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

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 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

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 ($2433 x 12) = $ 29,196.00

	At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01	8	$ 1,645.54	$ 1,598.46
03	7-7.99	$ 1,845.34	$ 1,398.66
04	6-6.99	$ 2,045.14	$ 1,198.86
05	5-5.99	$ 2,244.96	$ 999.04
06	4-4.99	$ 2,444.76	$ 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 ($2393 x 12) = $ 28,716.00

	At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01	8	$ 1,592.22	$ 1,598.46
03	7-7.99	$ 1,792.02	$ 1,398.66
04	6-6.99	$ 1,991.82	$ 1,198.86
05	5-5.99	$ 2,191.64	$ 999.04
06	4-4.99	$ 2,391.44	$ 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 ($1675 x 12) = $ 20,100.00

	At LEAST this number of hours	DEDUCTION	CONTRIBUTION
21	8	$ 634.88	$ 1,598.46
23	7-7.99	$ 834.68	$ 1,398.66
24	6-6.99	$ 1,034.48	$ 1,198.86
25	5-5.99	$ 1,234.30	$ 999.04
26	4-4.99	$ 1,434.10	$ 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 ($1632 x 12) = $ 19,584.00

	At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01	8	$ 577.54	$ 1,598.46
02	7-7.99	$ 777.34	$ 1,398.66
03	6-6.99	$ 977.14	$ 1,198.86
04	5-5.99	$ 1,176.96	$ 999.04
05	4-4.99	$ 1,376.76	$ 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 ($1329 x 12) = $ 15,948.00

	At LEAST this number of hours	DEDUCTION	CONTRIBUTION
01	8	$ 173.54	$ 1,598.46
02	7-7.99	$ 373.34	$ 1,398.66
03	6-6.99	$ 573.14	$ 1,198.86
04	5-5.99	$ 772.96	$ 999.04
05	4-4.99	$ 972.76	$ 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 license/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

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 fam **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
01	8	$ 514.06	$ 1,598.46
02	7-7.99	$ 713.86	$ 1,398.66
03	6-6.99	$ 913.66	$ 1,198.86
04	5-5.99	$ 1,113.48	$ 999.04
05	4-4.99	$ 1,313.28	$ 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 $1000ind /$2000fam **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
81	8	$ 239.40	$ 1,598.46
82	7-7.99	$ 439.20	$ 1,398.66
83	6-6.99	$ 639.00	$ 1,198.86
84	5-5.99	$ 838.82	$ 999.04
85	6-6.99	$ 1,038.62	$ 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 ($1549.39 x 12) = $ 18,592.68

	At LEAST this number of hours	DEDUCTION	CONTRIBUTION
21	8	$ 467.40	$ 1,598.46
22	7-7.99	$ 667.20	$ 1,398.66
23	6-6.99	$ 867.00	$ 1,198.86
24	5-5.99	$ 1,066.82	$ 999.04
25	4-4.99	$ 1,266.62	$ 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

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
71	8	$ 438.06	$ 1,598.46
72	7-7.99	$ 637.86	$ 1,398.66
73	6-6.99	$ 837.66	$ 1,198.86
74	5-5.99	$ 1,037.48	$ 999.04
75	4-4.99	$ 1,237.28	$ 799.24

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) = $ 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

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
01	8	$ 531.40	$ 1,598.46
02	7-7.99	$ 731.20	$ 1,398.66
03	6-6.99	$ 931.00	$ 1,198.86
04	5-5.99	$ 1,130.82	$ 999.04
05	4-4.99	$ 1,330.62	$ 799.24

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
01	8	$ -	$ 1,329.34

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	$ -	$ -

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