CVT Management 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

MANAGEMENT	Plan Type	Monthly PREMIUM RATE	Semi- 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	**$0.00**	**$0.00**	$5,000 Individual, $10,000 Family	$60 Copay or 70% after Deductible	70% after Deductible	$25 Generic/$50 Brand, after Deductible	
KAISER	HMO	**$280.93**	**$140.47**	$0	$10 Copay	100%	$5 Generic, $10 Brand	Only available to employees who live within Kaiser Service Area
2A	PPO	**$454.54**	**$227.27**	$0	$20 Copay	100%	$5 Generic, $22 Brand	
3A	PPO	**$394.54**	**$197.27**	$100 Individual, $200 Family	$20 Copay	100% after Deductible	$5 Generic, $22 Brand	
4A	PPO	**$317.54**	**$158.77**	$150 Individual, $300 Family	$20 Copay	90% after Deductible	$5 Generic, $22 Brand	
7C	PPO	**$120.54**	**$60.27**	$300 Individual, $600 Family	$30 Copay	80% after Deductible	$7 Generic, $25 Preferred, $40 Non-Preferred	
WELL - 1	PPO	**$177.54**	**$88.77**	$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 2027 due to Dental/Vision Rate Renewal