

LANCASTER SCHOOL DISTRICT

2023-2024 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, 2023. Your plan for the 2023-2024 school year will be effective October 1, 2023.

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
\$ 1,715 x 12 Months =	\$ 20,580.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 22,083.60
Benefit Cap	\$ 15,258.00
Difference	\$ 6,825.60
Monthly Payment	\$ 568.80

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
\$ 1,616 x 12 Months =	\$ 19,392.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 20,895.60
Benefit Cap	\$ 15,258.00
Difference	\$ 5,637.60
Monthly Payment	\$ 469.80

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
\$ 1,511 x 12 Months =	\$ 18,132.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 19,635.60
Benefit Cap	\$ 15,258.00
Difference	\$ 4,377.60
Monthly Payment	\$ 364.80

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	
\$ 1,406 x 12 Months =	\$ 16,872.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 18,375.60
Benefit Cap	\$ 15,258.00
Difference	\$ 3,117.60
Monthly Payment	\$ 259.80

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	
\$ 1,375 x 12 Months =	\$ 16,500.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 18,003.60
Benefit Cap	\$ 15,258.00
Difference	\$ 2,745.60
Monthly Payment	\$ 228.80

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	
\$ 1,352 x 12 Months =	\$ 16,224.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 17,727.60
Benefit Cap	\$ 15,258.00
Difference	\$ 2,469.60
Monthly Payment	\$ 205.80

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

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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, 2023**. Your plan for the 2023-2024 school year will be effective October 1, 2023.

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	
\$ 628 x 12 Months =	\$ 7,536.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 9,039.60
Benefit Cap	\$ 15,258.00
Difference	\$ (6,218.40)
Monthly Payment	\$ -

BC3/BR3 62

EMPLOYEE + CHILD(REN) Rate Bronze Plan	
\$ 1,000 x 12 Months =	\$ 12,000.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 13,503.60
Benefit Cap	\$ 15,258.00
Difference	\$ (1,754.40)
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 \$15,258.00	
Medical only CAP \$13,754.40	
Medical only \$1,146.20/month	