

2023-2024 Classified Health Insurance Rates - LANCASTER SCHOOL DISTRICT  
FOR ALL CSEA UNIT MEMBERS - **SPOUSE RATES**

**Open Enrollment Period is August 1 - August 25, 2023. Return to Risk Management by August 25, 2023.**

Please make your selection by **initialing through the box of your plan choice(s)**. Your selection for the 2023-2024 plan year will be effective October 1, 2023.  
**You must complete a form whether or not you are making a change. For plan changes you must also go to [mycvb.cvtrust.org](http://mycvb.cvtrust.org) to indicate your new plan selection.**

Hours per day are determined by the work hours per day listed on your personnel request for your primary job only.

**BC4/BR4**

**WEL/WLR**

**BC4/BR4**

**BC1/BR1**

**12**

<b>BLUE CROSS 90% PLAN 4B</b> <b>9THLY RATES - Group #13929D</b>		
<b>DEDUCTIBLE</b> \$100 ind / \$200 family <b>OFFICE VISIT</b> \$20		
<b>OOP MAX</b> \$1250 ind / \$2500 family <b>RX</b> \$7/\$15/\$30 (30 day)		
<b>ER</b> \$100 <b>Non-Emergency ER</b> \$175		
<b>Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250</b>		
Annual Premium (\$1620 x 12) = \$ 19,440.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ 641.56	\$ 1,518.44
<b>7-7.99</b>	\$ 831.38	\$ 1,328.62
<b>6-6.99</b>	\$ 1,021.18	\$ 1,138.82
<b>5-5.99</b>	\$ 1,210.98	\$ 949.02
<b>4-4.99</b>	\$ 1,400.78	\$ 759.22

**11**

<b>BLUE CROSS 90% WELLNESS</b> <b>9THLY RATES - Group #1841NA</b>		
<b>DEDUCTIBLE</b> \$500 ind / \$1000 fami <b>OFFICE VISIT</b> \$20 / \$40		
<b>OOP MAX</b> \$1750 ind / \$3500 family <b>RX</b> \$7/\$25/\$40 (30 day)		
<b>ER</b> \$100 <b>Non-Emergency ER</b> \$175		
<b>Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250</b>		
Annual Premium (\$1512 x 12) = \$ 18,144.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ 497.56	\$ 1,518.44
<b>7-7.99</b>	\$ 687.38	\$ 1,328.62
<b>6-6.99</b>	\$ 877.18	\$ 1,138.82
<b>5-5.99</b>	\$ 1,066.98	\$ 949.02
<b>4-4.99</b>	\$ 1,256.78	\$ 759.22

**02**

**10**

<b>BLUE CROSS 80% PLAN 7A</b> <b>9THLY RATES - Group #13929G</b>		
<b>DEDUCTIBLE</b> \$250 ind / \$500 family <b>OFFICE VISIT</b> \$30		
<b>OOP MAX</b> \$2000 ind / \$4000 family <b>RX</b> \$5 / \$22 (30 day)		
<b>ER</b> \$100 <b>Non-Emergency ER</b> \$175		
<b>Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250</b>		
Annual Premium (\$1487 x 12) = \$ 17,844.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ 464.24	\$ 1,518.44
<b>7-7.99</b>	\$ 654.06	\$ 1,328.62
<b>6-6.99</b>	\$ 843.86	\$ 1,138.82
<b>5-5.99</b>	\$ 1,033.66	\$ 949.02
<b>4-4.99</b>	\$ 1,223.46	\$ 759.22

**42**

<b>BLUE CROSS 80% PLAN 8C</b> <b>9THLY RATES - Group #13929H</b>		
<b>DEDUCTIBLE</b> \$500 ind / \$1000 family <b>OFFICE VISIT</b> \$30		
<b>OOP MAX</b> \$3250 ind / \$6500 family <b>RX</b> \$7/\$25/\$40 (30 day)		
<b>ER</b> \$100 <b>Non-Emergency ER</b> \$175		
<b>Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250</b>		
Annual Premium (\$1332 x 12) = \$ 15,984.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ 257.56	\$ 1,518.44
<b>7-7.99</b>	\$ 447.38	\$ 1,328.62
<b>6-6.99</b>	\$ 637.18	\$ 1,138.82
<b>5-5.99</b>	\$ 826.98	\$ 949.02
<b>4-4.99</b>	\$ 1,016.78	\$ 759.22

