

# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 1B

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |          |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|----------|
|  |        |        |                               |          |        |           | District                  | Payroll Deduction |         | Pro-rated                 | Payroll Deduction |          |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Cap (100%)                | Annual            | Monthly | Cap (90%)                 | Annual            | Monthly  |
| Employee Only  | Emp    | Emp    | 12,108.00                     | 700.68   | 91.80  | 12,900.48 | \$9,127.00                | 3,773.48          | 377.35  | 8,214.30                  | 4,686.18          | 468.62   |
| Employee Only  | Emp+1  | Emp+1  | 12,108.00                     | 1,296.12 | 170.52 | 13,574.64 | \$9,127.00                | 4,447.64          | 444.76  | 8,214.30                  | 5,360.34          | 536.03   |
| Employee Only  | Family | Family | 12,108.00                     | 1,996.32 | 262.56 | 14,366.88 | \$9,127.00                | 5,239.88          | 523.99  | 8,214.30                  | 6,152.58          | 615.26   |
| Employee+1 Dependent   | Emp    | Emp    | 20,820.00                     | 700.68   | 91.80  | 21,612.48 | \$15,020.00               | 6,592.48          | 659.25  | 13,518.00                 | 8,094.48          | 809.45   |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 20,820.00                     | 1,296.12 | 170.52 | 22,286.64 | \$15,020.00               | 7,266.64          | 726.66  | 13,518.00                 | 8,768.64          | 876.86   |
| Employee+1 Dependent   | Family | Family | 20,820.00                     | 1,996.32 | 262.56 | 23,078.88 | \$15,020.00               | 8,058.88          | 805.89  | 13,518.00                 | 9,560.88          | 956.09   |
| Family Coverage  | Emp    | Emp    | 26,268.00                     | 700.68   | 91.80  | 27,060.48 | \$19,127.00               | 7,933.48          | 793.35  | 17,214.30                 | 9,846.18          | 984.62   |
| Family Coverage  | Emp+1  | Emp+1  | 26,268.00                     | 1,296.12 | 170.52 | 27,734.64 | \$19,127.00               | 8,607.64          | 860.76  | 17,214.30                 | 10,520.34         | 1,052.03 |
| Family Coverage  | Family | Family | 26,268.00                     | 1,996.32 | 262.56 | 28,526.88 | \$19,127.00               | 9,399.88          | 939.99  | 17,214.30                 | 11,312.58         | 1,131.26 |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |          | 0.75 FTE PAYROLL DEDUCTION |                   |          | 0.60 FTE PAYROLL DEDUCTION |                   |          | 0.50 FTE PAYROLL DEDUCTION |                   |          |
|--|--------|--------|---------------------------|-------------------|----------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|
|  |        |        | Pro-rated                 | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          |
| Medical  | Dental | Vision | Cap (80%)                 | Annual            | Monthly  | Cap (75%)                  | Annual            | Monthly  | Cap (60%)                  | Annual            | Monthly  | Cap (50%)                  | Annual            | Monthly  |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 5,598.88          | 559.89   | 6,845.25                   | 6,055.23          | 605.52   | 5,476.20                   | 7,424.28          | 742.43   | 4,563.50                   | 8,336.98          | 833.70   |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 6,273.04          | 627.30   | 6,845.25                   | 6,729.39          | 672.94   | 5,476.20                   | 8,098.44          | 809.84   | 4,563.50                   | 9,011.14          | 901.11   |
| Employee Only  | Family | Family | 7,301.60                  | 7,065.28          | 706.53   | 6,845.25                   | 7,521.63          | 752.16   | 5,476.20                   | 8,890.68          | 889.07   | 4,563.50                   | 9,803.38          | 980.34   |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 9,596.48          | 959.65   | 11,265.00                  | 10,347.48         | 1,034.75 | 9,012.00                   | 12,600.48         | 1,260.05 | 7,510.00                   | 14,102.48         | 1,410.25 |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 10,270.64         | 1,027.06 | 11,265.00                  | 11,021.64         | 1,102.16 | 9,012.00                   | 13,274.64         | 1,327.46 | 7,510.00                   | 14,776.64         | 1,477.66 |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 11,062.88         | 1,106.29 | 11,265.00                  | 11,813.88         | 1,181.39 | 9,012.00                   | 14,066.88         | 1,406.69 | 7,510.00                   | 15,568.88         | 1,556.89 |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 11,758.88         | 1,175.89 | 14,345.25                  | 12,715.23         | 1,271.52 | 11,476.20                  | 15,584.28         | 1,558.43 | 9,563.50                   | 17,496.98         | 1,749.70 |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 12,433.04         | 1,243.30 | 14,345.25                  | 13,389.39         | 1,338.94 | 11,476.20                  | 16,258.44         | 1,625.84 | 9,563.50                   | 18,171.14         | 1,817.11 |
