

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

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

Hourly Cap:
\$104.17

DAILY HOURS	PLAN NAME	MONTHLY COST	DISTRICT MONTHLY CAP	EMPLOYEE MONTHLY COST
8	BRONZE	\$629.00	\$833.33	\$0.00
7.5	BRONZE	\$629.00	\$781.25	\$0.00
7	BRONZE	\$629.00	\$729.17	\$0.00
6.5	BRONZE	\$629.00	\$677.08	\$0.00
6	BRONZE	\$629.00	\$625.00	\$4.00
5	BRONZE	\$629.00	\$520.83	\$108.17
4.5	BRONZE	\$629.00	\$468.75	\$160.25
4	BRONZE	\$629.00	\$416.67	\$212.33
8	HDHP (for HSAs)	\$649.00	\$833.33	\$0.00
7.5	HDHP (for HSAs)	\$649.00	\$781.25	\$0.00
7	HDHP (for HSAs)	\$649.00	\$729.17	\$0.00
6.5	HDHP (for HSAs)	\$649.00	\$677.08	\$0.00
6	HDHP (for HSAs)	\$649.00	\$625.00	\$24.00
5	HDHP (for HSAs)	\$649.00	\$520.83	\$128.17
4.5	HDHP (for HSAs)	\$649.00	\$468.75	\$180.25
4	HDHP (for HSAs)	\$649.00	\$416.67	\$232.33
8	PPO 9B	\$902.00	\$833.33	\$68.67
7.5	PPO 9B	\$902.00	\$781.25	\$120.75
7	PPO 9B	\$902.00	\$729.17	\$172.83
6.5	PPO 9B	\$902.00	\$677.08	\$224.92
6	PPO 9B	\$902.00	\$625.00	\$277.00
5	PPO 9B	\$902.00	\$520.83	\$381.17
4.5	PPO 9B	\$902.00	\$468.75	\$433.25
4	PPO 9B	\$902.00	\$416.67	\$485.33
8	PPO 8B	\$1,007.00	\$833.33	\$173.67
7.5	PPO 8B	\$1,007.00	\$781.25	\$225.75
7	PPO 8B	\$1,007.00	\$729.17	\$277.83
6.5	PPO 8B	\$1,007.00	\$677.08	\$329.92
6	PPO 8B	\$1,007.00	\$625.00	\$382.00
5	PPO 8B	\$1,007.00	\$520.83	\$486.17
4.5	PPO 8B	\$1,007.00	\$468.75	\$538.25
4	PPO 8B	\$1,007.00	\$416.67	\$590.33

	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