

CVT Classified Retiree Rates

July 1, 2026 - September 30, 2026

***\$1000 District Cap Increase Effective July 1, 2026**

RETIREE ONLY COVERAGE				Annual Cap: \$12,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$924.00	\$1,000.00	\$0.00
8	HDHP (HSA eligible)	\$854.00	\$1,000.00	\$0.00
8	PPO 9B	\$1,446.00	\$1,000.00	\$446.00
8	PPO 8B	\$1,610.00	\$1,000.00	\$610.00

RETIREE + 1 COVERAGE				Annual Cap: \$14,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$1,590.00	\$1,166.67	\$423.33
8	HDHP (HSA eligible)	\$1,467.00	\$1,166.67	\$300.33
8	PPO 9B	\$2,487.00	\$1,166.67	\$1,320.33
8	PPO 8B	\$2,769.00	\$1,166.67	\$1,602.33

RETIREE + FAMILY COVERAGE				Annual Cap: \$16,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$2,006.00	\$1,333.33	\$672.67
8	HDHP (HSA eligible)	\$1,852.00	\$1,333.33	\$518.67
8	PPO 9B	\$3,138.00	\$1,333.33	\$1,804.67
8	PPO 8B	\$3,494.00	\$1,333.33	\$2,160.67

	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

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RETIREE ONLY COVERAGE				Annual Cap: \$12,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	PPO 9B	\$1,446.00	\$1,000.00	\$446.00
8	PPO 8B	\$1,610.00	\$1,000.00	\$610.00

RETIREE + Spouse w/Medicare				Annual Cap: \$14,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	PPO 9B	\$2,028.00	\$1,166.67	\$861.33
8	PPO 8B	\$2,224.00	\$1,166.67	\$1,057.33

	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