| Family Coverage  | Family | Family | 15,301.60                 | 13,225.28         | 1,322.53 | 14,345.25                  | 14,181.63         | 1,418.16 | 11,476.20                  | 17,050.68         | 1,705.07 | 9,563.50                   | 18,963.38         | 1,896.34 |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 3B

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District                  | Payroll Deduction |         | Pro-rated                 | Payroll Deduction |         |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Cap (100%)                | Annual            | Monthly | Cap (90%)                 | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 11,184.00                     | 700.68   | 91.80  | 11,976.48 | \$9,127.00                | 2,849.48          | 284.95  | 8,214.30                  | 3,762.18          | 376.22  |
| Employee Only  | Emp+1  | Emp+1  | 11,184.00                     | 1,296.12 | 170.52 | 12,650.64 | \$9,127.00                | 3,523.64          | 352.36  | 8,214.30                  | 4,436.34          | 443.63  |
| Employee Only  | Family | Family | 11,184.00                     | 1,996.32 | 262.56 | 13,442.88 | \$9,127.00                | 4,315.88          | 431.59  | 8,214.30                  | 5,228.58          | 522.86  |
| Employee+1 Dependent   | Emp    | Emp    | 19,224.00                     | 700.68   | 91.80  | 20,016.48 | \$15,020.00               | 4,996.48          | 499.65  | 13,518.00                 | 6,498.48          | 649.85  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 19,224.00                     | 1,296.12 | 170.52 | 20,690.64 | \$15,020.00               | 5,670.64          | 567.06  | 13,518.00                 | 7,172.64          | 717.26  |
| Employee+1 Dependent   | Family | Family | 19,224.00                     | 1,996.32 | 262.56 | 21,482.88 | \$15,020.00               | 6,462.88          | 646.29  | 13,518.00                 | 7,964.88          | 796.49  |
| Family Coverage  | Emp    | Emp    | 24,252.00                     | 700.68   | 91.80  | 25,044.48 | \$19,127.00               | 5,917.48          | 591.75  | 17,214.30                 | 7,830.18          | 783.02  |
| Family Coverage  | Emp+1  | Emp+1  | 24,252.00                     | 1,296.12 | 170.52 | 25,718.64 | \$19,127.00               | 6,591.64          | 659.16  | 17,214.30                 | 8,504.34          | 850.43  |
| Family Coverage  | Family | Family | 24,252.00                     | 1,996.32 | 262.56 | 26,510.88 | \$19,127.00               | 7,383.88          | 738.39  | 17,214.30                 | 9,296.58          | 929.66  |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |          | 0.75 FTE PAYROLL DEDUCTION |                   |          | 0.60 FTE PAYROLL DEDUCTION |                   |          | 0.50 FTE PAYROLL DEDUCTION |                   |          |
|--|--------|--------|---------------------------|-------------------|----------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|
|  |        |        | Pro-rated                 | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          |
| Medical  | Dental | Vision | Cap (80%)                 | Annual            | Monthly  | Cap (75%)                  | Annual            | Monthly  | Cap (60%)                  | Annual            | Monthly  | Cap (50%)                  | Annual            | Monthly  |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 4,674.88          | 467.49   | 6,845.25                   | 5,131.23          | 513.12   | 5,476.20                   | 6,500.28          | 650.03   | 4,563.50                   | 7,412.98          | 741.30   |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 5,349.04          | 534.90   | 6,845.25                   | 5,805.39          | 580.54   | 5,476.20                   | 7,174.44          | 717.44   | 4,563.50                   | 8,087.14          | 808.71   |
