ADMINISTRATOR
DIRECTOR/SUPERVISOR

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
$6,600/Single $13,200/Family Out of Pocket Max
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 1st of the Month after hired

	Option 1	Option 2	Option 3	Option 4
1 Person	$50.57	$72.77	$56.40	$50.58
2 Person	$110.29	$160.00	$126.42	$113.29
Family	$136.04	$198.27	$160.13	$143.75

Cost based on 24 deductions

CASH IN LIEU OF MEDICAL
$2,000 per year paid in June & December. Option of adding to payroll or deposited into a 403B.

NVA – National Vision Administrators, L.L.C.
Participating Provider
Eye Exam covered 100%
Lenses covered 100 %
Frames - $90.00 Retail (20% discount off balance)
$115.00 covered for contact lenses & exam (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)
$100,000 Life/$100,000 AD&D

DISABILITY (Kansas City Life)
Pays 66 2/3% of contracted salary
$8,334 Maximum Monthly Benefit
Waiting Period - 90 consecutive calendar days