

Teacher

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

Based on 24 pay periods

CASH IN LIEU OF MEDICAL

\$2,000 (based on # of participants 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 – 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)

\$50,000 Life/\$50,000 AD&D

DISABILITY (Kansas City Life)

Pays 60% of contracted salary
\$5,250 Maximum Monthly Benefit
Waiting Period - 90 consecutive calendar days