| Employee Only  | Family | Family | 7,301.60                  | 6,141.28          | 614.13   | 6,845.25                   | 6,597.63          | 659.76   | 5,476.20                   | 7,966.68          | 796.67   | 4,563.50                   | 8,879.38          | 887.94   |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 8,000.48          | 800.05   | 11,265.00                  | 8,751.48          | 875.15   | 9,012.00                   | 11,004.48         | 1,100.45 | 7,510.00                   | 12,506.48         | 1,250.65 |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 8,674.64          | 867.46   | 11,265.00                  | 9,425.64          | 942.56   | 9,012.00                   | 11,678.64         | 1,167.86 | 7,510.00                   | 13,180.64         | 1,318.06 |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 9,466.88          | 946.69   | 11,265.00                  | 10,217.88         | 1,021.79 | 9,012.00                   | 12,470.88         | 1,247.09 | 7,510.00                   | 13,972.88         | 1,397.29 |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 9,742.88          | 974.29   | 14,345.25                  | 10,699.23         | 1,069.92 | 11,476.20                  | 13,568.28         | 1,356.83 | 9,563.50                   | 15,480.98         | 1,548.10 |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 10,417.04         | 1,041.70 | 14,345.25                  | 11,373.39         | 1,137.34 | 11,476.20                  | 14,242.44         | 1,424.24 | 9,563.50                   | 16,155.14         | 1,615.51 |
| Family Coverage  | Family | Family | 15,301.60                 | 11,209.28         | 1,120.93 | 14,345.25                  | 12,165.63         | 1,216.56 | 11,476.20                  | 15,034.68         | 1,503.47 | 9,563.50                   | 16,947.38         | 1,694.74 |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 5B

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District                  | Payroll Deduction |         | Pro-rated                 | Payroll Deduction |         |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Cap (100%)                | Annual            | Monthly | Cap (90%)                 | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 10,632.00                     | 700.68   | 91.80  | 11,424.48 | \$9,127.00                | 2,297.48          | 229.75  | 8,214.30                  | 3,210.18          | 321.02  |
| Employee Only  | Emp+1  | Emp+1  | 10,632.00                     | 1,296.12 | 170.52 | 12,098.64 | \$9,127.00                | 2,971.64          | 297.16  | 8,214.30                  | 3,884.34          | 388.43  |
| Employee Only  | Family | Family | 10,632.00                     | 1,996.32 | 262.56 | 12,890.88 | \$9,127.00                | 3,763.88          | 376.39  | 8,214.30                  | 4,676.58          | 467.66  |
| Employee+1 Dependent   | Emp    | Emp    | 18,276.00                     | 700.68   | 91.80  | 19,068.48 | \$15,020.00               | 4,048.48          | 404.85  | 13,518.00                 | 5,550.48          | 555.05  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 18,276.00                     | 1,296.12 | 170.52 | 19,742.64 | \$15,020.00               | 4,722.64          | 472.26  | 13,518.00                 | 6,224.64          | 622.46  |
| Employee+1 Dependent   | Family | Family | 18,276.00                     | 1,996.32 | 262.56 | 20,534.88 | \$15,020.00               | 5,514.88          | 551.49  | 13,518.00                 | 7,016.88          | 701.69  |
| Family Coverage  | Emp    | Emp    | 23,064.00                     | 700.68   | 91.80  | 23,856.48 | \$19,127.00               | 4,729.48          | 472.95  | 17,214.30                 | 6,642.18          | 664.22  |
| Family Coverage  | Emp+1  | Emp+1  | 23,064.00                     | 1,296.12 | 170.52 | 24,530.64 | \$19,127.00               | 5,403.64          | 540.36  | 17,214.30                 | 7,316.34          | 731.63  |
| Family Coverage  | Family | Family | 23,064.00                     | 1,996.32 | 262.56 | 25,322.88 | \$19,127.00               | 6,195.88          | 619.59  | 17,214.30                 | 8,108.58          | 810.86  |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |          | 0.75 FTE PAYROLL DEDUCTION |                   |          | 0.60 FTE PAYROLL DEDUCTION |                   |          | 0.50 FTE PAYROLL DEDUCTION |                   |          |
|--|--------|--------|---------------------------|-------------------|----------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|
|  |        |        | Pro-rated                 | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          |
| Medical  | Dental | Vision | Cap (80%)                 | Annual            | Monthly  | Cap (75%)                  | Annual            | Monthly  | Cap (60%)                  | Annual            | Monthly  | Cap (50%)                  | Annual            | Monthly  |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 4,122.88          | 412.29   | 6,845.25                   | 4,579.23          | 457.92   | 5,476.20                   | 5,948.28          | 594.83   | 4,563.50                   | 6,860.98          | 686.10   |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 4,797.04          | 479.70   | 6,845.25                   | 5,253.39          | 525.34   | 5,476.20                   | 6,622.44          | 662.24   | 4,563.50                   | 7,535.14          | 753.51   |
