

2026-2027 Classified Health Insurance Rates - LANCASTER SCHOOL DISTRICT
FOR ALL CSEA UNIT MEMBERS - **SPOUSE RATES**

Open Enrollment Period is July 27th, 2026 - August 21st, 2026. Return to Risk Management by August 21st, 2026.

Please make your selection by initialing through the box of your plan choice(s). Your selection for the 2026-2027 plan year will be effective October 1, 2026.

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

BLUE CROSS 90% WELLNESS		
9THLY RATES - Group #1841NA		
DEDUCTIBLE \$500 ind / \$1000 fam OFFICE VISIT \$20 / \$40		
OOP MAX \$3500 ind / \$7000 fam RX \$7/\$25/\$40 (30 day)		
ER \$200		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1825 x 12) = \$ 21,900.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 834.88	\$ 1,598.46
7-7.99	\$ 1,034.68	\$ 1,398.66
6-6.99	\$ 1,234.48	\$ 1,198.86
5-5.99	\$ 1,434.30	\$ 999.04
4-4.99	\$ 1,634.10	\$ 799.24

BC4/BR4

BLUE CROSS 80% PLAN 7A		
9THLY RATES - Group #13929G		
DEDUCTIBLE \$300 ind / \$600 fam OFFICE VISIT \$30/\$60		
OOP MAX \$3500 ind / \$7000 fam RX \$5 / \$22 (30 day)		
ER \$200		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1795 x 12) = \$ 21,540.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 794.88	\$ 1,598.46
7-7.99	\$ 994.68	\$ 1,398.66
6-6.99	\$ 1,194.48	\$ 1,198.86
5-5.99	\$ 1,394.30	\$ 999.04
4-4.99	\$ 1,594.10	\$ 799.24

BC4/BR4

BLUE CROSS 80% PLAN 10B		
9THLY RATES - Group # 13929K		
DEDUCTIBLE \$2000 ind / \$4000 fam OFFICE VISIT 80% after deductible		
OOP MAX \$6500 ind / \$13000 fam RX \$7/\$15/\$30 (30 day)		
ER \$200		
Outpatient Hospital - Lab \$50/Radiology \$75/Surgery \$250		
Annual Premium (\$1257 x 12) = \$ 15,084.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 77.54	\$ 1,598.46
7-7.99	\$ 277.34	\$ 1,398.66
6-6.99	\$ 477.14	\$ 1,198.86
5-5.99	\$ 676.96	\$ 999.04
4-4.99	\$ 876.76	\$ 799.24

HDP/HDR

BLUE CROSS 90% HDHP 1		
9THLY RATES - Group #13931N		
DEDUCTIBLE \$1700 ind/\$3400 family-no ind limit applies to family		
OOP MAX \$5000 ind / \$10000 family		
OFFICE VISIT Major Medical ER 90% after deductible		
RX Subject to Deductible, then \$25/\$50		
Annual Premium (\$1224 x 12) = \$ 14,688.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 33.54	\$ 1,598.46
7-7.99	\$ 233.34	\$ 1,398.66
6-6.99	\$ 433.14	\$ 1,198.86
5-5.99	\$ 632.96	\$ 999.04
4-4.99	\$ 832.76	\$ 799.24

BRN/BZR

CVT 70% BRONZE PLAN PPO		
9THLY RATES - Group #1853YA		
DEDUCTIBLE \$5000 ind / \$10000 family OFFICE VISIT see SBC		
OOP MAX \$7000 ind / \$14000 family		
RX Subject to Deductible then \$25/\$50		
ER/URGENT CARE see SBC		
Annual Premium (\$997 x 12) = \$ 11,964.00		
At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 0.00	\$ 1,329.34
7-7.99	\$ 0.00	\$ 1,329.34
6-6.99	\$ 130.48	\$ 1,198.86
5-5.99	\$ 330.30	\$ 999.04
4-4.99	\$ 530.10	\$ 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 licence/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

2026-2027 Classified Health Insurance Rates - FOR ALL CSEA UNIT MEMBERS - **Spouse Rates**

Initial through the box of your plan choice(s)



KS2/KR2

KAISER 4 w/ Chiro

9THLY RATES - Group #0406-0043C

OFFICE VISIT \$30	RX \$10 / \$20 (30 day)
OOP MAX \$1500 ind / \$3000 family	ER \$100
CHIRO \$10 co-pay / 40 visits	
Annual Premium (\$1584.39 x 12) =	\$ 19,012.68

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 514.06	\$ 1,598.46
7-7.99	\$ 713.86	\$ 1,398.66
6-6.99	\$ 913.66	\$ 1,198.86
5-5.99	\$ 1,113.48	\$ 999.04
4-4.99	\$ 1,313.28	\$ 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	OUT/IN PATIENT 80%
Annual Premium (\$1378.39 x 12) =	\$ 16,540.68

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 239.40	\$ 1,598.46
7-7.99	\$ 439.20	\$ 1,398.66
6-6.99	\$ 639.00	\$ 1,198.86
5-5.99	\$ 838.82	\$ 999.04
4-4.99	\$ 1,038.62	\$ 799.24

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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 (\$1549.39 x 12) =	\$ 18,592.68

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 467.40	\$ 1,598.46
7-7.99	\$ 667.20	\$ 1,398.66
6-6.99	\$ 867.00	\$ 1,198.86
5-5.99	\$ 1,066.82	\$ 999.04
4-4.99	\$ 1,266.62	\$ 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) =

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 148.18
7-7.99	\$ 18.52	\$ 129.66
6-6.99	\$ 37.04	\$ 111.14
5-5.99	\$ 55.56	\$ 92.62
4-4.99	\$ 74.08	\$ 74.10

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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 (\$1527.39 x 12) =	\$ 18,328.68

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 438.06	\$ 1,598.46
7-7.99	\$ 637.86	\$ 1,398.66
6-6.99	\$ 837.66	\$ 1,198.86
5-5.99	\$ 1,037.48	\$ 999.04
4-4.99	\$ 1,237.28	\$ 799.24

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VIS/VSr

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) =

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 37.60
7-7.99	\$ 4.70	\$ 32.90
6-6.99	\$ 9.40	\$ 28.20
5-5.99	\$ 14.10	\$ 23.50
4-4.99	\$ 18.80	\$ 18.80

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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 (\$1597.39 x 12) =	\$ 19,168.68

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ 531.40	\$ 1,598.46
7-7.99	\$ 731.20	\$ 1,398.66
6-6.99	\$ 931.00	\$ 1,198.86
5-5.99	\$ 1,130.82	\$ 999.04
4-4.99	\$ 1,330.62	\$ 799.24

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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 (\$997 x 12) = \$ 11,964.00

At LEAST this number of hours	DEDUCTION	CONTRIBUTION
8	\$ -	\$ 1,329.34

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
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