CVT RATES MGMT-SUPV-CONF

OCTOBER 1, 2026 - SEPTEMBER 30, 2027

Annual Cap: $16,000

EMPLOYEE ONLY COVERAGE						
DAILY HOURS	PLAN NAME	MEDICAL PREMIUM	DENTAL PREMIUM	VISION PREMIUM	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP **3** (HSA eligible)	$738.00	$94.25	$16.99	$1,333.33	**$0.00**
8	BRONZE	$799.00	$94.25	$16.99	$1,333.33	**$0.00**
8	HDHP **2** (HSA eligible)	$877.00	$94.25	$16.99	$1,333.33	**$0.00**
8	PPO 9B	$1,166.00	$94.25	$16.99	$1,333.33	**$0.00**
8	PPO 8B	$1,301.00	$94.25	$16.99	$1,333.33	**$78.91**
8	PPO 6B	$1,432.00	$94.25	$16.99	$1,333.33	**$209.91**
8	WELLNESS	$1,446.00	$94.25	$16.99	$1,333.33	**$223.91**

EMPLOYEE + 1 COVERAGE						
DAILY HOURS	PLAN NAME	MEDICAL PREMIUM	DENTAL PREMIUM	VISION PREMIUM	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP **3** (HSA eligible)	$1,268.00	$94.25	$16.99	$1,333.33	**$45.91**
8	BRONZE	$1,375.00	$94.25	$16.99	$1,333.33	**$152.91**
8	HDHP **2** (HSA eligible)	$1,509.00	$94.25	$16.99	$1,333.33	**$286.91**
8	PPO 9B	$2,006.00	$94.25	$16.99	$1,333.33	**$783.91**
8	PPO 8B	$2,238.00	$94.25	$16.99	$1,333.33	**$1,015.91**
8	PPO 6B	$2,463.00	$94.25	$16.99	$1,333.33	**$1,240.91**
8	WELLNESS	$2,487.00	$94.25	$16.99	$1,333.33	**$1,264.91**

EMPLOYEE + FAMILY COVERAGE						
DAILY HOURS	PLAN NAME	MEDICAL PREMIUM	DENTAL PREMIUM	VISION PREMIUM	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP **3** (HSA eligible)	$1,600.00	$94.25	$16.99	$1,333.33	**$377.91**
8	BRONZE	$1,735.00	$94.25	$16.99	$1,333.33	**$512.91**
8	HDHP **2** (HSA eligible)	$1,904.00	$94.25	$16.99	$1,333.33	**$681.91**
8	PPO 9B	$2,530.00	$94.25	$16.99	$1,333.33	**$1,307.91**
8	PPO 8B	$2,823.00	$94.25	$16.99	$1,333.33	**$1,600.91**
8	PPO 6B	$3,108.00	$94.25	$16.99	$1,333.33	**$1,885.91**
8	WELLNESS	$3,137.00	$94.25	$16.99	$1,333.33	**$1,914.91**

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