

CVT Management Rates

FY 2025-2026 H&W CALCULATION

Annual District Cap

\$21,000 Effective October 1, 2025

MANAGEMENT	Plan Type			Brief Description of Coverage, for more details please see accompanying CVT booklet				Additional Details
		Monthly	Semi-	Deductible	Primary Care Visit Co-Pay	Hospital Stay	Prescription Drugs (Retail)	
		PREMIUM RATE	PREMIUM RATE					
CVT BRONZE MONTHLY	PPO	\$0	\$0	\$5,000 Individual, \$10,000 Family	\$60 Copay or 70% after Deductible	70% after Deductible	\$25 Generic/\$50 Brand, after Deductible	
KAISER	HMO	\$ 160.70	\$ 80.35	\$0	\$10 Copay	100%	\$5 Generic, \$10 Brand	Only available to employees who live within Kaiser Service Area
2A	PPO	\$ 342.31	\$ 171.16	\$0	\$20 Copay	100%	\$5 Generic, \$22 Brand	
3A	PPO	\$ 285.31	\$ 142.66	\$100 Individual, \$200 Family	\$20 Copay	100% after Deductible	\$5 Generic, \$22 Brand	
4A	PPO	\$ 212.31	\$ 106.16	\$100 Individual, \$200 Family	\$20 Copay	90% after Deductible	\$5 Generic, \$22 Brand	
7C	PPO	\$ 24.31	\$ 12.16	\$250 Individual, \$500 Family	\$30 Copay	80% after Deductible	\$7 Generic, \$25 Preferred, \$40 Non-Preferred	
WELL - 1	PPO	\$ 79.31	\$ 39.66	\$500 Individual, \$1,000 Family	90% after Deductible	90% after Deductible	\$7 Generic, \$25 Preferred, \$40 Non-Preferred	

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