

CVT Classified Rates

FY 2026-2027 H&W CALCULATION

Dental and Vision Inclusive of Increased Premiums Effective July 1, 2026
Annual District Cap \$21,000 Effective October 1, 2025

RATE SHEET IS EFFECTIVE AS OF OCTOBER 1, 2026

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	\$0.00	\$5,000 Individual, \$10,000 Family	\$60 Copay or 70% after Deductible	70% after Deductible	\$25 Generic/\$50 Brand, after Deductible	
HMO Access+ 1B	HMO	\$575.27	\$0	\$10 Copay	100%	\$7 Generic, \$15 Brand,	
KAISER	HMO	\$128.47	\$0	\$10 Copay	100%	\$5 Generic, \$10 Brand	Only available to employees who live within Kaiser Service Area
1A	PPO	\$373.27	\$0	\$10 Copay	100%	\$5 Generic, \$22 Brand	
2A	PPO	\$316.77	\$0	\$20 Copay	100% after Deductible	\$5 Generic, \$22 Brand	
3A	PPO	\$283.77	\$100 Individual, \$200 Family	\$20 Copay	100% after Deductible	\$5 Generic, \$22 Brand	
7A	PPO	\$150.27	\$300 Individual, \$600 Family	\$30	80% after Deductible	\$5 Generic, \$22 Brand	

Please Note: Rates are subject to change July 2027 due to Dental/Vision Rate Renewal
The employee contribution amounts shown may change based on the final District contribution (Cap) established through collective bargaining negotiations.