

General Custodian

2026 - 2027

CHOICE OF FOUR MEDICAL PLANS

HEALTH ALLIANCE PLAN (HAP)

Option 1 - EPO

\$2,000/Single \$4,000/Family Deductible
Health Savings Account Available
\$5/\$25/\$40 co-pay for Rx Drugs after Deductible
Office Visits – No charge after Deductible
Urgent Care/ER – No charge after Deductible
Hospital/Surgical – No charge after Deductible
Chiropractic – No charge after Deductible
Benefit Year July 1 – June 31

Option 2 - EPO

\$1,700/Single \$3,400/Family Deductible
Health Savings Account Available
\$5/\$25/\$40 co-pay for Rx Drugs after Deductible
Office Visits – No charge after Deductible
Urgent Care/ER – No charge after Deductible
Hospital/Surgical – No charge after Deductible
Chiropractic – No charge after Deductible
Benefit Year July 1 – June 31

Option 3 - HMO

\$500 Single \$1,000/Family Deductible
Health Savings Account is NOT Available
\$5/\$25/\$50 - Rx Drugs
Office Visits – \$20/\$40 (Specialist) per Visit
Urgent Care - \$50 per Visit
Emergency Room - \$150 per Visit
Hospital/Surgical – 20% after Deductible
Diagnostic/Imaging – 20% after deductible
Chiropractic – \$40
Benefit Year July 1 – June 31

Option 4 - HMO

\$1,700/Single \$3,400/Family Deductible
Health Savings Account Available
\$5/\$25/\$50 co-pay for Rx Drugs after Deductible
Office Visits – No charge after Deductible
Urgent Care/ER – No charge after Deductible
Hospital/Surgical – No charge after Deductible
Chiropractic – No charge after Deductible
Benefit Year July 1 – June 31

***Employee Contribution per Pay Period
Eligible for Coverage on 91st Calendar Day
CCS will pay single rate medical coverage***

	Option 1	Option 2	Option 3	Option 4
1 Person	\$63.88	\$91.91	\$71.25	\$63.88
2 Person	\$553.11	\$622.30	\$580.20	\$587.56
Family	\$780.11	\$868.40	\$816.35	\$830.56

Cost based on 24 deductions

NVA – National Vision Administrators, L.L.C.

Participating Provider

Eye Exam covered 100%
Lenses covered 100 %
Frames – Up to \$90.00 (20% discount off balance)
\$115.00 covered for contacts
(Contacts are In Lieu of Lenses and Frames)
Eligible - Every 12 months from date of service

ADN Dental

Without Coordination
\$1,500 Maximum – Benefit year July 1 – June 31
100% Coverage – Class 1 benefits
100% Coverage – Class 2 benefits
90% Coverage – Class 3 & 4 benefits
\$1,500 Lifetime Ortho Maximum

Coordination – 50% Coverage on all Classes
\$750 Lifetime Ortho Maximum

LIFE INSURANCE (MetLife)

\$25,000 Life/\$25,000 AD&D

DISABILITY (Kansas City Life)

Pays 60% of contracted salary
\$2,750 Maximum Monthly Benefit
Waiting Period - 90 consecutive calendar days