

CVT Classified Rates
February 1, 2026 - June 30, 2026

Annual Cap: \$11,000

EMPLOYEE ONLY COVERAGE

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$740.00	\$1,033.33	\$0.00
7.5	BRONZE	\$740.00	\$968.75	\$0.00
7	BRONZE	\$740.00	\$904.16	\$0.00
6.5	BRONZE	\$740.00	\$839.58	\$0.00
6	BRONZE	\$740.00	\$775.00	\$0.00
5	BRONZE	\$740.00	\$645.83	\$94.17
4.5	BRONZE	\$740.00	\$581.25	\$158.75
4	BRONZE	\$740.00	\$516.67	\$223.34
8	HDHP (for HSAs)	\$682.00	\$1,033.33	\$0.00
7.5	HDHP (for HSAs)	\$682.00	\$968.75	\$0.00
7	HDHP (for HSAs)	\$682.00	\$904.16	\$0.00
6.5	HDHP (for HSAs)	\$682.00	\$839.58	\$0.00
6	HDHP (for HSAs)	\$682.00	\$775.00	\$0.00
5	HDHP (for HSAs)	\$682.00	\$645.83	\$36.17
4.5	HDHP (for HSAs)	\$682.00	\$581.25	\$100.75
4	HDHP (for HSAs)	\$682.00	\$516.67	\$165.34
8	PPO 9B	\$1,080.00	\$1,033.33	\$46.67
7.5	PPO 9B	\$1,080.00	\$968.75	\$111.25
7	PPO 9B	\$1,080.00	\$904.16	\$175.84
6.5	PPO 9B	\$1,080.00	\$839.58	\$240.42
6	PPO 9B	\$1,080.00	\$775.00	\$305.00
5	PPO 9B	\$1,080.00	\$645.83	\$434.17
4.5	PPO 9B	\$1,080.00	\$581.25	\$498.75
4	PPO 9B	\$1,080.00	\$516.67	\$563.34
8	PPO 8B	\$1,205.00	\$1,033.33	\$171.67
7.5	PPO 8B	\$1,205.00	\$968.75	\$236.25
7	PPO 8B	\$1,205.00	\$904.16	\$300.84
6.5	PPO 8B	\$1,205.00	\$839.58	\$365.42
6	PPO 8B	\$1,205.00	\$775.00	\$430.00
5	PPO 8B	\$1,205.00	\$645.83	\$559.17
4.5	PPO 8B	\$1,205.00	\$581.25	\$623.75
4	PPO 8B	\$1,205.00	\$516.67	\$688.34

	Employee Only	Employee + Family
CVT DENTAL	\$88.43	\$88.43
CVT ORTHO	\$107.87	\$107.87
CVT VISION	\$7.65	\$20.17

11-month employees who receive a 'summer bucket' check should divide the total annual medical/dental/vision cost by 11 paychecks to determine actual monthly payroll deduction