| Employee Only  | Family | Family | 7,301.60                  | 5,589.28          | 558.93   | 6,845.25                   | 6,045.63          | 604.56   | 5,476.20                   | 7,414.68          | 741.47   | 4,563.50                   | 8,327.38          | 832.74   |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 7,052.48          | 705.25   | 11,265.00                  | 7,803.48          | 780.35   | 9,012.00                   | 10,056.48         | 1,005.65 | 7,510.00                   | 11,558.48         | 1,155.85 |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 7,726.64          | 772.66   | 11,265.00                  | 8,477.64          | 847.76   | 9,012.00                   | 10,730.64         | 1,073.06 | 7,510.00                   | 12,232.64         | 1,223.26 |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 8,518.88          | 851.89   | 11,265.00                  | 9,269.88          | 926.99   | 9,012.00                   | 11,522.88         | 1,152.29 | 7,510.00                   | 13,024.88         | 1,302.49 |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 8,554.88          | 855.49   | 14,345.25                  | 9,511.23          | 951.12   | 11,476.20                  | 12,380.28         | 1,238.03 | 9,563.50                   | 14,292.98         | 1,429.30 |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 9,229.04          | 922.90   | 14,345.25                  | 10,185.39         | 1,018.54 | 11,476.20                  | 13,054.44         | 1,305.44 | 9,563.50                   | 14,967.14         | 1,496.71 |
| Family Coverage  | Family | Family | 15,301.60                 | 10,021.28         | 1,002.13 | 14,345.25                  | 10,977.63         | 1,097.76 | 11,476.20                  | 13,846.68         | 1,384.67 | 9,563.50                   | 15,759.38         | 1,575.94 |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 7B

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District                  | Payroll Deduction |         | Pro-rated                 | Payroll Deduction |         |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Cap (100%)                | Annual            | Monthly | Cap (90%)                 | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 9,804.00                      | 700.68   | 91.80  | 10,596.48 | \$9,127.00                | 1,469.48          | 146.95  | 8,214.30                  | 2,382.18          | 238.22  |
| Employee Only  | Emp+1  | Emp+1  | 9,804.00                      | 1,296.12 | 170.52 | 11,270.64 | \$9,127.00                | 2,143.64          | 214.36  | 8,214.30                  | 3,056.34          | 305.63  |
| Employee Only  | Family | Family | 9,804.00                      | 1,996.32 | 262.56 | 12,062.88 | \$9,127.00                | 2,935.88          | 293.59  | 8,214.30                  | 3,848.58          | 384.86  |
| Employee+1 Dependent   | Emp    | Emp    | 16,848.00                     | 700.68   | 91.80  | 17,640.48 | \$15,020.00               | 2,620.48          | 262.05  | 13,518.00                 | 4,122.48          | 412.25  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 16,848.00                     | 1,296.12 | 170.52 | 18,314.64 | \$15,020.00               | 3,294.64          | 329.46  | 13,518.00                 | 4,796.64          | 479.66  |
| Employee+1 Dependent   | Family | Family | 16,848.00                     | 1,996.32 | 262.56 | 19,106.88 | \$15,020.00               | 4,086.88          | 408.69  | 13,518.00                 | 5,588.88          | 558.89  |
| Family Coverage  | Emp    | Emp    | 21,264.00                     | 700.68   | 91.80  | 22,056.48 | \$19,127.00               | 2,929.48          | 292.95  | 17,214.30                 | 4,842.18          | 484.22  |
| Family Coverage  | Emp+1  | Emp+1  | 21,264.00                     | 1,296.12 | 170.52 | 22,730.64 | \$19,127.00               | 3,603.64          | 360.36  | 17,214.30                 | 5,516.34          | 551.63  |
| Family Coverage  | Family | Family | 21,264.00                     | 1,996.32 | 262.56 | 23,522.88 | \$19,127.00               | 4,395.88          | 439.59  | 17,214.30                 | 6,308.58          | 630.86  |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |         | 0.75 FTE PAYROLL DEDUCTION |                   |         | 0.60 FTE PAYROLL DEDUCTION |                   |          | 0.50 FTE PAYROLL DEDUCTION |                   |          |
|--|--------|--------|---------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|
