

# LANCASTER SCHOOL DISTRICT

## 2025-2026 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 27, 2025.** Your plan for the 2025-2026 school year will be effective October 1, 2025.



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
\$ 1,921 x 12 Months =	\$ 23,052.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 24,555.60
Benefit Cap	\$ 16,058.00
Difference	\$ 8,497.60
Monthly Payment	\$ 708.14

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
\$ 1,809 x 12 Months =	\$ 21,708.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 23,211.60
Benefit Cap	\$ 16,058.00
Difference	\$ 7,153.60
Monthly Payment	\$ 596.14

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
\$ 1,691 x 12 Months =	\$ 20,292.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 21,795.60
Benefit Cap	\$ 16,058.00
Difference	\$ 5,737.60
Monthly Payment	\$ 478.14

PROACTIVE PLATINUM + #M223	
Deductible (Individual/Family)	\$0
OOP Max (Individual/Family)	\$1,000/\$3,000
Rx OOP Max (Individual/Family)	\$0
Office Visit Co-Pay PCP	\$0
Office Visit Co-Pay Specialist	\$40
Emergency Room/Ambulance	\$300
30 Day Pharmacy (Generic/Brand)	\$9/\$35
30 Day Costco (Generic/Brand)	\$0/\$35
90 Day Costco (Generic/Brand)	\$0/\$90
\$ 1,809 x 12 Months =	\$ 21,708.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 23,211.60
Benefit Cap	\$ 16,058.00
Difference	\$ 7,153.60
Monthly Payment	\$ 596.14

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	
\$ 1,576 x 12 Months =	\$ 18,912.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 20,415.60
Benefit Cap	\$ 16,058.00
Difference	\$ 4,357.60
Monthly Payment	\$ 363.14

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	
\$ 1,541 x 12 Months =	\$ 18,492.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 19,995.60
Benefit Cap	\$ 16,058.00
Difference	\$ 3,937.60
Monthly Payment	\$ 328.14

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	
\$ 1,514 x 12 Months =	\$ 18,168.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 19,671.60
Benefit Cap	\$ 16,058.00
Difference	\$ 3,613.60
Monthly Payment	\$ 301.14

BC3/BR3 07 ↑

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

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#### 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

\$        684 x 12 Months =	\$	8,208.00
Vision Service Plan C	\$	338.40
Delta Dental PPO Incentive	\$	1,165.20
Total Annual Premium	\$	9,711.60
Benefit Cap	\$	16,058.00
Difference	\$	(6,346.40)
Monthly Payment	\$	-

#### BC3/BR3 62

#### EMPLOYEE + CHILD(REN) Rate Bronze Plan

\$        1,090 x 12 Months =	\$	13,080.00
Vision Service Plan C	\$	338.40
Delta Dental PPO Incentive	\$	1,165.20
Total Annual Premium	\$	14,583.60
Benefit Cap	\$	16,058.00
Difference	\$	(1,474.40)
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