

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 mycvt.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

BC4/BR4

BC4/BR4

HDP/HDR

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
01 8	\$ 1,404.22	\$ 1,598.46
03 7-7.99	\$ 1,604.02	\$ 1,398.66
04 6-6.99	\$ 1,803.82	\$ 1,198.86
05 5-5.99	\$ 2,003.64	\$ 999.04
06 4-4.99	\$ 2,203.44	\$ 799.24

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
01 8	\$ 1,356.22	\$ 1,598.46
03 7-7.99	\$ 1,556.02	\$ 1,398.66
04 6-6.99	\$ 1,755.82	\$ 1,198.86
05 5-5.99	\$ 1,955.64	\$ 999.04
06 4-4.99	\$ 2,155.44	\$ 799.24

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
21 8	\$ 468.22	\$ 1,598.46
23 7-7.99	\$ 668.02	\$ 1,398.66
24 6-6.99	\$ 867.82	\$ 1,198.86
25 5-5.99	\$ 1,067.64	\$ 999.04
26 4-4.99	\$ 1,267.44	\$ 799.24

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
01 8	\$ 416.22	\$ 1,598.46
02 7-7.99	\$ 616.02	\$ 1,398.66
03 6-6.99	\$ 815.82	\$ 1,198.86
04 5-5.99	\$ 1,015.64	\$ 999.04
05 4-4.99	\$ 1,215.44	\$ 799.24

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 \$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
01 8	\$ 42.88	\$ 1,598.46
02 7-7.99	\$ 242.68	\$ 1,398.66
03 6-6.99	\$ 442.48	\$ 1,198.86
04 5-5.99	\$ 642.30	\$ 999.04
05 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.lanccd.org

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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
01 8	\$ 518.06	\$ 1,598.46
02 7-7.99	\$ 717.86	\$ 1,398.66
03 6-6.99	\$ 917.66	\$ 1,198.86
04 5-5.99	\$ 1,117.48	\$ 999.04
05 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
21 8	\$ 352.74	\$ 1,598.46
22 7-7.99	\$ 552.54	\$ 1,398.66
23 6-6.99	\$ 752.34	\$ 1,198.86
24 5-5.99	\$ 952.16	\$ 999.04
25 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
71 8	\$ 323.40	\$ 1,598.46
72 7-7.99	\$ 523.20	\$ 1,398.66
73 6-6.99	\$ 723.00	\$ 1,198.86
74 5-5.99	\$ 922.82	\$ 999.04
75 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		
Annual Premium (\$1494.39 x 12) = \$ 17,932.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ 394.06	\$ 1,598.46
02 7-7.99	\$ 593.86	\$ 1,398.66
03 6-6.99	\$ 793.66	\$ 1,198.86
04 5-5.99	\$ 993.48	\$ 999.04
05 4-4.99	\$ 1,193.28	\$ 799.24

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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		
Annual Premium (\$1301.39 x 12) = \$ 15,616.68		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
81 8	\$ 136.74	\$ 1,598.46
82 7-7.99	\$ 336.54	\$ 1,398.66
83 6-6.99	\$ 536.34	\$ 1,198.86
84 5-5.99	\$ 736.16	\$ 999.04
85 4-4.99	\$ 935.96	\$ 799.24

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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

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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

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OPT/OPR



OPT OUT FOR A PREMIUM 8 HOUR EMPLOYEES ONLY WHO ARE ENROLLED IN EMPLOYER SPONSORED COVERAGE ELSEWHERE MUST STILL ENROLL IN DENTAL & VISION		
Annual Premium (\$923 x 12) = \$ 11,076.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01 8	\$ -	\$ 1,230.68

01

OPT/OPR



OPT OUT FOR 8 HOUR EMPLOYEES WHO ARE ENROLLED IN MEDI-CAL, TRICARE, VA/CHAMP VA, SUBSIDIZED COVERED CA MUST STILL ENROLL IN DENTAL & VISION		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
99 8	\$ -	\$ -

99

Print Name

Signature

Social Security

Hrs. per day

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