|  |        |        | Pro-rated                 | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |          | Pro-rated                  | Payroll Deduction |          |
| Medical  | Dental | Vision | Cap (80%)                 | Annual            | Monthly | Cap (75%)                  | Annual            | Monthly | Cap (60%)                  | Annual            | Monthly  | Cap (50%)                  | Annual            | Monthly  |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 3,294.88          | 329.49  | 6,845.25                   | 3,751.23          | 375.12  | 5,476.20                   | 5,120.28          | 512.03   | 4,563.50                   | 6,032.98          | 603.30   |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 3,969.04          | 396.90  | 6,845.25                   | 4,425.39          | 442.54  | 5,476.20                   | 5,794.44          | 579.44   | 4,563.50                   | 6,707.14          | 670.71   |
| Employee Only  | Family | Family | 7,301.60                  | 4,761.28          | 476.13  | 6,845.25                   | 5,217.63          | 521.76  | 5,476.20                   | 6,586.68          | 658.67   | 4,563.50                   | 7,499.38          | 749.94   |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 5,624.48          | 562.45  | 11,265.00                  | 6,375.48          | 637.55  | 9,012.00                   | 8,628.48          | 862.85   | 7,510.00                   | 10,130.48         | 1,013.05 |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 6,298.64          | 629.86  | 11,265.00                  | 7,049.64          | 704.96  | 9,012.00                   | 9,302.64          | 930.26   | 7,510.00                   | 10,804.64         | 1,080.46 |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 7,090.88          | 709.09  | 11,265.00                  | 7,841.88          | 784.19  | 9,012.00                   | 10,094.88         | 1,009.49 | 7,510.00                   | 11,596.88         | 1,159.69 |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 6,754.88          | 675.49  | 14,345.25                  | 7,711.23          | 771.12  | 11,476.20                  | 10,580.28         | 1,058.03 | 9,563.50                   | 12,492.98         | 1,249.30 |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 7,429.04          | 742.90  | 14,345.25                  | 8,385.39          | 838.54  | 11,476.20                  | 11,254.44         | 1,125.44 | 9,563.50                   | 13,167.14         | 1,316.71 |
| Family Coverage  | Family | Family | 15,301.60                 | 8,221.28          | 822.13  | 14,345.25                  | 9,177.63          | 917.76  | 11,476.20                  | 12,046.68         | 1,204.67 | 9,563.50                   | 13,959.38         | 1,395.94 |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## CVT Bronze Plan

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District                  | Payroll Deduction |         | Pro-rated                 | Payroll Deduction |         |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Cap (100%)                | Annual            | Monthly | Cap (90%)                 | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 5,556.00                      | 700.68   | 91.80  | 6,348.48  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Emp+1  | Emp+1  | 5,556.00                      | 1,296.12 | 170.52 | 7,022.64  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Family | Family | 5,556.00                      | 1,996.32 | 262.56 | 7,814.88  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 0.00              | 0.00    |
| Employee+1 Dependent   | Emp    | Emp    | 9,576.00                      | 700.68   | 91.80  | 10,368.48 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 9,576.00                      | 1,296.12 | 170.52 | 11,042.64 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Family | Family | 9,576.00                      | 1,996.32 | 262.56 | 11,834.88 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 0.00              | 0.00    |
| Family Coverage  | Emp    | Emp    | 12,072.00                     | 700.68   | 91.80  | 12,864.48 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Emp+1  | Emp+1  | 12,072.00                     | 1,296.12 | 170.52 | 13,538.64 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Family | Family | 12,072.00                     | 1,996.32 | 262.56 | 14,330.88 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |         | 0.75 FTE PAYROLL DEDUCTION |                   |         | 0.60 FTE PAYROLL DEDUCTION |                   |         | 0.50 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|---------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|---------|
|  |        |        | Pro-rated                 | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |         |
