

CVT Classified Rates

FY 2023-2024 H&W CALCULATION

Annual District Cap \$20,000 Effective 10/01/2023

CLASSIFIED	Plan Type	Brief Description of Coverage, for more details please see accompanying CVT booklet					
		Semi-Monthly	Deductible	Primary Care Visit Co-Pay	Hospital Stay	Prescription Drugs (Retail)	Additional Details
		PREMIUM RATE					
CVT BRONZE MONTHLY	PPO	\$0	\$5,000 Individual, \$10,000 Family	\$60 Copay or 70% after Deductible	70% after Deductible	\$25 Generic/\$50 Brand, after Deductible	
HMO 1	HMO	\$220.63	\$1,400 Individual	90% after Deductible	90% after Deductible	90% after Deductible	
KAISER	HMO	\$0	\$0	\$10 Copay	100%	\$5 Generic, \$10 Brand	Only available to employees who live within Kaiser Service Area
1A	PPO	\$ 246.63	\$0	\$10 Copay	100%	\$5 Generic, \$22 Brand	
2A	PPO	\$ 197.63	\$0	\$20 Copay	100% after Deductible	\$5 Generic, \$22 Brand	
3A	PPO	\$ 168.63	\$100 Individual, \$200 Family	\$20 Copay	100% after Deductible	\$5 Generic, \$22 Brand	
7A	PPO	\$ 53.13	\$500 Individual, \$1,000 Family	\$30	80% after Deductible	\$5 Generic, \$22 Brand	

Please Note: Rates are subject to change July 2024 due to Dental/Vision Rate Renewal