

CVT Classified Rates
October 1, 2025 - September 30, 2026

EMPLOYEE ONLY COVERAGE *Annual Cap:*
\$10,000

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$740.00	\$833.33	\$0.00
7.5	BRONZE	\$740.00	\$781.25	\$0.00
7	BRONZE	\$740.00	\$729.17	\$10.83
6.5	BRONZE	\$740.00	\$677.08	\$62.92
6	BRONZE	\$740.00	\$625.00	\$115.00
5	BRONZE	\$740.00	\$520.83	\$219.17
4.5	BRONZE	\$740.00	\$468.75	\$271.25
4	BRONZE	\$740.00	\$416.67	\$323.33
8	HDHP (for HSAs)	\$682.00	\$833.33	\$0.00
7.5	HDHP (for HSAs)	\$682.00	\$781.25	\$0.00
7	HDHP (for HSAs)	\$682.00	\$729.17	\$0.00
6.5	HDHP (for HSAs)	\$682.00	\$677.08	\$4.92
6	HDHP (for HSAs)	\$682.00	\$625.00	\$57.00
5	HDHP (for HSAs)	\$682.00	\$520.83	\$161.17
4.5	HDHP (for HSAs)	\$682.00	\$468.75	\$213.25
4	HDHP (for HSAs)	\$682.00	\$416.67	\$265.33
8	PPO 9B	\$1,080.00	\$833.33	\$246.67
7.5	PPO 9B	\$1,080.00	\$781.25	\$298.75
7	PPO 9B	\$1,080.00	\$729.17	\$350.83
6.5	PPO 9B	\$1,080.00	\$677.08	\$402.92
6	PPO 9B	\$1,080.00	\$625.00	\$455.00
5	PPO 9B	\$1,080.00	\$520.83	\$559.17
4.5	PPO 9B	\$1,080.00	\$468.75	\$611.25
4	PPO 9B	\$1,080.00	\$416.67	\$663.33
8	PPO 8B	\$1,205.00	\$833.33	\$371.67
7.5	PPO 8B	\$1,205.00	\$781.25	\$423.75
7	PPO 8B	\$1,205.00	\$729.17	\$475.83
6.5	PPO 8B	\$1,205.00	\$677.08	\$527.92
6	PPO 8B	\$1,205.00	\$625.00	\$580.00
5	PPO 8B	\$1,205.00	\$520.83	\$684.17
4.5	PPO 8B	\$1,205.00	\$468.75	\$736.25
4	PPO 8B	\$1,205.00	\$416.67	\$788.33

	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