

2025-2026 Classified Health Insurance Rates - LANCASTER SCHOOL DISTRICT
FOR ALL CSEA UNIT MEMBERS - **SPOUSE RATES**

Open Enrollment Period is August 8th - August 29th, 2025. Return to Risk Management by August 29th, 2025.

Please make your selection by initialing through the box of your plan choice(s). Your selection for the 2025-2026 plan year will be effective October 1, 2025.

You must complete a form whether or not you are making a change. For plan changes you must also go to mycvtrust.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

01
03
04
05
06

| BLUE CROSS 90% WELLNESS 9THLY RATES - Group #1841NA | | |
|---|-------------|--------------|
| DEDUCTIBLE \$500 ind / \$1000 fam OFFICE VISIT \$20 / \$40 | | |
| OOP MAX \$1750 ind / \$3500 fam RX \$7/\$25/\$40 (30 day) | | |
| ER \$150 | | |
| Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250 | | |
| Annual Premium (\$1689 x 12) = \$ 20,268.00 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ 653.54 | \$ 1,598.46 |
| 7-7.99 | \$ 853.34 | \$ 1,398.66 |
| 6-6.99 | \$ 1,053.14 | \$ 1,198.86 |
| 5-5.99 | \$ 1,252.96 | \$ 999.04 |
| 4-4.99 | \$ 1,452.76 | \$ 799.24 |

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 fam RX \$5 / \$22 (30 day) | | |
| ER \$150 | | |
| Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250 | | |
| Annual Premium (\$1662 x 12) = \$ 19,944.00 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ 617.54 | \$ 1,598.46 |
| 7-7.99 | \$ 817.34 | \$ 1,398.66 |
| 6-6.99 | \$ 1,017.14 | \$ 1,198.86 |
| 5-5.99 | \$ 1,216.96 | \$ 999.04 |
| 4-4.99 | \$ 1,416.76 | \$ 799.24 |

BC4/BR4

21
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26

| 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 (\$1163 x 12) = \$ 13,956.00 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ - | \$ 1,550.68 |
| 7-7.99 | \$ 152.04 | \$ 1,398.64 |
| 6-6.99 | \$ 351.82 | \$ 1,198.86 |
| 5-5.99 | \$ 551.64 | \$ 999.04 |
| 4-4.99 | \$ 751.44 | \$ 799.24 |

HDP/HDR

01
02
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| BLUE CROSS 90% HDHP 1 9THLY RATES - Group #13931N | | |
|--|-----------|--------------|
| DEDUCTIBLE \$1700 ind/\$3400 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 (\$1134 x 12) = \$ 13,608.00 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ - | \$ 1,512.00 |
| 7-7.99 | \$ 113.34 | \$ 1,398.66 |
| 6-6.99 | \$ 313.14 | \$ 1,198.86 |
| 5-5.99 | \$ 512.96 | \$ 999.04 |
| 4-4.99 | \$ 712.76 | \$ 799.24 |

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 (\$924 x 12) = \$ 11,088.00 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ - | \$ 1,232.00 |
| 7-7.99 | \$ - | \$ 1,232.00 |
| 6-6.99 | \$ 33.14 | \$ 1,198.86 |
| 5-5.99 | \$ 232.96 | \$ 999.04 |
| 4-4.99 | \$ 432.76 | \$ 799.24 |

Deductions will be taken 9thly (annual cost divided by 9). The first deduction will come out of the Sept 25 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)

Plan summaries available in Risk Management or www.lancsd.org

2025-2026 Classified Health Insurance Rates - FOR ALL CSEA UNIT MEMBERS - *WIFE RATES*
Initial through the box of your plan choice(s)

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 (\$1587.39 x 12) = \$ 19,048.68 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ 518.06 | \$ 1,598.46 |
| 7-7.99 | \$ 717.88 | \$ 1,398.64 |
| 6-6.99 | \$ 917.66 | \$ 1,198.86 |
| 5-5.99 | \$ 1,117.48 | \$ 999.04 |
| 4-4.99 | \$ 1,317.28 | \$ 799.24 |