| Medical  | Dental | Vision | Cap (80%)                 | Annual            | Monthly | Cap (75%)                  | Annual            | Monthly | Cap (60%)                  | Annual            | Monthly | Cap (50%)                  | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 0.00              | 0.00    | 6,845.25                   | 0.00              | 0.00    | 5,476.20                   | 872.28            | 87.23   | 4,563.50                   | 1,784.98          | 178.50  |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 0.00              | 0.00    | 6,845.25                   | 177.39            | 17.74   | 5,476.20                   | 1,546.44          | 154.64  | 4,563.50                   | 2,459.14          | 245.91  |
| Employee Only  | Family | Family | 7,301.60                  | 513.28            | 51.33   | 6,845.25                   | 969.63            | 96.96   | 5,476.20                   | 2,338.68          | 233.87  | 4,563.50                   | 3,251.38          | 325.14  |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 0.00              | 0.00    | 11,265.00                  | 0.00              | 0.00    | 9,012.00                   | 1,356.48          | 135.65  | 7,510.00                   | 2,858.48          | 285.85  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 0.00              | 0.00    | 11,265.00                  | 0.00              | 0.00    | 9,012.00                   | 2,030.64          | 203.06  | 7,510.00                   | 3,532.64          | 353.26  |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 0.00              | 0.00    | 11,265.00                  | 569.88            | 56.99   | 9,012.00                   | 2,822.88          | 282.29  | 7,510.00                   | 4,324.88          | 432.49  |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 0.00              | 0.00    | 14,345.25                  | 0.00              | 0.00    | 11,476.20                  | 1,388.28          | 138.83  | 9,563.50                   | 3,300.98          | 330.10  |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 0.00              | 0.00    | 14,345.25                  | 0.00              | 0.00    | 11,476.20                  | 2,062.44          | 206.24  | 9,563.50                   | 3,975.14          | 397.51  |
| Family Coverage  | Family | Family | 15,301.60                 | 0.00              | 0.00    | 14,345.25                  | 0.00              | 0.00    | 11,476.20                  | 2,854.68          | 285.47  | 9,563.50                   | 4,767.38          | 476.74  |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross Wellness PPO Plan 1 RxC

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District<br>Cap (100%)    | Payroll Deduction |         | Pro-rated<br>Cap (90%)    | Payroll Deduction |         |
|  |        |        |                               |          |        |           |                           | Annual            | Monthly |                           | Annual            | Monthly |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     |                           |                   |         |                           |                   |         |
| Employee Only  | Emp    | Emp    | 10,008.00                     | 700.68   | 91.80  | 10,800.48 | \$9,127.00                | 1,673.48          | 167.35  | 8,214.30                  | 2,586.18          | 258.62  |
| Employee Only  | Emp+1  | Emp+1  | 10,008.00                     | 1,296.12 | 170.52 | 11,474.64 | \$9,127.00                | 2,347.64          | 234.76  | 8,214.30                  | 3,260.34          | 326.03  |
| Employee Only  | Family | Family | 10,008.00                     | 1,996.32 | 262.56 | 12,266.88 | \$9,127.00                | 3,139.88          | 313.99  | 8,214.30                  | 4,052.58          | 405.26  |
| Employee+1 Dependent   | Emp    | Emp    | 17,220.00                     | 700.68   | 91.80  | 18,012.48 | \$15,020.00               | 2,992.48          | 299.25  | 13,518.00                 | 4,494.48          | 449.45  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 17,220.00                     | 1,296.12 | 170.52 | 18,686.64 | \$15,020.00               | 3,666.64          | 366.66  | 13,518.00                 | 5,168.64          | 516.86  |
| Employee+1 Dependent   | Family | Family | 17,220.00                     | 1,996.32 | 262.56 | 19,478.88 | \$15,020.00               | 4,458.88          | 445.89  | 13,518.00                 | 5,960.88          | 596.09  |
| Family Coverage  | Emp    | Emp    | 21,732.00                     | 700.68   | 91.80  | 22,524.48 | \$19,127.00               | 3,397.48          | 339.75  | 17,214.30                 | 5,310.18          | 531.02  |
| Family Coverage  | Emp+1  | Emp+1  | 21,732.00                     | 1,296.12 | 170.52 | 23,198.64 | \$19,127.00               | 4,071.64          | 407.16  | 17,214.30                 | 5,984.34          | 598.43  |
