

# CVT Faculty Rates

FY 2025-2026 H&W CALCULATION

Annual District Cap \$21,000 Effective 10/1/2025

FACULTY	Plan Type	Brief Description of Coverage, for more details please see accompanying CVT booklet					
		10thly	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	
KAISER w/Chiro	HMO	\$132.44	\$0	\$10 Copay	100%	\$5 Generic, \$10 Brand	Only available to employees who live within Kaiser Service Area
2D	PPO	\$742.17	\$0	\$20 Copay	100%	\$10 Generic, \$40 Preferred, \$100 Non- Preferred	
3C	PPO	\$734.37	\$100 Individual, \$200 Family	\$20 Copay	100% after Deductible	\$7 Generic, \$25 Preferred, \$40 Non- Preferred	
5A	PPO	\$644.07	\$100 Individual, \$200 Family	\$30 Copay	90% after Deductible	\$5 Generic, \$22 Brand	
7D	PPO	\$327.57	\$250 Individual, \$500 Family	\$30 Copay	80% after Deductible	\$10 Generic, \$40 Preferred, \$100 Non- Preferred	

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