

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

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

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$662.00	\$833.33	\$0.00
7.5	BRONZE	\$662.00	\$781.25	\$0.00
7	BRONZE	\$662.00	\$729.17	\$0.00
6.5	BRONZE	\$662.00	\$677.08	\$0.00
6	BRONZE	\$662.00	\$625.00	\$37.00
5	BRONZE	\$662.00	\$520.83	\$141.17
4.5	BRONZE	\$662.00	\$468.75	\$193.25
4	BRONZE	\$662.00	\$416.67	\$245.33
8	HDHP (for HSAs)	\$610.00	\$833.33	\$0.00
7.5	HDHP (for HSAs)	\$610.00	\$781.25	\$0.00
7	HDHP (for HSAs)	\$610.00	\$729.17	\$0.00
6.5	HDHP (for HSAs)	\$610.00	\$677.08	\$0.00
6	HDHP (for HSAs)	\$610.00	\$625.00	\$0.00
5	HDHP (for HSAs)	\$610.00	\$520.83	\$89.17
4.5	HDHP (for HSAs)	\$610.00	\$468.75	\$141.25
4	HDHP (for HSAs)	\$610.00	\$416.67	\$193.33
8	PPO 9B	\$966.00	\$833.33	\$132.67
7.5	PPO 9B	\$966.00	\$781.25	\$184.75
7	PPO 9B	\$966.00	\$729.17	\$236.83
6.5	PPO 9B	\$966.00	\$677.08	\$288.92
6	PPO 9B	\$966.00	\$625.00	\$341.00
5	PPO 9B	\$966.00	\$520.83	\$445.17
4.5	PPO 9B	\$966.00	\$468.75	\$497.25
4	PPO 9B	\$966.00	\$416.67	\$549.33
8	PPO 8B	\$1,077.00	\$833.33	\$243.67
7.5	PPO 8B	\$1,077.00	\$781.25	\$295.75
7	PPO 8B	\$1,077.00	\$729.17	\$347.83
6.5	PPO 8B	\$1,077.00	\$677.08	\$399.92
6	PPO 8B	\$1,077.00	\$625.00	\$452.00
5	PPO 8B	\$1,077.00	\$520.83	\$556.17
4.5	PPO 8B	\$1,077.00	\$468.75	\$608.25
4	PPO 8B	\$1,077.00	\$416.67	\$660.33

	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