

CVT Rates MGMT-SUPV-CONF

February 1, 2026 - June 30, 2026

Annual Cap: \$15000

EMPLOYEE ONLY COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$682.00	\$1,366.67	\$0.00
8	BRONZE	\$740.00	\$1,366.67	\$0.00
8	HDHP 2 (HSA eligible)	\$813.00	\$1,366.67	\$0.00
8	PPO 9B	\$1,080.00	\$1,366.67	\$0.00
8	PPO 8B	\$1,205.00	\$1,366.67	\$0.00
8	PPO 6B	\$1,326.00	\$1,366.67	\$0.00
8	WELLNESS	\$1,339.00	\$1,366.67	\$0.00

EMPLOYEE + 1 COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$1,174.00	\$1,366.67	\$0.00
8	BRONZE	\$1,273.00	\$1,366.67	\$0.00
8	HDHP 2 (HSA eligible)	\$1,397.00	\$1,366.67	\$30.33
8	PPO 9B	\$1,857.00	\$1,366.67	\$490.33
8	PPO 8B	\$2,072.00	\$1,366.67	\$705.33
8	PPO 6B	\$2,281.00	\$1,366.67	\$914.33
8	WELLNESS	\$2,303.00	\$1,366.67	\$936.33

EMPLOYEE + FAMILY COVERAGE				
DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	HDHP 3 (HSA eligible)	\$1,482.00	\$1,366.67	\$115.33
8	BRONZE	\$1,606.00	\$1,366.67	\$239.33
8	HDHP 2 (HSA eligible)	\$1,762.00	\$1,366.67	\$395.33
8	PPO 9B	\$2,343.00	\$1,366.67	\$976.33
8	PPO 8B	\$2,614.00	\$1,366.67	\$1,247.33
8	PPO 6B	\$2,877.00	\$1,366.67	\$1,510.33
8	WELLNESS	\$2,905.00	\$1,366.67	\$1,538.33

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

COMPOSITE RATE	
CVT DENTAL	\$94.25
CVT VISION	\$16.99