

CVT Rates MGMT-SUPV-CONF
July 1, 2026 - September 30, 2026
Annual Cap: \$16000

EMPLOYEE ONLY COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$682.00	\$1,333.33	\$0.00
8	BRONZE	\$740.00	\$1,333.33	\$0.00
8	HDHP 2 (HSA eligible)	\$813.00	\$1,333.33	\$0.00
8	PPO 9B	\$1,080.00	\$1,333.33	\$0.00
8	PPO 8B	\$1,205.00	\$1,333.33	\$0.00
8	PPO 6B	\$1,326.00	\$1,333.33	\$0.00
8	WELLNESS	\$1,339.00	\$1,333.33	\$5.67

EMPLOYEE + 1 COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$1,174.00	\$1,333.33	\$0.00
8	BRONZE	\$1,273.00	\$1,333.33	\$0.00
8	HDHP 2 (HSA eligible)	\$1,397.00	\$1,333.33	\$63.67
8	PPO 9B	\$1,857.00	\$1,333.33	\$523.67
8	PPO 8B	\$2,072.00	\$1,333.33	\$738.67
8	PPO 6B	\$2,281.00	\$1,333.33	\$947.67
8	WELLNESS	\$2,303.00	\$1,333.33	\$969.67

EMPLOYEE + FAMILY COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$1,482.00	\$1,333.33	\$148.67
8	BRONZE	\$1,606.00	\$1,333.33	\$272.67
8	HDHP 2 (HSA eligible)	\$1,762.00	\$1,333.33	\$428.67
8	PPO 9B	\$2,343.00	\$1,333.33	\$1,009.67
8	PPO 8B	\$2,614.00	\$1,333.33	\$1,280.67
8	PPO 6B	\$2,877.00	\$1,333.33	\$1,543.67
8	WELLNESS	\$2,905.00	\$1,333.33	\$1,571.67

Different rates apply to dependents with Medicare coverage; ask if applicable

	COMPOSITE RATE
CVT DENTAL	\$94.25
CVT VISION	\$16.99