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 (\$1463.39 x 12) = \$ 17,560.68 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ 352.74 | \$ 1,598.46 |
| 7-7.99 | \$ 552.54 | \$ 1,398.66 |
| 6-6.99 | \$ 752.34 | \$ 1,198.86 |
| 5-5.99 | \$ 952.16 | \$ 999.04 |
| 4-4.99 | \$ 1,151.96 | \$ 799.24 |

KSR/KRR

| KAISER 7 w/Chiro | | |
|---------------------------------------|-------------|-------------------------|
| 9THLY RATES - Group # 0406-0052C | | |
| OFFICE VISIT \$35 | | RX \$10 / \$30 (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 (\$1441.39x 12) = | | \$ 17,296.68 |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ 323.40 | \$ 1,598.46 |
| 7-7.99 | \$ 523.20 | \$ 1,398.66 |
| 6-6.99 | \$ 723.00 | \$ 1,198.86 |
| 5-5.99 | \$ 922.82 | \$ 999.04 |
| 4-4.99 | \$ 1,122.62 | \$ 799.24 |

KSW/KWR

| 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 (\$1494.39 x 12) = \$ 17,932.68 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ 394.06 | \$ 1,598.46 |
| 7-7.99 | \$ 593.88 | \$ 1,398.64 |
| 6-6.99 | \$ 793.66 | \$ 1,198.86 |
| 5-5.99 | \$ 993.48 | \$ 999.04 |
| 4-4.99 | \$ 1,193.28 | \$ 799.24 |

BE INFORMED...
THIS PLAN HAS A
DEDUCTIBLE

KSR/KRR

KAISER 8 w/ Chiro

| 9THLY RATES - Group #0406-0300C | | |
|--|------------------------|-------------------------|
| OFFICE VISIT \$20 | | RX \$10 / \$30 (30 day) |
| DEDUCTIBLE \$1000 ind / \$2000 fam | OUT/IN PATIENT 80% | |
| OOP MAX \$3000 ind / \$6000 fam | ER/AMBULANCE 80%/\$150 | |
| Hospital / OP Surgery paid at 80% | | LAB \$10 |
| CHIRO \$10 co-pay / 40 visits | | OUT/IN PATIENT 80% |
| Annual Premium (\$1301.39 x 12) = \$ 15,616.68 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ 136.74 | \$ 1,598.46 |
| 7-7.99 | \$ 336.54 | \$ 1,398.64 |
| 6-6.99 | \$ 536.34 | \$ 1,198.86 |
| 5-5.99 | \$ 736.16 | \$ 999.04 |
| 4-4.99 | \$ 935.96 | \$ 799.24 |

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 (\$111.13 x 12)= \$ 1,333.56 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 01 8 | \$ - | \$ 148.18 |
| 02 7-7.99 | \$ 18.52 | \$ 129.66 |
| 03 6-6.99 | \$ 37.04 | \$ 111.14 |
| 04 5-5.99 | \$ 55.56 | \$ 92.62 |
| 05 4-4.99 | \$ 74.08 | \$ 74.10 |

VIS/VS

| VISION SERVICE PLAN C | | |
|---|-----------|--------------|
| 9THLY RATES - Group #2025584A | | |
| OFFICE CO-PAY \$5 1st pair / \$20 2nd pair | | |
| EXAM / LENS / FRAME (\$200) every 12 months | | |
| CONTACTS (\$150) every 12 months | | |
| Annual Premium (\$28.19 x 12) = \$ 338.28 | | |
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 01 8 | \$ - | \$ 37.60 |
| 02 7-7.99 | \$ 4.70 | \$ 32.90 |
| 03 6-6.99 | \$ 9.40 | \$ 28.20 |
| 04 5-5.99 | \$ 14.10 | \$ 28.20 |
| 05 4-4.99 | \$ 18.80 | \$ 18.80 |

OPT OUT FOR A PREMIUM

8 HOUR EMPLOYEES ONLY

MUST STILL ENROLL IN DENTAL & VISIO

| Annual Premium (\$923 x 12) = \$ 11,076.00 | | |
|--|-----------|--------------|
| At LEAST this number of hours | DEDUCTION | CONTRIBUTION |
| 8 | \$ - | \$ 1,230.68 |

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 \$16058

Medical Only Cap (\$16,058 - 1333.56 - 338.28) = \$14,386.16