## 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		
Deductible (Individual/Family)	\$100/\$300	
OOP Max (Individual/Family) \$1,000/\$3,0		
Rx OOP Max (Individual/Family) \$2,500/\$		00
Office Visit Co-Pay \$20 (first 3 visits free	e)	
Emergency Room/Ambulance \$100		
30 Day Pharmacy (Generic/Brand)		
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	\$	
Monthly Payment	Ś	568.80
	Ŧ	000.00
BC3/BR3 06 ↑ KS3/KR3		
BC3/BR3 06 ↑ KS3/KR3		
BC3/BR3 06 ↑ KS3/KR3 Kaiser Plan 3 Group #234480-0015AMN	03、	
BC3/BR3 06 ↑         KS3/KR3           Kaiser Plan 3         Group #234480-0015AMN           Deductible         \$0	03、	
BC3/BR3 06 ↑KS3/KR3Kaiser Plan 3Group #234480-0015AMNDeductible\$0OOP Max (Individual/Family)\$1,500/\$3,0	<b>03</b>	
BC3/BR3 06 ↑KS3/KR3Kaiser Plan 3Group #234480-0015AMNDeductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$10	<b>03</b> 000 50	ł
BC3/BR3 06 ↑KS3/KR3Kaiser Plan 3Group #234480-0015AMNDeductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$10Emergency Room \$100/ Ambulance \$	<b>03</b> 000	<b>↓</b> \$10
BC3/BR3 06 ↑KS3/KR3Kaiser Plan 3Group #234480-0015AMNDeductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$10Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)	<b>03</b> 000	<b>↓</b> \$10
BC3/BR3 06 ↑KS3/KR3Kaiser Plan 3Group #234480-0015AMNDeductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$10Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing Aid\$500 / 1 per ear / 2 per	<b>03</b> 000	<b>↓</b> \$10
BC3/BR3 06 ↑KS3/KR3Kaiser Plan 3Group #234480-0015AMNDeductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$10Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits	<b>03</b> 000 50 36	↓ \$10 months
BC3/BR3 06 ↑KS3/KR3Kaiser Plan 3Group #234480-0015AMNDeductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$10Emergency Room\$100Emergency Room\$100Hearing Aid\$500 / 1 per ear / 2 per Chiro \$10 co-pay/30 visits\$1,406 x12 Months =	03、 000 50 36 i	\$10 months 16,872.00
BC3/BR3 06 ↑ KS3/KR3 Kaiser Plan 3 Group #234480-0015AMN Deductible \$0 OOP Max (Individual/Family) \$1,500/\$3,0 Office Visit Co-Pay \$10 Emergency Room \$100 / Ambulance \$ 100 Day Pharmacy (Generic/Brand) Hearing Aid \$500 / 1 per ear / 2 per Chiro \$10 co-pay/30 visits \$ 1,406 x 12 Months = Vision Service Plan C	000 50 36 i \$ \$	\$10 months 16,872.00 338.40
BC3/BR3 06 ↑ KS3/KR3 Kaiser Plan 3 Group #234480-0015AMN Deductible \$0 OOP Max (Individual/Family) \$1,500/\$3,0 Office Visit Co-Pay \$10 Emergency Room \$100 / Ambulance \$ 100 Day Pharmacy (Generic/Brand) Hearing Aid \$500 / 1 per ear / 2 per Chiro \$10 co-pay/30 visits \$ 1,406 x 12 Months = Vision Service Plan C Delta Dental PPO Incentive	000 50 50 \$ \$ \$ \$ \$ \$ \$ \$	\$10 months 16,872.00 338.40 1,165.20
BC3/BR3 06 ↑ KS3/KR3 Kaiser Plan 3 Group #234480-0015AMN Deductible \$0 OOP Max (Individual/Family) \$1,500/\$3,0 Office Visit Co-Pay \$10 Emergency Room \$100 / Ambulance \$ 100 Day Pharmacy (Generic/Brand) Hearing Aid \$500 / 1 per ear / 2 per Chiro \$10 co-pay/30 visits \$ 1,406 x 12 Months = Vision Service Plan C Delta Dental PPO Incentive Total Annual Premium	000 50 36 1 \$ \$ \$ \$	\$10 months 16,872.00 338.40 1,165.20 18,375.60

