

2024-2025 Classified Health Insurance Rates - LANCASTER SCHOOL DISTRICT  
FOR ALL CSEA UNIT MEMBERS - **SPOUSE RATES**

**Open Enrollment Period is July 24th - August 23, 2024. Return to Risk Management by August 23rd, 2024.**

Please make your selection by **initialing through the box of your plan choice(s)**. Your selection for the 2024-2025 plan year will be effective October 1, 2024.

**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.

**WEL/WLR**

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BLUE CROSS 90% WELLNESS 9THLY RATES - Group #1841NA		
DEDUCTIBLE \$500 ind / \$1000 fam OFFICE VISIT \$20 / \$40		
OOP MAX \$1750 ind / \$3500 family RX \$7/\$25/\$40 (30 day)		
ER \$150		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1587 x 12) = \$ 19,044.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 508.68	\$ 1,607.32
7-7.99	\$ 709.60	\$ 1,406.40
6-6.99	\$ 910.50	\$ 1,205.50
5-5.99	\$ 1,111.42	\$ 1,004.58
4-4.99	\$ 1,312.34	\$ 803.66

**BC4/BR4**

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BLUE CROSS 80% PLAN 7A 9THLY RATES - Group #13929G		
DEDUCTIBLE \$250 ind / \$500 fam OFFICE VISIT \$30		
OOP MAX \$2000 ind / \$4000 family RX \$5 / \$22 (30 day)		
ER \$150		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1561 x 12) = \$ 18,732.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 474.02	\$ 1,607.32
7-7.99	\$ 674.94	\$ 1,406.40
6-6.99	\$ 875.84	\$ 1,205.50
5-5.99	\$ 1,076.76	\$ 1,004.58
4-4.99	\$ 1,277.68	\$ 803.66

**BC1/BR1**

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BLUE CROSS 80% PLAN 8C 9THLY RATES - Group #13929H		
DEDUCTIBLE \$500 ind / \$1000 fam OFFICE VISIT \$30		
OOP MAX \$3250 ind / \$6500 family RX \$7/\$25/\$40 (30 day)		
ER \$150		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1399 x 12) = \$ 16,788.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 258.02	\$ 1,607.32
7-7.99	\$ 458.94	\$ 1,406.40
6-6.99	\$ 659.86	\$ 1,205.48
5-5.99	\$ 860.76	\$ 1,004.58
4-4.99	\$ 1,061.68	\$ 803.66


**BC1/BR1**

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BLUE CROSS 80% PLAN 9B 9THLY RATES - Group # 13929J		
DEDUCTIBLE \$1000 ind/\$2000 family OFFICE VISIT \$35		
OOP MAX \$5000 ind/\$10000 family RX \$7/\$15/\$30 (30 day)		
ER \$150		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1264 x 12) = \$ 15,168.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 78.02	\$ 1,607.32
7-7.99	\$ 278.94	\$ 1,406.40
6-6.99	\$ 479.84	\$ 1,205.50
5-5.99	\$ 680.76	\$ 1,004.58
4-4.99	\$ 881.68	\$ 803.66

**BC4/BR4**

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 BLUE CROSS 80% PLAN 10B 9THLY RATES - Group # 13929K		
DEDUCTIBLE \$2000 ind / \$4000 fam OFFICE VISIT 80% after deductible		
OOP MAX \$6350 ind / \$12700 fam RX \$7/\$15/\$30 (30 day)		
ER \$150		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1093 x 12) = \$ 13,116.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 1,457.34
7-7.99	\$ 50.94	\$ 1,406.40
6-6.99	\$ 251.84	\$ 1,205.50
5-5.99	\$ 452.76	\$ 1,004.58
4-4.99	\$ 653.68	\$ 803.66

**HDP/HDR**

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BLUE CROSS 90% HDHP 1 9THLY RATES - Group #13931N		
DEDUCTIBLE \$1600 ind/\$3200 family-no ind limit applies to family		
OFFICE VISIT Major Medical		
OOP MAX \$5000 ind / \$10000 family		
RX Subject to Deductible, then \$25/\$50		
Annual Premium (\$1065 x 12) = \$ 12,780.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 1,420.00
7-7.99	\$ 13.60	\$ 1,406.40
6-6.99	\$ 214.50	\$ 1,205.50
5-5.99	\$ 415.42	\$ 1,004.58
4-4.99	\$ 616.34	\$ 803.66

**BRN/BZR**

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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 \$7000 ind / \$14000 family		
ER/URGENT CARE see SBC		
Annual Premium (\$867 x 12) = \$ 10,404.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 1,156.00
7-7.99	\$ -	\$ 1,156.00
6-6.99	\$ -	\$ 1,156.00
5-5.99	\$ 151.42	\$ 1,004.58
4-4.99	\$ 352.34	\$ 803.66

**BS2/BSR**

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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) = \$ 27,696.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 1,470.02	\$ 1,607.32
7-7.99	\$ 1,670.94	\$ 1,406.40
6-6.99	\$ 1,871.84	\$ 1,205.50
5-5.99	\$ 2,072.76	\$ 1,004.58
4-4.99	\$ 2,273.68	\$ 803.66

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

2024-2025 Classified Health Insurance Rates - FOR ALL CSEA UNIT MEMBERS - **SPOUSE RATES**  
Initial through the box of your plan choice(s)

KS2/KR2

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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)   \$    18,268.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$    422.54	\$    1,607.32
7-7.99	\$    623.46	\$    1,406.40
6-6.99	\$    824.36	\$    1,205.50
5-5.99	\$   1,025.28	\$    1,004.58
4-4.99	\$   1,226.20	\$       803.66

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) =   \$    17,416.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$    327.88	\$    1,607.32
7-7.99	\$    528.80	\$    1,406.40
6-6.99	\$    729.70	\$    1,205.50
5-5.99	\$    930.62	\$    1,004.58
4-4.99	\$   1,131.54	\$       803.66

KSR/KRR

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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) =   \$    16,828.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$    262.54	\$    1,607.32
7-7.99	\$    463.46	\$    1,406.40
6-6.99	\$    664.36	\$    1,205.50
5-5.99	\$    865.28	\$    1,004.58
4-4.99	\$   1,066.20	\$       803.66

KSR/KRR



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KAISER 7 w/Chiro 9THLY RATES - Group # 0406-0052C		
OFFICE VISIT \$35                      RX \$10 / \$20 (30 day)		
OOP MAX \$1500 ind / \$3000 family    ER / AMB   \$100		
Hospital / OP Surgery \$250		
Durable Medical Equipment paid at 80%		
CHIRO \$10 co-pay / 40 visits		
Annual Premium (\$1381.39x 12) =   \$    16,576.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$    234.54	\$    1,607.32
7-7.99	\$    435.46	\$    1,406.40
6-6.99	\$    636.36	\$    1,205.50
5-5.99	\$    837.28	\$    1,004.58
4-4.99	\$   1,038.20	\$       803.66

KSW/KWR

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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) =   \$    17,188.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$    302.54	\$    1,607.32
7-7.99	\$    503.46	\$    1,406.40
6-6.99	\$    704.36	\$    1,205.50
5-5.99	\$    905.28	\$    1,004.58
4-4.99	\$   1,106.20	\$       803.66

DD2/DR2

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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/VSr

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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

☐ 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    \$16,058  
Medical Only Cap (\$16058 - 1270.08 - 322.08) = \$14,465.84