

**MEDICAL OPTIONS**

<b>PPO Plan C</b>		<b>Coverage Options</b>	<b>Total Monthly Cost</b>	<b>District's Monthly Share</b>	<b>Your Monthly Share</b>	<b>Your Biweekly Deduction</b>
Administrative Health Plan 23% of total cost	Single		\$1,073.68	\$826.73	\$246.95	\$123.48
	Employee/Child		\$2,061.47	\$1,587.33	\$474.14	\$237.07
	Employee/Children		\$2,190.31	\$1,686.54	\$503.77	\$251.89
	Employee/Spouse		\$2,501.67	\$1,926.29	\$575.38	\$287.69
	Family		\$2,630.52	\$2,025.50	\$605.02	\$302.51
Admin. Support & Support Staff Health Plan 19% of total cost	Single		\$1,073.68	\$869.68	\$204.00	\$102.00
	Employee/Child		\$2,061.47	\$1,669.79	\$391.68	\$195.84
	Employee/Children		\$2,190.31	\$1,774.15	\$416.16	\$208.08
	Employee/Spouse		\$2,501.67	\$2,026.35	\$475.32	\$237.66
	Family		\$2,630.52	\$2,130.72	\$499.80	\$249.90

<b>QHDHP</b>		<b>Coverage Options</b>	<b>Total Monthly Cost</b>	<b>District's Monthly Share</b>	<b>Your Monthly Share</b>	<b>Your Biweekly Deduction</b>
Admin. & Professionals Health Plan 8% of total cost	Single		\$883.81	\$813.11	\$70.70	\$35.35
	Employee/Child		\$1,696.92	\$1,561.17	\$135.75	\$67.88
	Employee/Children		\$1,802.97	\$1,658.73	\$144.24	\$72.12
	Employee/Spouse		\$2,059.28	\$1,894.54	\$164.74	\$82.37
	Family		\$2,165.33	\$1,992.10	\$173.23	\$86.62
Admin. Support & Support Staff Health Plan 7% of total cost	Single		\$883.81	\$821.94	\$61.87	\$30.94
	Employee/Child		\$1,696.92	\$1,578.14	\$118.78	\$59.39
	Employee/Children		\$1,802.97	\$1,676.76	\$126.21	\$63.11
	Employee/Spouse		\$2,059.28	\$1,915.13	\$144.15	\$72.08
	Family		\$2,165.33	\$2,013.76	\$151.57	\$75.79

<b>DENTAL OPTION</b>		<b>Coverage Options</b>	<b>Total Monthly Cost</b>	<b>District's Monthly Share</b>	<b>Your Monthly Share</b>	<b>Your Biweekly Deduction</b>
Delta Dental of Pennsylvania	Single		\$26.00	\$26.00	\$0.00	\$0.00
	Family		\$64.00	\$26.00	\$38.00	\$19.00

<b>VISION OPTION</b>		<b>Coverage Options</b>	<b>Total Monthly Cost</b>	<b>District's Monthly Share</b>	<b>Your Monthly Share</b>	<b>Your Biweekly Deduction</b>
Highmark Vision	Single		\$5.74	\$0.00	\$5.74	One deduction, 2nd pay of month
	Family		\$14.91	\$0.00	\$14.91	

\*Qualified High Deductible Plan Participants  
 \*One Time District Contribution to Health Savings Account For: **New Act 93 Support & New LTESPA**

Single \$900.00  
 Family \$1,800.00

\*Qualified High Deductible Plan Participants  
 \*One Time District Contribution to Health Savings Account For: **New Admin. & LTEA**

Single \$1,000.00  
 Family \$2,000.00