BLUE CROSS 90% Plan C Group #	40651D
Deductible (Individul/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 fre	e)
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	<mark>\$ 469.80</mark>
	KR3 10 ↓
Kaiser Plan 2 Group #234480-00	
Kaiser Plan 2Group #234480-00Deductible\$0	16AMN
Kaiser Plan 2 Group #234480-00 Deductible \$0 OOP Max (Individual/Family) \$1,500/\$3,	16AMN
Kaiser Plan 2 Group #234480-00 Deductible \$0 OOP Max (Individual/Family) \$1,500/\$3, Office Visit Co-Pay \$20	<b>16AMN</b> 000
Kaiser Plan 2 Group #234480-00 Deductible \$0 OOP Max (Individual/Family) \$1,500/\$3, Office Visit Co-Pay \$20 Emergency Room \$100 / Ambulance \$	<b>16AMN</b> 000 \$50
Kaiser Plan 2Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)	<b>16AMN</b> 000 \$50 \$10/\$20
Kaiser Plan 2Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance100 Day Pharmacy (Generic/Brand)Hearing Aid\$500 / 1 per ear / 2 per	<b>16AMN</b> 000 \$50 \$10/\$20
Kaiser Plan 2Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits	16AMN 000 \$50 \$10/\$20 36 months
Kaiser Plan 2Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 per Chiro \$10 co-pay/30 visits\$1,375 x12 Months =	16AMN 000 \$50 \$10/\$20 36 months \$ 16,500.00
Kaiser Plan 2Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,375 x 12 Months =Vision Service Plan C	16AMN 000 \$50 \$10/\$20 36 months \$ 16,500.00 \$ 338.40
Kaiser Plan 2Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,375 x 12 Months =Vision Service Plan CDelta Dental PPO Incentive	16AMN 000 \$50 \$10/\$20 36 months \$ 16,500.00 \$ 338.40 \$ 1,165.20
Kaiser Plan 2Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,375 x 12 Months =Vision Service Plan CDelta Dental PPO IncentiveTotal Annual Premium	16AMN 000 \$50 \$10/\$20 36 months \$ 16,500.00 \$ 338.40 \$ 1,165.20 \$ 18,003.60
Kaiser Plan 2Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,375 x\$1,375 xVision Service Plan CDelta Dental PPO IncentiveTotal Annual PremiumBenefit Cap	16AMN 000 \$50 \$10/\$20 36 months \$ 16,500.00 \$ 338.40 \$ 1,165.20 \$ 18,003.60 \$ 15,258.00
Kaiser Plan 2Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$20Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,375 x 12 Months =Vision Service Plan CDelta Dental PPO IncentiveTotal Annual Premium	16AMN 000 \$50 \$10/\$20 36 months \$ 16,500.00 \$ 338.40 \$ 1,165.20 \$ 18,003.60

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BLUE CROSS 80% Plan E Group # 4065:	LE	
Deductible (Individual/Family) \$300/\$600		
OOP Max (Individual/Family) \$1,000/\$3,		
Rx OOP Max (Individual/Family) \$2,500/3		00
Office Visit Co-Pay \$20 (first 3 visits free	2)	
Emergency Room/Ambulance \$100		
30 Day Pharmacy (Generic/Brand)		
30 Day Costco (Generic/Brand)		
90 Day Costco (Generic/Brand)		
\$ 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		4,377.60 364.80
Monthly Payment	Ş	364.80
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-	-	R3 04 ↓
Kaiser Plan 4 Group #234480-00	-	
Kaiser Plan 4Group #234480-00Deductible\$0	174	MN
Kaiser Plan 4 Group #234480-00 Deductible \$0 OOP Max (Individual/Family) \$1,500/\$3,6	174	MN
Kaiser Plan 4Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30	<b>17</b> 2000	MN
Kaiser Plan 4Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$	<b>17</b> 2000	MN
Kaiser Plan 4Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)	<b>17</b> 000 50 \$	<b>MMN</b> 10/\$30
Kaiser Plan 4Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing Aid\$500 / 1 per ear / 2 per	<b>17</b> 000 50 \$	<b>MMN</b> 10/\$30
Kaiser Plan 4Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits	17A 000 50 \$ 36	MMN 10/\$30 months
Kaiser Plan 4Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,352 x12 Months =	<b>17</b> 000 50 \$ 36 \$	10/\$30 months 16,224.00
Kaiser Plan 4Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 per Chiro \$10 co-pay/30 visits\$1,352 x12 Months =Vision Service Plan C	177 0000 550 \$ 36 \$ \$ \$	10/\$30 months 16,224.00 338.40
Kaiser Plan 4Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,352 x 12 Months =Vision Service Plan CDelta Dental PPO Incentive	1177 0000 \$500 \$366 \$ \$ \$ \$	10/\$30 months 16,224.00 338.40 1,165.20
Kaiser Plan 4Group #234480-00Deductible\$0OOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,352 x 12 Months =Vision Service Plan CDelta Dental PPO IncentiveTotal Annual Premium	177 0000 550 \$ 36 \$ \$ \$ \$ \$ \$ \$	10/\$30 months 16,224.00 338.40 1,165.20 17,727.60
Kaiser Plan 4Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,352 x\$1,352 xVision Service Plan CDelta Dental PPO IncentiveTotal Annual PremiumBenefit Cap	177 0000 \$50 \$ 36 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10/\$30 months 16,224.00 338.40 1,165.20 17,727.60 15,258.00
Kaiser Plan 4Group #234480-00Deductible\$0DOP Max (Individual/Family)\$1,500/\$3,0Office Visit Co-Pay\$30Emergency Room\$100 / Ambulance \$100 Day Pharmacy (Generic/Brand)Hearing AidHearing Aid\$500 / 1 per ear / 2 perChiro \$10 co-pay/30 visits\$1,352 x 12 Months =Vision Service Plan CDelta Dental PPO IncentiveTotal Annual Premium	177 0000 550 \$ 36 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10/\$30 months 16,224.00 338.40 1,165.20 17,727.60

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

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

Social Security #

## LANCASTER SCHOOL DISTRICT

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

70% Two-Tiered HSA PPO Plan	#7065	1B
Deductible (Individual/Family) \$5,000/	(\$10,0	00
OOP Max (Individual/Family) \$6,350/	\$12,70	00
Office Visit Co-Pay \$60 1st 3 visits, then de	ductible	e, then 30%
Emergency Room/Ambulance \$100		
Hearing Aid \$700 / per 24 r	nonth	s
30 Day Pharmacy (Generic/Brand) \$9/\$35 AFTER DED		FTER DED
30 Day Costco (Generic/Brand) \$0/\$35 AFTER DED		TER DED
90 Day Costco (Generic/Brand) \$0/\$	90 AF	TER DED
BC3/BR3 61		
SINGLE Rate Bronze Pla	n	
\$ 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 B	ronze l	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	\$	-
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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 \$ Medical only CAP \$13,754.40 Medical only \$1,146.20/month	)	