**BC1/BR1**

**HDP/HDR**

**BRN/BZR**

**BS2/BSR**

**92**

<b>BLUE CROSS 80% PLAN 9B</b> <b>9THLY RATES - Group # 13929J</b>		
<b>DEDUCTIBLE</b> \$1000 ind/\$2000 family <b>OFFICE VISIT</b> \$35		
<b>OOP MAX</b> \$5000 ind/\$10000 family <b>RX</b> \$7/\$15/\$30 (30 day)		
<b>ER</b> \$100 <b>Non-Emergency ER</b> \$175		
<b>Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250</b>		
Annual Premium (\$1203 x 12) = \$ 14,436.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ 85.56	\$ 1,518.44
<b>7-7.99</b>	\$ 275.38	\$ 1,328.62
<b>6-6.99</b>	\$ 465.18	\$ 1,138.82
<b>5-5.99</b>	\$ 654.98	\$ 949.02
<b>4-4.99</b>	\$ 844.78	\$ 759.22

**11**

<b>BLUE CROSS 90% HDHP 1</b> <b>9THLY RATES - Group #13931N</b>		
<b>DEDUCTIBLE</b> \$1500 ind/\$3000 family- <b>no ind limit applies to family</b>		
<b>OFFICE VISIT</b> Major Medical		
<b>OOP MAX</b> \$4250 ind / \$8500 family		
<b>RX</b> Paid at 90% after Deductible is met		
Annual Premium (\$1015 x 12) = \$ 12,180.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ -	\$ 1,353.34
<b>7-7.99</b>	\$ 24.72	\$ 1,328.62
<b>6-6.99</b>	\$ 214.52	\$ 1,138.82
<b>5-5.99</b>	\$ 404.32	\$ 949.02
<b>4-4.99</b>	\$ 594.12	\$ 759.22

**11**

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<b>CVT 70% BRONZE PLAN PPO</b> <b>9THLY RATES - Group #1853YA</b>		
<b>DEDUCTIBLE</b> \$5000 ind / \$10000 family <b>OFFICE VISIT</b> see SBC		
<b>RX</b> Subject to Deductible then \$25/\$50		
<b>OOP MAX</b> \$6350 ind / \$12700 family		
<b>ER/URGENT CARE</b> see SBC		
Annual Premium (\$840 x 12) = \$ 10,080.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ -	\$ 1,120.00
<b>7-7.99</b>	\$ -	\$ 1,120.00
<b>6-6.99</b>	\$ -	\$ 1,120.00
<b>5-5.99</b>	\$ 170.98	\$ 949.02
<b>4-4.99</b>	\$ 360.78	\$ 759.22

**01**

**02**

**03**

**04**

**05**

<b>Blue Shield 100% HMO Plan 2</b> <b>9THLY RATES - Group #H55709</b>		
<b>DEDUCTIBLE</b> \$0 <b>OFFICE VISIT</b> \$15/\$30		
<b>RX</b> \$7 / \$15 / \$30 (30 day)		
<b>OOP MAX</b> \$1500 ind / \$3000 family		
<b>ER / AMBULANCE</b> \$100		
Annual Premium (\$2147 x 12) = \$ 25,764.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
<b>8</b>	\$ 1,344.24	\$ 1,518.44
<b>7-7.99</b>	\$ 1,534.06	\$ 1,328.62
<b>6-6.99</b>	\$ 1,723.86	\$ 1,138.82
<b>5-5.99</b>	\$ 1,913.66	\$ 949.02
<b>4-4.99</b>	\$ 2,103.46	\$ 759.22

Plan summaries available  
in Risk Management or [www.lancsd.org](http://www.lancsd.org)

2023-2024 Classified Health Insurance Rates - FOR ALL CSEA UNIT MEMBERS - *SPOUSE RATES*  
Initial through the box of your plan choice(s)

KSR/KRR

01  
02  
03  
04  
05

KAISER 1 w/ Chiro 9THLY RATES - Group #0406-0000C		
OFFICE VISIT \$10 RX \$5 / \$10 (30 day)		
OOP MAX \$1500 ind / \$3000 family ER \$100		
CHIRO \$10 co-pay / 40 visits		
Annual Premium (\$1394.39 x 12)= \$ 16,732.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 340.76	\$ 1,518.44
7-7.99	\$ 530.58	\$ 1,328.62
6-6.99	\$ 720.38	\$ 1,138.82
5-5.99	\$ 910.18	\$ 949.02
4-4.99	\$ 1,099.98	\$ 759.22

KS2/KR2

01  
02  
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KAISER 2 w/ Chiro 9THLY RATES - Group # 0406-0037C		
OFFICE VISIT \$15 RX \$5 / \$10 (30 day)		
OOP MAX \$1500 ind / \$3000 family ER \$100		
CHIRO \$10 co-pay / 40 visits		
Annual Premium (\$1354.39 x 12) \$ 16,252.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 287.42	\$ 1,518.44
7-7.99	\$ 477.24	\$ 1,328.62
6-6.99	\$ 667.04	\$ 1,138.82
5-5.99	\$ 856.84	\$ 949.02
4-4.99	\$ 1,046.64	\$ 759.22

