

CVT Faculty Rates

FY 2026-2027 H&W CALCULATION

Dental and Vision Inclusive of Increased Premiums Effective July 1, 2026

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

RATE SHEET IS EFFECTIVE AS OF OCTOBER 1, 2026

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	\$277.12	\$0	\$10 Copay	100%	\$5 Generic, \$10 Brand	Only available to employees who live within Kaiser Service Area
2D	PPO	\$888.65	\$0	\$20 Copay	100%	\$10 Generic, \$40 Preferred, \$100 Non- Preferred	
3C	PPO	\$881.15	\$100 Individual, \$200 Family	\$20 Copay	100% after Deductible	\$7 Generic, \$25 Preferred, \$40 Non- Preferred	
5A	PPO	\$785.45	\$200 Individual, \$400 Family	\$30 Copay	90% after Deductible	\$5 Generic, \$22 Brand	
7D	PPO	\$452.15	\$300 Individual, \$600 Family	\$30 Copay	80% after Deductible	\$10 Generic, \$40 Preferred, \$100 Non- Preferred	

Please Note: Rates are subject to change July 2027 due to Dental/Vision Rate Renewal