

LANCASTER SCHOOL DISTRICT

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

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 |
| \$ 1,351.50 x 12 Months = | \$ 16,218.00 |
| Vision Service Plan C | \$ 338.40 |
| Delta Dental PPO Incentive | \$ 1,165.20 |
| Total Annual Premium | \$ 17,721.60 |
| Benefit Cap | \$ 16,058.00 |
| Difference | \$ 1,663.60 |
| Monthly Payment | \$ 138.63 |

BC3/BR3 26↑

KS3/KR3 23 ↓

| 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 | |
| \$ 1,114.50 x 12 Months = | \$ 13,374.00 |
| Vision Service Plan C | \$ 338.40 |
| Delta Dental PPO Incentive | \$ 1,165.20 |
| Total Annual Premium | \$ 14,877.60 |
| Benefit Cap | \$ 16,058.00 |
| Difference | \$ (1,180.40) |
| Monthly Payment | \$ - |

| 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 |
| \$ 1,272 x 12 Months = | \$ 15,264.00 |
| Vision Service Plan C | \$ 338.40 |
| Delta Dental PPO Incentive | \$ 1,165.20 |
| Total Annual Premium | \$ 16,767.60 |
| Benefit Cap | \$ 16,058.00 |
| Difference | \$ 709.60 |
| Monthly Payment | \$ 59.13 |

BC3/BR3 33 ↑

KS3/KR3 22 ↓

| 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 | |
| \$ 1,090.50 x 12 Months = | \$ 13,086.00 |
| Vision Service Plan C | \$ 338.40 |
| Delta Dental PPO Incentive | \$ 1,165.20 |
| Total Annual Premium | \$ 14,589.60 |
| Benefit Cap | \$ 16,058.00 |
| Difference | \$ (1,468.40) |
| Monthly Payment | \$ - |

| 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 |
| \$ 1,188.75 x 12 Months = | \$ 14,265.00 |
| Vision Service Plan C | \$ 338.40 |
| Delta Dental PPO Incentive | \$ 1,165.20 |
| Total Annual Premium | \$ 15,768.60 |
| Benefit Cap | \$ 16,058.00 |
| Difference | \$ (289.40) |
| Monthly Payment | \$ - |

BC3/BR3 55 ↑

KS3/KR3 24 ↓

| 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 | |
| \$ 1,071 x 12 Months = | \$ 12,852.00 |
| Vision Service Plan C | \$ 338.40 |
| Delta Dental PPO Incentive | \$ 1,165.20 |
| Total Annual Premium | \$ 14,355.60 |
| Benefit Cap | \$ 16,058.00 |
| Difference | \$ (1,702.40) |
| Monthly Payment | \$ - |

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)

| FOR OFFICE USE ONLY | |
|------------------------------------|---------------|
| Dental #7079 7051 (DD3 01) | \$97.10 |
| 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 | |