

**CVT Classified Rates**  
**October 1, 2025 - September 30, 2026**  
*Annual Cap: \$13,000*

**EMPLOYEE + 1 COVERAGE**

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$1,273.00	\$1,200.00	\$73.00
7.5	BRONZE	\$1,273.00	\$1,125.00	\$148.00
7	BRONZE	\$1,273.00	\$1,050.00	\$223.00
6.5	BRONZE	\$1,273.00	\$975.00	\$298.00
6	BRONZE	\$1,273.00	\$900.00	\$373.00
5	BRONZE	\$1,273.00	\$750.00	\$523.00
4.5	BRONZE	\$1,273.00	\$675.00	\$598.00
4	BRONZE	\$1,273.00	\$600.00	\$673.00
8	HDHP (for HSAs)	\$1,174.00	\$0.00	\$1,174.00
7.5	HDHP (for HSAs)	\$1,174.00	\$1,125.00	\$49.00
7	HDHP (for HSAs)	\$1,174.00	\$1,050.00	\$124.00
6.5	HDHP (for HSAs)	\$1,174.00	\$975.00	\$199.00
6	HDHP (for HSAs)	\$1,174.00	\$900.00	\$274.00
5	HDHP (for HSAs)	\$1,174.00	\$750.00	\$424.00
4.5	HDHP (for HSAs)	\$1,174.00	\$675.00	\$499.00
4	HDHP (for HSAs)	\$1,174.00	\$600.00	\$574.00
8	PPO 9B	\$1,857.00	\$1,200.00	\$657.00
7.5	PPO 9B	\$1,857.00	\$1,125.00	\$732.00
7	PPO 9B	\$1,857.00	\$1,050.00	\$807.00
6.5	PPO 9B	\$1,857.00	\$975.00	\$882.00
6	PPO 9B	\$1,857.00	\$900.00	\$957.00
5	PPO 9B	\$1,857.00	\$750.00	\$1,107.00
4.5	PPO 9B	\$1,857.00	\$675.00	\$1,182.00
4	PPO 9B	\$1,857.00	\$600.00	\$1,257.00
8	PPO 8B	\$2,072.00	\$1,200.00	\$872.00
7.5	PPO 8B	\$2,072.00	\$1,125.00	\$947.00
7	PPO 8B	\$2,072.00	\$1,050.00	\$1,022.00
6.5	PPO 8B	\$2,072.00	\$975.00	\$1,097.00
6	PPO 8B	\$2,072.00	\$900.00	\$1,172.00
5	PPO 8B	\$2,072.00	\$750.00	\$1,322.00
4.5	PPO 8B	\$2,072.00	\$675.00	\$1,397.00
4	PPO 8B	\$2,072.00	\$600.00	\$1,472.00

	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**