

LANCASTER SCHOOL DISTRICT

2023-2024 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, 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
\$ 1,286.25 x 12 Months =	\$ 15,435.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 16,938.60
Benefit Cap	\$ 15,258.00
Difference	\$ 1,680.60
Monthly Payment	\$ 140.05

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	
\$ 1,054.50 x 12 Months =	\$ 12,654.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 14,157.60
Benefit Cap	\$ 15,258.00
Difference	\$ (1,100.40)
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
\$ 1,212 x 12 Months =	\$ 14,544.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 16,047.60
Benefit Cap	\$ 15,258.00
Difference	\$ 789.60
Monthly Payment	\$ 65.80

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	
\$ 1,031.25 x 12 Months =	\$ 12,375.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 13,878.60
Benefit Cap	\$ 15,258.00
Difference	\$ (1,379.40)
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
\$ 1,133.25 x 12 Months =	\$ 13,599.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 15,102.60
Benefit Cap	\$ 15,258.00
Difference	\$ (155.40)
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	
\$ 1,014 x 12 Months =	\$ 12,168.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 13,671.60
Benefit Cap	\$ 15,258.00
Difference	\$ (1,586.40)
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 \$15,258.00	
Medical only CAP \$13,754.40	
Medical only \$1,146.20/month	