

Loyalsock Township School District  
 Healthcare Costs for July 1, 2026 through June 30, 2027

**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		\$1,256.67	\$967.64	\$289.03	\$144.52
	Employee/Child		\$2,412.81	\$1,857.86	\$554.95	\$277.48
	Employee/Children		\$2,563.61	\$1,973.98	\$589.63	\$294.82
	Employee/Spouse		\$2,928.04	\$2,254.59	\$673.45	\$336.73
	Family		\$3,078.84	\$2,370.71	\$708.13	\$354.07
Admin. Support & Support Staff Health Plan 19% of total cost	Single		\$1,256.67	\$1,017.90	\$238.77	\$119.39
	Employee/Child		\$2,412.81	\$1,954.38	\$458.43	\$229.22
	Employee/Children		\$2,563.61	\$2,076.52	\$487.09	\$243.55
	Employee/Spouse		\$2,928.04	\$2,371.71	\$556.33	\$278.17
	Family		\$3,078.84	\$2,493.86	\$584.98	\$292.49

<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		\$1,034.44	\$951.68	\$82.76	\$41.38
	Employee/Child		\$1,986.12	\$1,827.23	\$158.89	\$79.45
	Employee/Children		\$2,110.26	\$1,941.44	\$168.82	\$84.41
	Employee/Spouse		\$2,410.25	\$2,217.43	\$192.82	\$96.41
	Family		\$2,534.38	\$2,331.63	\$202.75	\$101.38
Admin. Support & Support Staff Health Plan 7% of total cost	Single		\$1,034.44	\$962.03	\$72.41	\$36.21
	Employee/Child		\$1,986.12	\$1,847.09	\$139.03	\$69.52
	Employee/Children		\$2,110.26	\$1,962.54	\$147.72	\$73.86
	Employee/Spouse		\$2,410.25	\$2,241.53	\$168.72	\$84.36
	Family		\$2,534.38	\$2,356.97	\$177.41	\$88.71

<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		\$71.00	\$26.00	\$45.00	\$22.50

<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		\$6.03	\$0.00	\$6.03	One deduction, 2nd pay of month
	Family		\$15.66	\$0.00	\$15.66	

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

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