KSR/KRR

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KAISER 3 w/ Chiro 9THLY RATES - Group #0406-0040C		
OFFICE VISIT \$20 RX \$10 / \$20 (30 day)		
OOP MAX \$1500 ind / \$3000 family ER \$100		
CHIRO \$10 co-pay / 40 visits		
Annual Premium (\$1291.39 x 12) = \$ 15,496.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 203.42	\$ 1,518.44
7-7.99	\$ 393.24	\$ 1,328.62
6-6.99	\$ 583.04	\$ 1,138.82
5-5.99	\$ 772.84	\$ 949.02
4-4.99	\$ 962.64	\$ 759.22

KSR/KRR

21  
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KAISER 5 w/ Chiro 9THLY RATES - Group #0406-0046C		
OFFICE VISIT \$35 RX \$10 / \$20 (30 day)		
OOP MAX \$1500 ind / \$3000 family ER \$100		
CHIRO \$10 co-pay / 40 visits		
Annual Premium (\$1248.39 x 12) = \$ 14,980.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 146.08	\$ 1,518.44
7-7.99	\$ 335.90	\$ 1,328.62
6-6.99	\$ 525.70	\$ 1,138.82
5-5.99	\$ 715.50	\$ 949.02
4-4.99	\$ 905.30	\$ 759.22

KSW/KWR

01  
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KAISER WELLNESS w/ Chiro 9THLY RATES - Group #0406-0375C		
OFFICE VISIT \$20 Primary/\$40 Specialist RX \$10 / \$25 (30 day)		
OOP MAX \$1500 ind / \$3000 fam ER/AMBULANCE \$100		
CHIRO \$10 co-pay / 40 visits OUT/IN PATIENT \$500		
Annual Premium (\$1275.39 x 12) = \$ 15,304.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 182.08	\$ 1,518.44
7-7.99	\$ 371.90	\$ 1,328.62
6-6.99	\$ 561.70	\$ 1,138.82
5-5.99	\$ 751.50	\$ 949.02
4-4.99	\$ 941.30	\$ 759.22

DD2/DR2

01  
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DELTA DENTAL PREMIER INCENTIVE 9THLY RATES - Group #7901-2011		
ANNUAL MAXIMUM \$1900 or \$1500		
ADULT / CHILDREN ORTHO \$500 Lifetime Max		
PROSTHODONTICS CO-PAY 50 / 50		
Annual Premium (\$105.84 x 12)= \$ 1,270.08		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 141.12
7-7.99	\$ 17.64	\$ 123.48
6-6.99	\$ 35.28	\$ 105.84
5-5.99	\$ 52.92	\$ 88.20
4-4.99	\$ 70.56	\$ 70.56

VIS/VSР

01  
02  
03  
04  
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VISION SERVICE PLAN C 9THLY RATES - Group #2025584A		
OFFICE CO-PAY \$5 1st pair / \$20 2nd pair		
EXAM / LENS / FRAME (\$150) every 12 months		
CONTACTS \$120 every 12 months		
Annual Premium (\$26.84 x 12) = \$ 322.08		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 35.80
7-7.99	\$ 4.48	\$ 31.32
6-6.99	\$ 8.94	\$ 26.86
5-5.99	\$ 13.42	\$ 22.38
4-4.99	\$ 17.90	\$ 17.90

Deductions will be taken 9thly (annual cost divided by 9).

The first deduction will come out of the Sept. 25 paycheck and the last deduction out of the June 10 paycheck. If your deduction does not come out of a check, it is your responsibility to contact Risk Management. We cannot set up deductions which are greater than your earnings. If you are a late hire or early termination, you may owe an additional amount or be due a refund.

◦ Dependents are eligible for insurance until age 26

I understand that it is my responsibility to update MyCVT, **within 30 days**, for life events, i.e.:

- Marriage/Divorce (marriage certificate/divorce decree required)
- Birth/Adoption (birth certificate/adoption papers required)
- Loss/Acquisition of coverage (documentation required)

Print Name

Signature

Hrs. per day

Social Security

Date

☐ Check here if your **spouse** is employed with the LANCASTER SCHOOL DISTRICT or with ANOTHER SCHOOL DISTRICT & ENROLLED IN CVT INSURANCE (ON A COMPOSITE RATE)

Spouse's name

Spouse's School District

Medical, Dental, Vision Cap \$15,258

Medical Only Cap (\$15258 - 1270.08 - 322.08) = \$13,665.84