

CVT Classified Retiree Rates
October 1, 2025 - September 30, 2026

RETIREE ONLY COVERAGE				Annual Cap: \$10,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$924.00	\$833.33	\$90.67
8	HDHP (HSA eligible)	\$854.00	\$833.33	\$20.67
8	PPO 9B	\$1,446.00	\$833.33	\$612.67
8	PPO 8B	\$1,610.00	\$833.33	\$776.67

Plus dental & vision

RETIREE + 1 COVERAGE				Annual Cap: \$12,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$1,590.00	\$1,000.00	\$590.00
8	HDHP (HSA eligible)	\$1,467.00	\$1,000.00	\$467.00
8	PPO 9B	\$2,487.00	\$1,000.00	\$1,487.00
8	PPO 8B	\$2,769.00	\$1,000.00	\$1,769.00

Plus dental & vision

RETIREE + FAMILY COVERAGE				Annual Cap: \$14,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$2,006.00	\$1,166.67	\$839.33
8	HDHP (HSA eligible)	\$1,852.00	\$1,166.67	\$685.33
8	PPO 9B	\$3,138.00	\$1,166.67	\$1,971.33
8	PPO 8B	\$3,494.00	\$1,166.67	\$2,327.33

Plus dental & vision

	Retiree Only	Retiree +1	Retiree + Family
CVT DENTAL	\$48.18	\$87.26	\$125.45
CVT ORTHO	\$47.08	\$92.00	\$165.61
CVT VISION	\$10.38	\$27.36	\$27.36