

CVT Rates MGMT-SUPV-CONF
October 1, 2025 - September 30, 2026
Annual Cap: \$14,000

EMPLOYEE ONLY COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$682.00	\$1,166.67	\$0.00
8	BRONZE	\$740.00	\$1,166.67	\$0.00
8	HDHP 2 (HSA eligible)	\$813.00	\$1,166.67	\$0.00
8	PPO 9B	\$1,080.00	\$1,166.67	\$0.00
8	PPO 8B	\$1,205.00	\$1,166.67	\$38.33
8	PPO 6B	\$1,326.00	\$1,166.67	\$159.33
8	WELLNESS	\$1,339.00	\$1,166.67	\$172.33

EMPLOYEE + 1 COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$1,174.00	\$1,166.67	\$7.33
8	BRONZE	\$1,273.00	\$1,166.67	\$106.33
8	HDHP 2 (HSA eligible)	\$1,397.00	\$1,166.67	\$230.33
8	PPO 9B	\$1,857.00	\$1,166.67	\$690.33
8	PPO 8B	\$2,072.00	\$1,166.67	\$905.33
8	PPO 6B	\$2,281.00	\$1,166.67	\$1,114.33
8	WELLNESS	\$2,303.00	\$1,166.67	\$1,136.33

EMPLOYEE + FAMILY COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$1,482.00	\$1,166.67	\$315.33
8	BRONZE	\$1,606.00	\$1,166.67	\$439.33
8	HDHP 2 (HSA eligible)	\$1,762.00	\$1,166.67	\$595.33
8	PPO 9B	\$2,343.00	\$1,166.67	\$1,176.33
8	PPO 8B	\$2,614.00	\$1,166.67	\$1,447.33
8	PPO 6B	\$2,877.00	\$1,166.67	\$1,710.33
8	WELLNESS	\$2,905.00	\$1,166.67	\$1,738.33

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

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