

CVT Classified Retiree Rates

March 1, 2026 - June 30, 2026

***\$1000 District CAP Increase Effective March 1, 2026**

RETIREE ONLY COVERAGE				<i>Annual Cap: \$11,000</i>
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$924.00	\$1,083.33	\$0.00
8	HDHP (HSA eligible)	\$854.00	\$1,083.33	\$0.00
8	PPO 9B	\$1,446.00	\$1,083.33	\$362.67
8	PPO 8B	\$1,610.00	\$1,083.33	\$526.67

RETIREE + 1 COVERAGE				<i>Annual Cap: \$13,000</i>
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$1,590.00	\$1,250.00	\$340.00
8	HDHP (HSA eligible)	\$1,467.00	\$1,250.00	\$217.00
8	PPO 9B	\$2,487.00	\$1,250.00	\$1,237.00
8	PPO 8B	\$2,769.00	\$1,250.00	\$1,519.00

RETIREE + FAMILY COVERAGE				<i>Annual Cap: \$15,000</i>
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	BRONZE	\$2,006.00	\$1,416.67	\$589.33
8	HDHP (HSA eligible)	\$1,852.00	\$1,416.67	\$435.33
8	PPO 9B	\$3,138.00	\$1,416.67	\$1,721.33
8	PPO 8B	\$3,494.00	\$1,416.67	\$2,077.33

	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

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RETIREE ONLY COVERAGE				Annual Cap: \$11,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	PPO 9B	\$1,446.00	\$1,083.33	\$362.67
8	PPO 8B	\$1,610.00	\$1,083.33	\$526.67

RETIREE + Spouse w/Medicare				Annual Cap: \$13,000
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	RETIREE MONTHLY COST
8	PPO 9B	\$2,028.00	\$1,250.00	\$778.00
8	PPO 8B	\$2,224.00	\$1,250.00	\$974.00

	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