

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

EMPLOYEE + FAMILY COVERAGE *Annual Cap:*
\$14,000

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$1,606.00	\$1,166.67	\$439.33
7.5	BRONZE	\$1,606.00	\$1,093.75	\$512.25
7	BRONZE	\$1,606.00	\$1,020.83	\$585.17
6.5	BRONZE	\$1,606.00	\$947.92	\$658.08
6	BRONZE	\$1,606.00	\$875.00	\$731.00
5	BRONZE	\$1,606.00	\$729.17	\$876.83
4.5	BRONZE	\$1,606.00	\$656.25	\$949.75
4	BRONZE	\$1,606.00	\$583.33	\$1,022.67
8	HDHP (for HSAs)	\$1,482.00	\$1,166.67	\$315.33
7.5	HDHP (for HSAs)	\$1,482.00	\$1,093.75	\$388.25
7	HDHP (for HSAs)	\$1,482.00	\$1,020.83	\$461.17
6.5	HDHP (for HSAs)	\$1,482.00	\$947.92	\$534.08
6	HDHP (for HSAs)	\$1,482.00	\$875.00	\$607.00
5	HDHP (for HSAs)	\$1,482.00	\$729.17	\$752.83
4.5	HDHP (for HSAs)	\$1,482.00	\$656.25	\$825.75
4	HDHP (for HSAs)	\$1,482.00	\$583.33	\$898.67
8	PPO 9B	\$2,343.00	\$1,166.67	\$1,176.33
7.5	PPO 9B	\$2,343.00	\$1,093.75	\$1,249.25
7	PPO 9B	\$2,343.00	\$1,020.83	\$1,322.17
6.5	PPO 9B	\$2,343.00	\$947.92	\$1,395.08
6	PPO 9B	\$2,343.00	\$875.00	\$1,468.00
5	PPO 9B	\$2,343.00	\$729.17	\$1,613.83
4.5	PPO 9B	\$2,343.00	\$656.25	\$1,686.75
4	PPO 9B	\$2,343.00	\$583.33	\$1,759.67
8	PPO 8B	\$2,614.00	\$1,166.67	\$1,447.33
7.5	PPO 8B	\$2,614.00	\$1,093.75	\$1,520.25
7	PPO 8B	\$2,614.00	\$1,020.83	\$1,593.17
6.5	PPO 8B	\$2,614.00	\$947.92	\$1,666.08
6	PPO 8B	\$2,614.00	\$875.00	\$1,739.00
5	PPO 8B	\$2,614.00	\$729.17	\$1,884.83
4.5	PPO 8B	\$2,614.00	\$656.25	\$1,957.75
4	PPO 8B	\$2,614.00	\$583.33	\$2,030.67

	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