| Family Coverage  | Family | Family | 21,732.00                     | 1,996.32 | 262.56 | 23,990.88 | \$19,127.00               | 4,863.88          | 486.39  | 17,214.30                 | 6,776.58          | 677.66  |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |         | 0.75 FTE PAYROLL DEDUCTION |                   |         | 0.60 FTE PAYROLL DEDUCTION |                   |          | 0.50 FTE PAYROLL DEDUCTION |                   |          |
|--|--------|--------|---------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|----------|----------------------------|-------------------|----------|
|  |        |        | Pro-rated<br>Cap (80%)    | Payroll Deduction |         | Pro-rated<br>Cap (75%)     | Payroll Deduction |         | Pro-rated<br>Cap (60%)     | Payroll Deduction |          | Pro-rated<br>Cap (50%)     | Payroll Deduction |          |
|  |        |        |                           | Annual            | Monthly |                            | Annual            | Monthly |                            | Annual            | Monthly  |                            | Annual            | Monthly  |
| Medical  | Dental | Vision |                           |                   |         |                            |                   |         |                            |                   |          |                            |                   |          |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 3,498.88          | 349.89  | 6,845.25                   | 3,955.23          | 395.52  | 5,476.20                   | 5,324.28          | 532.43   | 4,563.50                   | 6,236.98          | 623.70   |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 4,173.04          | 417.30  | 6,845.25                   | 4,629.39          | 462.94  | 5,476.20                   | 5,998.44          | 599.84   | 4,563.50                   | 6,911.14          | 691.11   |
| Employee Only  | Family | Family | 7,301.60                  | 4,965.28          | 496.53  | 6,845.25                   | 5,421.63          | 542.16  | 5,476.20                   | 6,790.68          | 679.07   | 4,563.50                   | 7,703.38          | 770.34   |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 5,996.48          | 599.65  | 11,265.00                  | 6,747.48          | 674.75  | 9,012.00                   | 9,000.48          | 900.05   | 7,510.00                   | 10,502.48         | 1,050.25 |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 6,670.64          | 667.06  | 11,265.00                  | 7,421.64          | 742.16  | 9,012.00                   | 9,674.64          | 967.46   | 7,510.00                   | 11,176.64         | 1,117.66 |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 7,462.88          | 746.29  | 11,265.00                  | 8,213.88          | 821.39  | 9,012.00                   | 10,466.88         | 1,046.69 | 7,510.00                   | 11,968.88         | 1,196.89 |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 7,222.88          | 722.29  | 14,345.25                  | 8,179.23          | 817.92  | 11,476.20                  | 11,048.28         | 1,104.83 | 9,563.50                   | 12,960.98         | 1,296.10 |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 7,897.04          | 789.70  | 14,345.25                  | 8,853.39          | 885.34  | 11,476.20                  | 11,722.44         | 1,172.24 | 9,563.50                   | 13,635.14         | 1,363.51 |
| Family Coverage  | Family | Family | 15,301.60                 | 8,689.28          | 868.93  | 14,345.25                  | 9,645.63          | 964.56  | 11,476.20                  | 12,514.68         | 1,251.47 | 9,563.50                   | 14,427.38         | 1,442.74 |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross PPO HDHP 1 Rx

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |        | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|--------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District Cap (100%)       | Payroll Deduction |        | Pro-rated Cap (90%)       | Payroll Deduction |         |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Annual                    | Monthly           | Annual | Monthly                   | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 6,720.00                      | 700.68   | 91.80  | 7,512.48  | \$9,127.00                | 0.00              | 0.00   | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Emp+1  | Emp+1  | 6,720.00                      | 1,296.12 | 170.52 | 8,186.64  | \$9,127.00                | 0.00              | 0.00   | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Family | Family | 6,720.00                      | 1,996.32 | 262.56 | 8,978.88  | \$9,127.00                | 0.00              | 0.00   | 8,214.30                  | 764.58            | 76.46   |
