

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

**Open Enrollment Period is August 1st - August 25th, 2023. Return to Risk Management by August 25th, 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](https://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**

BLUE CROSS 90% PLAN 4B 9THLY RATES - Group #13929D		
DEDUCTIBLE \$100 ind / \$200 family OFFICE VISIT \$20		
OOP MAX \$1250 ind / \$2500 fam RX \$7/\$15/\$30 (30 day)		
ER \$100 Non-Emergency ER \$175		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$2160 x 12) = \$ 25,920.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
11 8	\$ 1,361.56	\$ 1,518.44
13 7-7.99	\$ 1,551.38	\$ 1,328.62
14 6-6.99	\$ 1,741.18	\$ 1,138.82
15 5-5.99	\$ 1,930.98	\$ 949.02
16 4-4.99	\$ 2,120.78	\$ 759.22

**WEL/WLR**

BLUE CROSS 90% WELLNESS 9THLY RATES - Group #1841NA		
DEDUCTIBLE \$500 ind / \$1000 fami OFFICE VISIT \$20 / \$40		
OOP MAX \$1750 ind / \$3500 fam RX \$7/\$25/\$40 (30 day)		
ER \$100 Non-Emergency ER \$175		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$2015 x 12) = \$ 24,180.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ 1,168.24	\$ 1,518.44
03 7-7.99	\$ 1,358.06	\$ 1,328.62
04 6-6.99	\$ 1,547.86	\$ 1,138.82
05 5-5.99	\$ 1,737.66	\$ 949.02
06 4-4.99	\$ 1,927.46	\$ 759.22

**BC4/BR4**

BLUE CROSS 80% PLAN 7A 9THLY RATES - Group #13929G		
DEDUCTIBLE \$250 ind / \$500 family OFFICE VISIT \$30		
OOP MAX \$2000 ind / \$4000 fam RX \$5 / \$22 (30 day)		
ER \$100 Non-Emergency ER \$175		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1982 x 12) = \$ 23,784.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ 1,124.24	\$ 1,518.44
03 7-7.99	\$ 1,314.06	\$ 1,328.62
04 6-6.99	\$ 1,503.86	\$ 1,138.82
05 5-5.99	\$ 1,693.66	\$ 949.02
06 4-4.99	\$ 1,883.46	\$ 759.22

**BC1/BR1**

BLUE CROSS 80% PLAN 8C 9THLY RATES - Group #13929H		
DEDUCTIBLE \$500 ind / \$1000 family OFFICE VISIT \$30		
OOP MAX \$3250 ind / \$6500 fam RX \$7/\$25/\$40 (30 day)		
ER \$100 Non-Emergency ER \$175		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1776 x 12) = \$ 21,312.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ 849.56	\$ 1,518.44
03 7-7.99	\$ 1,039.38	\$ 1,328.62
04 6-6.99	\$ 1,229.18	\$ 1,138.82
05 5-5.99	\$ 1,418.98	\$ 949.02
06 4-4.99	\$ 1,608.78	\$ 759.22

**BC1/BR1**

BLUE CROSS 80% PLAN 9B 9THLY RATES - Group # 13929J		
DEDUCTIBLE \$1000 ind/\$2000 family OFFICE VISIT \$35		
OOP MAX \$5000 ind/\$10000 fam RX \$7/\$15/\$30 (30 day)		
ER \$100 Non-Emergency ER \$175		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1604 x 12) = \$ 19,248.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
91 8	\$ 620.24	\$ 1,518.44
93 7-7.99	\$ 810.06	\$ 1,328.62
94 6-6.99	\$ 999.86	\$ 1,138.82
95 5-5.99	\$ 1,189.66	\$ 949.02
96 4-4.99	\$ 1,379.46	\$ 759.22

**HDP/HDR**

BLUE CROSS 90% HDHP 1 9THLY RATES - Group #13931N		
DEDUCTIBLE \$1500 ind/\$3000 family-no ind limit applies to family		
OFFICE VISIT Major Medical		
OOP MAX \$4250 ind / \$8500 family		
RX Paid at 90% after Deductible is met		
Annual Premium (\$1353 x 12) = \$ 16,236.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ 285.56	\$ 1,518.44
02 7-7.99	\$ 475.38	\$ 1,328.62
03 6-6.99	\$ 665.18	\$ 1,138.82
04 5-5.99	\$ 854.98	\$ 949.02
05 4-4.99	\$ 1,044.78	\$ 759.22

**BRN/BZR**

CVT 70% BRONZE PLAN PPO 9THLY RATES - Group #1853YA		
DEDUCTIBLE \$5000 ind / \$10000 family OFFICE VISIT see SBC		
RX Subject to Deductible then \$25/\$50		
OOP MAX \$6350 ind / \$12700 family		
ER/URGENT CARE see SBC		
Annual Premium (\$1120x 12) = \$ 13,440.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ -	\$ 1,493.34
02 7-7.99	\$ 164.72	\$ 1,328.62
03 6-6.99	\$ 354.52	\$ 1,138.82
04 5-5.99	\$ 544.32	\$ 949.02
05 4-4.99	\$ 734.12	\$ 759.22

**BS2/BSR**

Blue Shield 100% HMO Plan 2 9THLY RATES - Group #H55709		
DEDUCTIBLE \$0 OFFICE VISIT \$15/\$30		
RX \$7 / \$15 / \$30 (30 day)		
OOP MAX \$1500 ind / \$3000 family		
ER / AMBULANCE \$100		
Annual Premium (\$2147 x 12) = \$ 25,764.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ 1,344.24	\$ 1,518.44
02 7-7.99	\$ 1,534.06	\$ 1,328.62
03 6-6.99	\$ 1,723.86	\$ 1,138.82
04 5-5.99	\$ 1,913.66	\$ 949.02
05 4-4.99	\$ 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

Initial through the box of your plan choice(s)

KSR/KRR

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

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

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

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

KAISER WELLNESS w/ Chiro		
9THLY RATES - Group #0406-0375C		
OFFICE VISIT \$20 Primary/\$40 Specialist <b>RX</b> \$10 / \$25 (30 day)		
OOP MAX \$1500 ind / \$3000 fam		<b>ER/AMBULANCE</b> \$100
CHIRO \$10 co-pay / 40 visits		<b>OUT/IN PATIENT</b> \$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

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
01 8	\$ -	\$ 141.12
02 7-7.99	\$ 17.64	\$ 123.48
03 6-6.99	\$ 35.28	\$ 105.84
04 5-5.99	\$ 52.92	\$ 88.20
05 4-4.99	\$ 70.56	\$ 70.56

VIS/VSР

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
01 8	\$ -	\$ 35.80
02 7-7.99	\$ 4.48	\$ 31.32
03 6-6.99	\$ 8.94	\$ 26.86
04 5-5.99	\$ 13.42	\$ 22.38
05 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