

**To: CSEA TEACHER AIDES**  
**From: Kelly McDonald - Payroll**  
**Subject: 2026-2027 Health Insurance Deductions**  
**Date: May 1, 2026**

The current rates for all Medical Plans are listed below and will begin with the 10/1/26 paycheck. (These deductions are calculated by taking the monthly premium and multiplying it by 12 months and then dividing it by 21 paychecks)

Monthly rates for all plans will continue to be on a July 1 to June 30 schedule and will not change until July 1, 2026. Please compare these rates to your insurance deductions in your first full paycheck beginning in September 2026. Employees hired after July 1, 2022 can only enroll in Highmark PPO 815.

PLAN		Full Monthly Premium	Monthly Employee Responsibility	12 Month Employer Total	12 Month Employee Total	Employee Paycheck Contribution (21 Paychecks)
BlueShield PPO 815	Individual	\$1,122.57	\$0.00	\$13,470.84	\$0.00	\$0.00
Rates Through	2Person	\$2,881.03	\$41.67	\$34,072.36	\$500.00	\$23.81
6/30/2027	Family	\$3,026.44	\$41.67	\$35,817.28	\$500.00	\$23.81
<b>Prior to 7/1/02 (\$0)(\$500)</b>	RX Benefit \$10/30/50 Retail; \$20/60/100 Mail Order					
BlueShield PPO 815	Individual	\$1,122.57	\$0.00	\$13,470.84	\$0.00	\$0.00
Rates Through	2Person	\$2,881.03	\$201.67	\$32,152.29	\$2,420.07	\$115.25
6/30/2027	Family	\$3,026.44	\$211.85	\$33,775.07	\$2,542.21	\$121.06
<b>7/1/02-10/15/07 (\$0) (7%)</b>	RX Benefit \$10/30/50 Retail; \$20/60/100 Mail Order					
BlueShield PPO 815	Individual	\$1,122.57	\$56.13	\$12,797.30	\$673.54	\$32.08
Rates Through	2Person	\$2,881.03	\$432.15	\$29,386.51	\$5,185.85	\$246.95
6/30/2027	Family	\$3,026.44	\$453.97	\$30,869.69	\$5,447.59	\$259.41
<b>After 10/15/07 (5%) (15%)</b>	RX Benefit \$10/30/50 Retail; \$20/60/100 Mail Order					
BlueShield PPO 815	Individual	\$1,122.57	\$112.26	\$12,123.76	\$1,347.08	\$64.15
Rates Through	2Person	\$2,881.03	\$518.59	\$28,349.34	\$6,223.02	\$296.34
6/30/2027	Family	\$3,026.44	\$544.76	\$29,780.17	\$6,537.11	\$311.30
<b>After 7/1/20 (10%) IND (18%) 2-Per/Fam</b>	RX Benefit \$10/30/50 Retail; \$20/60/100 Mail Order					
CDPHP	Individual	\$1,243.62	\$0.00	\$14,923.44	\$0.00	\$0.00
Rates Through	2Person	\$3,081.71	\$41.67	\$36,480.52	\$500.00	\$23.81
6/30/2027	Family	\$3,081.71	\$41.67	\$36,480.52	\$500.00	\$23.81
<b>Prior to 7/1/02 (\$0)(\$500)</b>	RX Benefit \$5/25/40 Retail; 2.5 Co-pay Mail					
CDPHP	Individual	\$1,243.62	\$0.00	\$14,923.44	\$0.00	\$0.00
Rates Through	2Person	\$3,081.71	\$215.72	\$34,391.88	\$2,588.64	\$123.27
6/30/2027	Family	\$3,081.71	\$215.72	\$34,391.88	\$2,588.64	\$123.27
<b>7/1/02-10/15/07 (\$0) (7%)</b>	RX Benefit \$5/25/40 Retail; 2.5 Co-pay Mail					

CDPHP	Individual	\$1,243.62	\$62.18	\$14,177.27	\$746.17	\$35.54
Rates Through	2Person	\$3,081.71	\$462.26	\$31,433.44	\$5,547.08	\$264.15
6/30/2027	Family	\$3,081.71	\$462.26	\$31,433.44	\$5,547.08	\$264.15
<b>After 10/15/07 (5%) (15%)</b>	RX Benefit \$5/25/40 Retail; 2.5 Co-pay Mail					
MVP	Individual	\$1,332.56	\$0.00	\$15,990.72	\$0.00	\$0.00
Rates Through	2Person	\$2,846.00	\$41.67	\$33,652.00	\$500.00	\$23.81
6/30/2027	Family	\$2,846.00	\$41.67	\$33,652.00	\$500.00	\$23.81
<b>Prior to 7/1/02 (\$0)(\$500)</b>	RX Benefit \$10/30/50 Retail; 2 Co-pay Mail					
MVP	Individual	\$1,332.56	\$0.00	\$15,990.72	\$0.00	\$0.00
Rates Through	2Person	\$2,846.00	\$199.22	\$31,761.36	\$2,390.64	\$113.85
6/30/2027	Family	\$2,846.00	\$199.22	\$31,761.36	\$2,390.64	\$113.85
<b>7/1/02-10/15/07 (\$0) (7%)</b>	RX Benefit \$10/30/50 Retail; 2 Co-pay Mail					
MVP	Individual	\$1,332.56	\$66.63	\$15,191.18	\$799.54	\$38.08
Rates Through	2Person	\$2,846.00	\$426.90	\$29,029.20	\$5,122.80	\$243.95
6/30/2027	Family	\$2,846.00	\$426.90	\$29,029.20	\$5,122.80	\$243.95
<b>After 10/15/07 (5%) (15%)</b>	RX Benefit \$10/30/50 Retail; 2 Co-pay Mail					