

**CVT Classified Rates**  
**February 1, 2026 - June 30, 2026**  
*Annual Cap: \$15,000*

**EMPLOYEE + FAMILY COVERAGE**

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$1,606.00	\$1,366.67	\$239.33
7.5	BRONZE	\$1,606.00	\$1,281.25	\$324.75
7	BRONZE	\$1,606.00	\$1,195.84	\$410.16
6.5	BRONZE	\$1,606.00	\$1,110.42	\$495.58
6	BRONZE	\$1,606.00	\$1,025.00	\$581.00
5	BRONZE	\$1,606.00	\$854.17	\$751.83
4.5	BRONZE	\$1,606.00	\$768.75	\$837.25
4	BRONZE	\$1,606.00	\$683.34	\$922.67
8	HDHP (for HSAs)	\$1,482.00	\$1,366.67	\$115.33
7.5	HDHP (for HSAs)	\$1,482.00	\$1,281.25	\$200.75
7	HDHP (for HSAs)	\$1,482.00	\$1,195.84	\$286.16
6.5	HDHP (for HSAs)	\$1,482.00	\$1,110.42	\$371.58
6	HDHP (for HSAs)	\$1,482.00	\$1,025.00	\$457.00
5	HDHP (for HSAs)	\$1,482.00	\$854.17	\$627.83
4.5	HDHP (for HSAs)	\$1,482.00	\$768.75	\$713.25
4	HDHP (for HSAs)	\$1,482.00	\$683.34	\$798.67
8	PPO 9B	\$2,343.00	\$1,366.67	\$976.33
7.5	PPO 9B	\$2,343.00	\$1,281.25	\$1,061.75
7	PPO 9B	\$2,343.00	\$1,195.84	\$1,147.16
6.5	PPO 9B	\$2,343.00	\$1,110.42	\$1,232.58
6	PPO 9B	\$2,343.00	\$1,025.00	\$1,318.00
5	PPO 9B	\$2,343.00	\$854.17	\$1,488.83
4.5	PPO 9B	\$2,343.00	\$768.75	\$1,574.25
4	PPO 9B	\$2,343.00	\$683.34	\$1,659.67
8	PPO 8B	\$2,614.00	\$1,366.67	\$1,247.33
7.5	PPO 8B	\$2,614.00	\$1,281.25	\$1,332.75
7	PPO 8B	\$2,614.00	\$1,195.84	\$1,418.16
6.5	PPO 8B	\$2,614.00	\$1,110.42	\$1,503.58
6	PPO 8B	\$2,614.00	\$1,025.00	\$1,589.00
5	PPO 8B	\$2,614.00	\$854.17	\$1,759.83
4.5	PPO 8B	\$2,614.00	\$768.75	\$1,845.25
4	PPO 8B	\$2,614.00	\$683.34	\$1,930.67

	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**