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

MEDICAL OPTIONS

PPO Plan C	Coverage Options	Total Monthly Cost	District's Monthly Share	Your Monthly Share	Your Biweekly Deduction
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

QHDHP	Coverage Options	Total Monthly Cost	District's Monthly Share	Your Monthly Share	Your Biweekly Deduction
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

DENTAL OPTION	Coverage Options	Total Monthly Cost	District's Monthly Share	Your Monthly Share	Your Biweekly Deduction
Delta Dental of Pennsylvania	Single	$26.00	$26.00	$0.00	$0.00
	Family	$71.00	$26.00	$45.00	$22.50

VISION OPTION	Coverage Options	Total Monthly Cost	District's Monthly Share	Your Monthly Share	Your Biweekly Deduction
Highmark Vision	Single	$6.03	$0.00	$6.03	One deduction, 2nd pay of month
	Family	$6.03	$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