

# FULL TIME ACTIVITY LEADER INSURANCE OPTIONS OVERVIEW

## January 1, 2023 - December 31, 2023

	Option I Priority Health HSA	Option II No Medical dental/vision/life/LTD
Employee Cost	<b><u>Your monthly employee cost are:</u></b> Single      \$ 203.54	<b><u>Your monthly employee cost are:</u></b> Single      \$ 37.89
Medical	<b><u>Priority Health HSA (HMO)</u></b> Deductible: \$3,000 Single  Co-Insurance: 20% after deductible is met  Summary of Benefits and Coverage available upon request	No medical coverage with option II
Prescription	<b><u>After plan year deductible is met</u></b>  Co-payment \$10 generic/\$40 brand – for 30 day fill	No prescription coverage with option II
Dental	No Dental Coverage with Option I	<b>ADN Administrators, Inc.</b> 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"> <li>• Basic dental services paid at 100%</li> <li>• Major dental services paid at 90%</li> </ul> \$1,500 maximum benefit for each insurance person per lifetime for orthodontics  Orthodontic dental services paid at 50%.
Vision	No Vision Coverage with Option I	<b>NVA (National Vision Administrators)</b> Plan year is January - December. <ul style="list-style-type: none"> <li>• Vision exam – 100% in network (\$50.00 maximum benefit)</li> <li>• Lenses-standard glass or plastic covered</li> <li>• Frames – \$200 allowance</li> <li>• Contact lenses and contact fitting exam: <b>Medically Necessary</b>- covered up to \$200.00. <b>Elective</b>- covered up to \$115.</li> <li>• Benefits are limited to one exam and either one pair of glasses (lenses &amp; frames) or maximum allowance of contract lenses once per plan year per plan participant.</li> </ul> The above amounts are covered using a NVA network provider.  You may be eligible for additional cost reduction if an in network provider is used, see NVA's summary for details.
	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.  <b><u>2023 plan Year Premiums:</u></b> HSA premium Single      \$ 428.54	The Board shall pay 50% of the premium cost for employees electing Option II dental and vision coverage only. The employee cost listed above is based on this contribution.  Amounts are subject to change due to employment agreement changes.  <b><u>2023 Plan Year Premiums:</u></b> Dental/Vision Single      75.77