

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

EMPLOYEE + FAMILY COVERAGE **Annual Cap:**
\$14,000

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$1,436.00	\$1,166.67	\$269.33
7.5	BRONZE	\$1,436.00	\$1,093.75	\$342.25
7	BRONZE	\$1,436.00	\$1,020.83	\$415.17
6.5	BRONZE	\$1,436.00	\$947.92	\$488.08
6	BRONZE	\$1,436.00	\$875.00	\$561.00
5	BRONZE	\$1,436.00	\$729.17	\$706.83
4.5	BRONZE	\$1,436.00	\$656.25	\$779.75
4	BRONZE	\$1,436.00	\$583.33	\$852.67
8	HDHP (for HSAs)	\$1,325.00	\$1,166.67	\$158.33
7.5	HDHP (for HSAs)	\$1,325.00	\$1,093.75	\$231.25
7	HDHP (for HSAs)	\$1,325.00	\$1,020.83	\$304.17
6.5	HDHP (for HSAs)	\$1,325.00	\$947.92	\$377.08
6	HDHP (for HSAs)	\$1,325.00	\$875.00	\$450.00
5	HDHP (for HSAs)	\$1,325.00	\$729.17	\$595.83
4.5	HDHP (for HSAs)	\$1,325.00	\$656.25	\$668.75
4	HDHP (for HSAs)	\$1,325.00	\$583.33	\$741.67
8	PPO 9B	\$2,095.00	\$1,166.67	\$928.33
7.5	PPO 9B	\$2,095.00	\$1,093.75	\$1,001.25
7	PPO 9B	\$2,095.00	\$1,020.83	\$1,074.17
6.5	PPO 9B	\$2,095.00	\$947.92	\$1,147.08
6	PPO 9B	\$2,095.00	\$875.00	\$1,220.00
5	PPO 9B	\$2,095.00	\$729.17	\$1,365.83
4.5	PPO 9B	\$2,095.00	\$656.25	\$1,438.75
4	PPO 9B	\$2,095.00	\$583.33	\$1,511.67
8	PPO 8B	\$2,338.00	\$1,166.67	\$1,171.33
7.5	PPO 8B	\$2,338.00	\$1,093.75	\$1,244.25
7	PPO 8B	\$2,338.00	\$1,020.83	\$1,317.17
6.5	PPO 8B	\$2,338.00	\$947.92	\$1,390.08
6	PPO 8B	\$2,338.00	\$875.00	\$1,463.00
5	PPO 8B	\$2,338.00	\$729.17	\$1,608.83
4.5	PPO 8B	\$2,338.00	\$656.25	\$1,681.75
4	PPO 8B	\$2,338.00	\$583.33	\$1,754.67

	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