CVT Classified Rates

FY 2025-2026 H&W CALCULATION
Annual District Cap $21,000 Effective 10/01/2025

CLASSIFIED	Plan Type	Semi-Monthly PREMIUM RATE	Brief Description of Coverage, for more details please see accompanying CVT booklet				
			Deductible	Primary Care Visit Co-Pay	Hospital Stay	Prescription Drugs (Retail)	Additional Details
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	$452.16	$1,400 Individual	90% after Deductible	90% after Deductible	90% after Deductible	
KAISER	HMO	$69.35	$0	$10 Copay	100%	$5 Generic, $10 Brand	Only available to employees who live within Kaiser Service Area
1A	PPO	$ 310.16	$0	$10 Copay	100%	$5 Generic, $22 Brand	
2A	PPO	$ 256.66	$0	$20 Copay	100% after Deductible	$5 Generic, $22 Brand	
3A	PPO	$ 224.66	$100 Individual, $200 Family	$20 Copay	100% after Deductible	$5 Generic, $22 Brand	
7A	PPO	$ 98.16	$250 Individual, $500 Family	$30	80% after Deductible	$5 Generic, $22 Brand	

Please Note: Rates are subject to change July 2026 due to Dental/Vision Rate Renewal