elections.	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.	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%.	No dental coverage with this option
Vision	NVA (National Vision Administrators) Plan year is January - December. <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. 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. <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. See NVA's summary of benefits for additional savings/discounts for using an in network provider, or for out of network fee schedule.	No vision coverage with this option

FULL TIME SACC (4231) INSURANCE OVERVIEW

January 1, 2023 - December 31, 2023

	OPTION I PRIORITY HEALTH HMO	OPTION II PRIORITY HEALTH HSA	OPTION IV WAIVER														
Life Insurance	\$10,000 life - \$10,000 AD&D	\$10,000 life - \$10,000 AD&D	No life insurance coverage with this option														
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 Employer limit and the Priority Health HMO premium plus 20% of the dental/vision cost.</p> <p>PA 152 Employer limit monthly amount: Single \$ 616.62</p> <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></table>		HMO premium	Dental/Vision	Single	\$ 867.94	\$ 75.77	<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 Employer limit towards the HSA premium the annual deductible. The employee cost is the difference between limit amount and the HSA premium/deductible plus 20% of the dental/vision cost.</p> <p>PA 152 Employer limit monthly amount: Single \$ 616.62</p> <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></table>		HSA premium	Deductible	Dental/Vision	Single	\$ 568.89	\$ 166.66	\$ 75.77	N/A
	HMO premium	Dental/Vision															
Single	\$ 867.94	\$ 75.77															
	HSA premium	Deductible	Dental/Vision														
Single	\$ 568.89	\$ 166.66	\$ 75.77														