

## CVT Classified Rates

January 1, 2024 - September 30, 2024

*Annual Cap:*

*Hourly cap:*

**EMPLOYEE + FAMILY COVERAGE**

**\$14,000**

\$145.83

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$1,364.00	\$1,166.67	\$197.33
7.5	BRONZE	\$1,364.00	\$1,093.75	\$270.25
7	BRONZE	\$1,364.00	\$1,020.83	\$343.17
6.5	BRONZE	\$1,364.00	\$947.92	\$416.08
6	BRONZE	\$1,364.00	\$875.00	\$489.00
5	BRONZE	\$1,364.00	\$729.17	\$634.83
4.5	BRONZE	\$1,364.00	\$656.25	\$707.75
4	BRONZE	\$1,364.00	\$583.33	\$780.67
8	HDHP (for HSAs)	\$1,408.00	\$1,166.67	\$241.33
7.5	HDHP (for HSAs)	\$1,408.00	\$1,093.75	\$314.25
7	HDHP (for HSAs)	\$1,408.00	\$1,020.83	\$387.17
6.5	HDHP (for HSAs)	\$1,408.00	\$947.92	\$460.08
6	HDHP (for HSAs)	\$1,408.00	\$875.00	\$533.00
5	HDHP (for HSAs)	\$1,408.00	\$729.17	\$678.83
4.5	HDHP (for HSAs)	\$1,408.00	\$656.25	\$751.75
4	HDHP (for HSAs)	\$1,408.00	\$583.33	\$824.67
8	PPO 9B	\$1,956.00	\$1,166.67	\$789.33
7.5	PPO 9B	\$1,956.00	\$1,093.75	\$862.25
7	PPO 9B	\$1,956.00	\$1,020.83	\$935.17
6.5	PPO 9B	\$1,956.00	\$947.92	\$1,008.08
6	PPO 9B	\$1,956.00	\$875.00	\$1,081.00
5	PPO 9B	\$1,956.00	\$729.17	\$1,226.83
4.5	PPO 9B	\$1,956.00	\$656.25	\$1,299.75
4	PPO 9B	\$1,956.00	\$583.33	\$1,372.67
8	PPO 8B	\$2,184.00	\$1,166.67	\$1,017.33
7.5	PPO 8B	\$2,184.00	\$1,093.75	\$1,090.25
7	PPO 8B	\$2,184.00	\$1,020.83	\$1,163.17
6.5	PPO 8B	\$2,184.00	\$947.92	\$1,236.08
6	PPO 8B	\$2,184.00	\$875.00	\$1,309.00
5	PPO 8B	\$2,184.00	\$729.17	\$1,454.83
4.5	PPO 8B	\$2,184.00	\$656.25	\$1,527.75
4	PPO 8B	\$2,184.00	\$583.33	\$1,600.67

	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**