

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 JULY 1, 2026

MANAGEMENT	Plan Type			Brief Description of Coverage, for more details please see accompanying CVT booklet				
		Monthly	Semi-	Deductible	Primary Care Visit Co-Pay	Hospital Stay	Prescription Drugs (Retail)	
		PREMIUM RATE	PREMIUM RATE					
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	\$174.93	\$87.47	\$0	\$10 Copay	100%	\$5 Generic, \$10 Brand	Only available to employees who live within Kaiser Service Area
2A	PPO	\$356.54	\$178.27	\$0	\$20 Copay	100%	\$5 Generic, \$22 Brand	
3A	PPO	\$299.54	\$149.77	\$100 Individual, \$200 Family	\$20 Copay	100% after Deductible	\$5 Generic, \$22 Brand	
4A	PPO	\$226.54	\$113.27	\$100 Individual, \$200 Family	\$20 Copay	90% after Deductible	\$5 Generic, \$22 Brand	
7C	PPO	\$38.54	\$19.27	\$250 Individual, \$500 Family	\$30 Copay	80% after Deductible	\$7 Generic, \$25 Preferred, \$40 Non-Preferred	
WELL - 1	PPO	\$93.54	\$46.77	\$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