

# LANCASTER SCHOOL DISTRICT

## 2024-2025 HEALTH BENEFITS FOR MANAGEMENT/CONFIDENTIAL/NURSES/PSYCHOLOGISTS/BOARD (SISC)

**The plan options have remained the same as last year.** Please make your selection by **initialing** in the box of your choice.

**Return to Risk Management by June 28, 2024.** Your plan for the 2024-2025 school year will be effective October 1, 2024.

BLUE CROSS 100% Plan A Group #40026B	
Deductible (Individual/Family)	\$100/\$300
OOP Max (Individual/Family)	\$1,000/\$3,000
Rx OOP Max (Individual/Family)	\$2,500/\$3,500
Office Visit Co-Pay	\$20 (first 3 visits free)
Emergency Room/Ambulance	\$100
30 Day Pharmacy (Generic/Brand)	\$9/\$35
30 Day Costco (Generic/Brand)	\$0/\$35
90 Day Costco (Generic/Brand)	\$0/\$90
\$ 1,802 x 12 Months =	\$ 21,624.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 23,127.60
Benefit Cap	\$ 16,058.00
Difference	\$ 7,069.60
Monthly Payment	\$ 589.13

BLUE CROSS 90% Plan C Group # 40651D	
Deductible (Individual/Family)	\$200/\$500
OOP Max (Individual/Family)	\$1,000/\$3,000
Rx OOP Max (Individual/Family)	\$2,500/\$3,500
Office Visit Co-Pay	\$20 (first 3 visits free)
Emergency Room/Ambulance	\$100
30 Day Pharmacy (Generic/Brand)	\$9/\$35
30 Day Costco (Generic/Brand)	\$0/\$35
90 Day Costco (Generic/Brand)	\$0/\$90
\$ 1,696 x 12 Months =	\$ 20,352.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 21,855.60
Benefit Cap	\$ 16,058.00
Difference	\$ 5,797.60
Monthly Payment	\$ 483.13

BLUE CROSS 80% Plan E Group # 40651E	
Deductible (Individual/Family)	\$300/\$600
OOP Max (Individual/Family)	\$1,000/\$3,000
Rx OOP Max (Individual/Family)	\$2,500/\$3,500
Office Visit Co-Pay	\$20 (first 3 visits free)
Emergency Room/Ambulance	\$100
30 Day Pharmacy (Generic/Brand)	\$9/\$35
30 Day Costco (Generic/Brand)	\$0/\$35
90 Day Costco (Generic/Brand)	\$0/\$90
\$ 1,585 x 12 Months =	\$ 19,020.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 20,523.60
Benefit Cap	\$ 16,058.00
Difference	\$ 4,465.60
Monthly Payment	\$ 372.13

BC3/BR3 06 ↑ KS3/KR3 03 ↓	
Kaiser Plan 3 Group #234480-0015AMN	
Deductible	\$0
OOP Max (Individual/Family)	\$1,500/\$3,000
Office Visit Co-Pay	\$10
Emergency Room \$100 / Ambulance \$50	
100 Day Pharmacy (Generic/Brand)	\$10
Hearing Aid \$500 / 1 per ear / 2 per 36 months	
Chiro \$10 co-pay/30 visits	
\$ 1,486 x 12 Months =	\$ 17,832.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 19,335.60
Benefit Cap	\$ 16,058.00
Difference	\$ 3,277.60
Monthly Payment	\$ 273.13

BC3/BR3 03 ↑ KS3/KR3 10 ↓	
Kaiser Plan 2 Group #234480-0016AMN	
Deductible	\$0
OOP Max (Individual/Family)	\$1,500/\$3,000
Office Visit Co-Pay	\$20
Emergency Room \$100 / Ambulance \$50	
100 Day Pharmacy (Generic/Brand)	\$10/\$20
Hearing Aid \$500 / 1 per ear / 2 per 36 months	
Chiro \$10 co-pay/30 visits	
\$ 1,454 x 12 Months =	\$ 17,448.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 18,951.60
Benefit Cap	\$ 16,058.00
Difference	\$ 2,893.60
Monthly Payment	\$ 241.13

BC3/BR3 05 ↑ KS3/KR3 04 ↓	
Kaiser Plan 4 Group #234480-0017AMN	
Deductible	\$0
OOP Max (Individual/Family)	\$1,500/\$3,000
Office Visit Co-Pay	\$30
Emergency Room \$100 / Ambulance \$50	
100 Day Pharmacy (Generic/Brand)	\$10/\$30
Hearing Aid \$500 / 1 per ear / 2 per 36 months	
Chiro \$10 co-pay/30 visits	
\$ 1,428 x 12 Months =	\$ 17,136.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 18,639.60
Benefit Cap	\$ 16,058.00
Difference	\$ 2,581.60
Monthly Payment	\$ 215.13

It is my responsibility to complete a change form with Risk Management, **within 30 days**, for life events, i.e.:

Marriage/Divorce (marriage certificate/divorce papers required)

Birth/Adoption (birth certificate/adoption papers required)

Dependents are eligible for insurance until age 26 (birth certificate required)

Print Name/Signature

Date

Social Security #

Classification (circle one):  
**MG / CN / NURSE / PSYCH / BD)**

## LANCASTER SCHOOL DISTRICT

### 2024-2025 HEALTH BENEFITS FOR MANAGEMENT/CONFIDENTIAL/NURSES/PSYCHOLOGISTS/BOARD (SISC)

**The plan choices have changed. Select new plan if your plan is no longer available.** Please make your selection by **initialing** in the box of your choice.

Return to Risk Management by **June 28, 2024**. Your plan for the 2024-2025 school year will be effective October 1, 2024.

70% Two-Tiered HSA PPO Plan #70651B	
Deductible (Individual/Family)	\$5,000/\$10,000
OOP Max (Individual/Family)	\$6,350/\$12,700
Office Visit Co-Pay	\$60 1st 3 visits, then deductible, then 30%
Emergency Room/Ambulance	\$100
Hearing Aid	\$700 / per 24 months
30 Day Pharmacy (Generic/Brand)	\$9/\$35 AFTER DED
30 Day Costco (Generic/Brand)	\$0/\$35 AFTER DED
90 Day Costco (Generic/Brand)	\$0/\$90 AFTER DED

#### BC3/BR3 61

SINGLE Rate Bronze Plan	
\$ 650 x 12 Months =	\$ 7,800.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 9,303.60
Benefit Cap	\$ 16,058.00
Difference	\$ (6,754.40)
Monthly Payment	\$ -

#### BC3/BR3 62

EMPLOYEE + CHILD(REN) Rate Bronze Plan	
\$ 1,036 x 12 Months =	\$ 12,432.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 13,935.60
Benefit Cap	\$ 16,058.00
Difference	\$ (2,122.40)
Monthly Payment	\$ -

**There is NO option to enroll a spouse/domestic partner**

FOR OFFICE USE ONLY	
Dental #7079 7051 (DD3 01)	\$97.10/month
Vision #0108350A (VS3 01)	\$28.20/month
Medical/Dental/Vision CAP \$16,058	
Medical only CAP \$14,554.40	
Medical only \$1,212.87/month	