



2026-27 Plan Rates Effective: October 1, 2026-September 30, 2027

RATES SHOWN BELOW ARE BEFORE EMPLOYER CONTRIBUTION

CVT Health Plans

Three Tier Rates

Anthem PPO Plan 1, Rx Plan A	Employee	Empl +1	Family
Deductible \$0			
Copay \$10 Rx \$5/\$22	\$1,866.00	\$3,206.00	\$4,049.00
Annual Out of Pocket \$1,500/\$3,000 (Empl/Family)			
Anthem PPO Plan 4, Rx Plan A	Employee	Empl +1	Family
Deductible \$150/\$300 (Empl/Family)			
Copay \$20 Rx \$5/\$22	\$1,655.00	\$2,847.00	\$3,592.00
Annual Out of Pocket \$2,500/\$5,000 (Empl/Family)			
Anthem PPO Plan 6, Rx Plan A	Employee	Empl +1	Family
Deductible \$250/\$500 (Empl/Family)			
Copay \$20 Rx \$5/\$22	\$1,525.00	\$2,623.00	\$3,309.00
Annual Out of Pocket \$3,500/\$7,000 (Empl/Family)			
Anthem PPO Plan 8, Rx Plan C	Employee	Empl +1	Family
Deductible \$500/\$1,000 (Empl/Family)			
Copay \$30 Rx \$7/\$25/\$40	\$1,354.00	\$2,330.00	\$2,939.00
Annual Out of Pocket \$4,500/\$9,000 (Empl/Family)			
Anthem PPO Bronze Plan	Employee	Empl +1	Family
Deductible \$5,000/\$10,000 (Empl/Family)			
Copay \$60 Rx \$25/\$50	\$839.00	\$1,444.00	\$1,822.00
Annual Out of Pocket \$7,000/\$14,000 (Empl/Family)			
Anthem PPO HDHP 2	Employee	Empl +1	Family
Deductible \$2,600/\$5,200 (Empl/Family)			
Copay N/A Rx \$25/\$50	\$921.00	\$1,584.00	\$1,997.00
Annual Out of Pocket \$6,000/\$12,000 (Empl/Family)			
Anthem Wellness PPO Plan, Rx C	Employee	Empl +1	Family
Deductible \$500(Empl)/\$1,000(Empl/Family)			
Copay \$20/\$40 Rx \$7/\$25/\$40	\$1,537.00	\$2,643.00	\$3,334.00
Annual Out of Pocket \$1,750/\$3,500(Empl/Family)			
Kaiser HMO Plan 1	Employee	Empl +1	Family
Deductible \$0			
Copay \$10 Rx \$5-\$20	\$1,437.00	\$2,471.00	\$3,116.00
Annual Out of Pocket \$1,500/\$3,000(Empl/Family)			
Kaiser HMO Plan 3	Employee	Empl +1	Family
Deductible \$0			
Copay \$20 Rx \$10-\$40	\$1,401.00	\$2,407.00	\$3,035.00
Annual Out of Pocket \$1,500/\$3,000(Empl/Family)			
Kaiser HMO Plan 4	Employee	Empl +1	Family
Deductible \$0			
Copay \$30 Rx \$10-\$40	\$1,374.00	\$2,362.00	\$2,979.00
Annual Out of Pocket \$1,500/\$3,000(Empl/Family)			
Kaiser HMO Plan 7	Employee	Empl +1	Family
Deductible \$0			
Copay \$35 Rx \$10-\$60	\$1,324.00	\$2,274.00	\$2,869.00
Annual Out of Pocket \$1,500/\$3,000(Empl/Family)			
Kaiser Wellness HMO Plan	Employee	Empl +1	Family
Deductible \$0			
Copay \$20/\$40 Rx \$10-\$50	\$1,165.00	\$2,002.00	\$2,525.00
Annual Out of Pocket \$1,500/\$3,000(Empl/Family)			
Opt-Out Premium	\$630.00		

*See full matrix for detailed plan information