

**CVT Classified Rates**  
**January 1, 2024 - September 30, 2024**

*Annual Cap:*

*Hourly Cap:*

**EMPLOYEE + 1 COVERAGE**

**\$12,000**

**\$125.00**

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$1,082.00	\$1,000.00	\$82.00
7.5	BRONZE	\$1,082.00	\$937.50	\$144.50
7	BRONZE	\$1,082.00	\$875.00	\$207.00
6.5	BRONZE	\$1,082.00	\$812.50	\$269.50
6	BRONZE	\$1,082.00	\$750.00	\$332.00
5	BRONZE	\$1,082.00	\$625.00	\$457.00
4.5	BRONZE	\$1,082.00	\$562.50	\$519.50
4	BRONZE	\$1,082.00	\$500.00	\$582.00
8	HDHP (for HSAs)	\$1,115.00	\$1,000.00	\$115.00
7.5	HDHP (for HSAs)	\$1,115.00	\$937.50	\$177.50
7	HDHP (for HSAs)	\$1,115.00	\$875.00	\$240.00
6.5	HDHP (for HSAs)	\$1,115.00	\$812.50	\$302.50
6	HDHP (for HSAs)	\$1,115.00	\$750.00	\$365.00
5	HDHP (for HSAs)	\$1,115.00	\$625.00	\$490.00
4.5	HDHP (for HSAs)	\$1,115.00	\$562.50	\$552.50
4	HDHP (for HSAs)	\$1,115.00	\$500.00	\$615.00
8	PPO 9B	\$1,551.00	\$1,000.00	\$551.00
7.5	PPO 9B	\$1,551.00	\$937.50	\$613.50
7	PPO 9B	\$1,551.00	\$875.00	\$676.00
6.5	PPO 9B	\$1,551.00	\$812.50	\$738.50
6	PPO 9B	\$1,551.00	\$750.00	\$801.00
5	PPO 9B	\$1,551.00	\$625.00	\$926.00
4.5	PPO 9B	\$1,551.00	\$562.50	\$988.50
4	PPO 9B	\$1,551.00	\$500.00	\$1,051.00
8	PPO 8B	\$1,732.00	\$1,000.00	\$732.00
7.5	PPO 8B	\$1,732.00	\$937.50	\$794.50
7	PPO 8B	\$1,732.00	\$875.00	\$857.00
6.5	PPO 8B	\$1,732.00	\$812.50	\$919.50
6	PPO 8B	\$1,732.00	\$750.00	\$982.00
5	PPO 8B	\$1,732.00	\$625.00	\$1,107.00
4.5	PPO 8B	\$1,732.00	\$562.50	\$1,169.50
4	PPO 8B	\$1,732.00	\$500.00	\$1,232.00

	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**