

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

**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](https://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  
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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 fam RX \$7/\$25/\$40 (30 day)		
ER \$150		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$2252 x 12) = \$ 27,024.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 1,404.22	\$ 1,598.46
7-7.99	\$ 1,604.02	\$ 1,398.66
6-6.99	\$ 1,803.82	\$ 1,198.86
5-5.99	\$ 2,003.64	\$ 999.04
4-4.99	\$ 2,203.44	\$ 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 (\$2216 x 12) = \$ 26,592.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 1,356.22	\$ 1,598.46
7-7.99	\$ 1,556.02	\$ 1,398.66
6-6.99	\$ 1,755.82	\$ 1,198.86
5-5.99	\$ 1,955.64	\$ 999.04
4-4.99	\$ 2,155.44	\$ 799.24

**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 (\$1550 x 12) = \$ 18,600.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 468.22	\$ 1,598.46
7-7.99	\$ 668.02	\$ 1,398.66
6-6.99	\$ 867.82	\$ 1,198.86
5-5.99	\$ 1,067.64	\$ 999.04
4-4.99	\$ 1,267.44	\$ 799.24

**HDP/HDR**

**01  
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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 (\$1511 x 12) = \$ 18,132.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 416.22	\$ 1,598.46
7-7.99	\$ 616.02	\$ 1,398.66
6-6.99	\$ 815.82	\$ 1,198.86
5-5.99	\$ 1,015.64	\$ 999.04
4-4.99	\$ 1,215.44	\$ 799.24

**BRN/BZR**

**01  
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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 (\$1231 x 12) = \$ 14,772.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 42.88	\$ 1,598.46
7-7.99	\$ 242.68	\$ 1,398.66
6-6.99	\$ 442.48	\$ 1,198.86
5-5.99	\$ 642.30	\$ 999.04
4-4.99	\$ 842.10	\$ 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](http://www.lancsd.org)**

2025-2026 Classified Health Insurance Rates - FOR ALL CSEA UNIT MEMBERS

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%/\$15
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	\$ 336.56	\$ 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	\$ 23.50
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