

LANCASTER SCHOOL DISTRICT

2025-2026 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 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
\$ 1,440.75 x 12 Months =	\$ 17,289.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 18,792.60
Benefit Cap	\$ 16,058.00
Difference	\$ 2,734.60
Monthly Payment	\$ 227.89

BC3/BR3 26 ↑ KS3/KR3 23 ↓

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
\$ 1,356.75 x 12 Months =	\$ 16,281.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 17,784.60
Benefit Cap	\$ 16,058.00
Difference	\$ 1,726.60
Monthly Payment	\$ 143.89

BC3/BR3 33 ↑ KS3/KR3 22 ↓

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
\$ 1,268.25 x 12 Months =	\$ 15,219.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 16,722.60
Benefit Cap	\$ 16,058.00
Difference	\$ 664.60
Monthly Payment	\$ 55.39

BC3/BR3 55 ↑ KS3/KR3 24 ↓

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
\$ 1,356.75 x 12 Months =	\$ 16,281.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 17,784.60
Benefit Cap	\$ 16,058.00
Difference	\$ 1,726.60
Monthly Payment	\$ 143.89

BC3/BR3 77 ↑

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	
\$ 1,182.00 x 12 Months =	\$ 14,184.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 15,687.60
Benefit Cap	\$ 16,058.00
Difference	\$ (370.40)
Monthly Payment	\$ -

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	
\$ 1,155.75 x 12 Months =	\$ 13,869.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 15,372.60
Benefit Cap	\$ 16,058.00
Difference	\$ (685.40)
Monthly Payment	\$ -

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	
\$ 1,135.50 x 12 Months =	\$ 13,626.00
Vision Service Plan C	\$ 338.40
Delta Dental PPO Incentive	\$ 1,165.20
Total Annual Premium	\$ 15,129.60
Benefit Cap	\$ 16,058.00
Difference	\$ (928.40)
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

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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	