

**CVT Classified Rates**  
**October 1, 2024 - September 30, 2025**

**EMPLOYEE + 1 COVERAGE**      *Annual Cap:*  
**\$12,000**

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$1,138.00	\$1,000.00	\$138.00
7.5	BRONZE	\$1,138.00	\$937.50	\$200.50
7	BRONZE	\$1,138.00	\$875.00	\$263.00
6.5	BRONZE	\$1,138.00	\$812.50	\$325.50
6	BRONZE	\$1,138.00	\$750.00	\$388.00
5	BRONZE	\$1,138.00	\$625.00	\$513.00
4.5	BRONZE	\$1,138.00	\$562.50	\$575.50
4	BRONZE	\$1,138.00	\$500.00	\$638.00
8	HDHP (for HSAs)	\$1,050.00	\$1,000.00	\$50.00
7.5	HDHP (for HSAs)	\$1,050.00	\$937.50	\$112.50
7	HDHP (for HSAs)	\$1,050.00	\$875.00	\$175.00
6.5	HDHP (for HSAs)	\$1,050.00	\$812.50	\$237.50
6	HDHP (for HSAs)	\$1,050.00	\$750.00	\$300.00
5	HDHP (for HSAs)	\$1,050.00	\$625.00	\$425.00
4.5	HDHP (for HSAs)	\$1,050.00	\$562.50	\$487.50
4	HDHP (for HSAs)	\$1,050.00	\$500.00	\$550.00
8	PPO 9B	\$1,661.00	\$1,000.00	\$661.00
7.5	PPO 9B	\$1,661.00	\$937.50	\$723.50
7	PPO 9B	\$1,661.00	\$875.00	\$786.00
6.5	PPO 9B	\$1,661.00	\$812.50	\$848.50
6	PPO 9B	\$1,661.00	\$750.00	\$911.00
5	PPO 9B	\$1,661.00	\$625.00	\$1,036.00
4.5	PPO 9B	\$1,661.00	\$562.50	\$1,098.50
4	PPO 9B	\$1,661.00	\$500.00	\$1,161.00
8	PPO 8B	\$1,853.00	\$1,000.00	\$853.00
7.5	PPO 8B	\$1,853.00	\$937.50	\$915.50
7	PPO 8B	\$1,853.00	\$875.00	\$978.00
6.5	PPO 8B	\$1,853.00	\$812.50	\$1,040.50
6	PPO 8B	\$1,853.00	\$750.00	\$1,103.00
5	PPO 8B	\$1,853.00	\$625.00	\$1,228.00
4.5	PPO 8B	\$1,853.00	\$562.50	\$1,290.50
4	PPO 8B	\$1,853.00	\$500.00	\$1,353.00

	Employee Only	Employee + Family
CVT DENTAL	\$84.22	\$84.22
CVT ORTHO	\$102.74	\$102.74
CVT VISION	\$7.28	\$19.20

**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**