CVT Classified Rates

OCTOBER 1, 2026 - SEPTEMBER 30, 2027

Annual Cap: $12,000

EMPLOYEE ONLY COVERAGE

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	12 PAY EMPLOYEE MONTHLY COST	11 PAY EMPLOYEE MONTHLY COST
8	BRONZE	$799.00	$1,000.00	$0.00	$0.00
7.5	BRONZE	$799.00	$937.50	$0.00	$0.00
7	BRONZE	$799.00	$875.00	$0.00	$0.00
6.5	BRONZE	$799.00	$812.50	$0.00	$0.00
6	BRONZE	$799.00	$750.00	$49.00	$53.45
5	BRONZE	$799.00	$625.00	$174.00	$189.82
4.5	BRONZE	$799.00	$562.50	$236.50	$258.00
4	BRONZE	$799.00	$500.00	$299.00	$326.18
8	HDHP (for HSAs)	$738.00	$1,000.00	$0.00	$0.00
7.5	HDHP (for HSAs)	$738.00	$937.50	$0.00	$0.00
7	HDHP (for HSAs)	$738.00	$875.00	$0.00	$0.00
6.5	HDHP (for HSAs)	$738.00	$812.50	$0.00	$0.00
6	HDHP (for HSAs)	$738.00	$750.00	$0.00	$0.00
5	HDHP (for HSAs)	$738.00	$625.00	$113.00	$123.27
4.5	HDHP (for HSAs)	$738.00	$562.50	$175.50	$191.45
4	HDHP (for HSAs)	$738.00	$500.00	$238.00	$259.64
8	PPO 9B	$1,166.00	$1,000.00	$166.00	$181.09
7.5	PPO 9B	$1,166.00	$937.50	$228.50	$249.27
7	PPO 9B	$1,166.00	$875.00	$291.00	$317.45
6.5	PPO 9B	$1,166.00	$812.50	$353.50	$385.64
6	PPO 9B	$1,166.00	$750.00	$416.00	$453.82
5	PPO 9B	$1,166.00	$625.00	$541.00	$590.18
4.5	PPO 9B	$1,166.00	$562.50	$603.50	$658.36
4	PPO 9B	$1,166.00	$500.00	$666.00	$726.55
8	PPO 8B	$1,301.00	$1,000.00	$301.00	$328.36
7.5	PPO 8B	$1,301.00	$937.50	$363.50	$396.55
7	PPO 8B	$1,301.00	$875.00	$426.00	$464.73
6.5	PPO 8B	$1,301.00	$812.50	$488.50	$532.91
6	PPO 8B	$1,301.00	$750.00	$551.00	$601.09
5	PPO 8B	$1,301.00	$625.00	$676.00	$737.45
4.5	PPO 8B	$1,301.00	$562.50	$738.50	$805.64
4	PPO 8B	$1,301.00	$500.00	$801.00	$873.82

	12 Pay Employee Only	12 Pay Employee + Family	11 Pay Employee Only	11 Pay Employee + Family
CVT DENTAL	$88.43	$88.43	$96.47	$96.47
CVT ORTHO	$107.87	$107.87	$117.68	$117.68
CVT VISION	$7.65	$20.17	$8.35	$22.00