

Delaware Valley School District

2025-2026 Plan Year

Plan

Benefits

Deductibles
Coinsurance
Coins. Out of Pocket Max
ER Copay
OV Copay/Specialist
Urgent Care Copay

Trad Plan (Classic Blue)	
Major Medical	
Deductibles	\$250/\$750
Coinsurance	40%
Coins. Out of Pocket Max	\$400/\$1,200
ER Copay	40%
OV Copay/Specialist	40%
Urgent Care Copay	40%

Prescription Drugs

Deductibles
Coinsurance/Copayments
Minimums/Maximums
Rx Management

Retail	Mail Order
\$125/\$375*	
20%	20%
Retail/Mail - \$200 Maximum	
Prior Authorization	

Plan

Benefits

Deductibles
Coinsurance
Coins. Out of Pocket Max
ER Copay
OV Copay/Specialist
Urgent Care Copay

PPO Blue Plan	
In Network	Out of Network
\$100/\$300	\$300/\$900
0%	20%
n/a	\$1,000/\$3,000
\$75 – waived if admitted	
\$15/\$30	20%
\$30	20%

Prescription Drugs

Deductibles
Coinsurance/Copayments
Minimums/Maximums

Retail	Mail Order
None	
\$5/\$10	\$10/\$20
n/a	
Mandatory Generic, Quantity Limits, Prior Authorization	

Rx Management

Employee Premium Sharing:

Professional Staff: \$ 1375 annually
Classified Staff: \$ 1300 annually