| Employee+1 Dependent   | Emp    | Emp    | 11,556.00                     | 700.68   | 91.80  | 12,348.48 | \$15,020.00               | 0.00              | 0.00   | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 11,556.00                     | 1,296.12 | 170.52 | 13,022.64 | \$15,020.00               | 0.00              | 0.00   | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Family | Family | 11,556.00                     | 1,996.32 | 262.56 | 13,814.88 | \$15,020.00               | 0.00              | 0.00   | 13,518.00                 | 296.88            | 29.69   |
| Family Coverage  | Emp    | Emp    | 14,580.00                     | 700.68   | 91.80  | 15,372.48 | \$19,127.00               | 0.00              | 0.00   | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Emp+1  | Emp+1  | 14,580.00                     | 1,296.12 | 170.52 | 16,046.64 | \$19,127.00               | 0.00              | 0.00   | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Family | Family | 14,580.00                     | 1,996.32 | 262.56 | 16,838.88 | \$19,127.00               | 0.00              | 0.00   | 17,214.30                 | 0.00              | 0.00    |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |        | 0.75 FTE PAYROLL DEDUCTION |                   |         | 0.60 FTE PAYROLL DEDUCTION |                   |        | 0.50 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|---------------------------|-------------------|--------|----------------------------|-------------------|---------|----------------------------|-------------------|--------|----------------------------|-------------------|---------|
|  |        |        | Pro-rated Cap (80%)       | Payroll Deduction |        | Pro-rated Cap (75%)        | Payroll Deduction |         | Pro-rated Cap (60%)        | Payroll Deduction |        | Pro-rated Cap (50%)        | Payroll Deduction |         |
| Medical  | Dental | Vision | Annual                    | Monthly           | Annual | Monthly                    | Annual            | Monthly | Annual                     | Monthly           | Annual | Monthly                    | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 210.88            | 21.09  | 6,845.25                   | 667.23            | 66.72   | 5,476.20                   | 2,036.28          | 203.63 | 4,563.50                   | 2,948.98          | 294.90  |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 885.04            | 88.50  | 6,845.25                   | 1,341.39          | 134.14  | 5,476.20                   | 2,710.44          | 271.04 | 4,563.50                   | 3,623.14          | 362.31  |
| Employee Only  | Family | Family | 7,301.60                  | 1,677.28          | 167.73 | 6,845.25                   | 2,133.63          | 213.36  | 5,476.20                   | 3,502.68          | 350.27 | 4,563.50                   | 4,415.38          | 441.54  |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 332.48            | 33.25  | 11,265.00                  | 1,083.48          | 108.35  | 9,012.00                   | 3,336.48          | 333.65 | 7,510.00                   | 4,838.48          | 483.85  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 1,006.64          | 100.66 | 11,265.00                  | 1,757.64          | 175.76  | 9,012.00                   | 4,010.64          | 401.06 | 7,510.00                   | 5,512.64          | 551.26  |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 1,798.88          | 179.89 | 11,265.00                  | 2,549.88          | 254.99  | 9,012.00                   | 4,802.88          | 480.29 | 7,510.00                   | 6,304.88          | 630.49  |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 70.88             | 7.09   | 14,345.25                  | 1,027.23          | 102.72  | 11,476.20                  | 3,896.28          | 389.63 | 9,563.50                   | 5,808.98          | 580.90  |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 745.04            | 74.50  | 14,345.25                  | 1,701.39          | 170.14  | 11,476.20                  | 4,570.44          | 457.04 | 9,563.50                   | 6,483.14          | 648.31  |
| Family Coverage  | Family | Family | 15,301.60                 | 1,537.28          | 153.73 | 14,345.25                  | 2,493.63          | 249.36  | 11,476.20                  | 5,362.68          | 536.27 | 9,563.50                   | 7,275.38          | 727.54  |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Kaiser HMO Plan 1 (with Chiropractic and Vision Exam (without Lenses))

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District                  | Payroll Deduction |         | Pro-rated                 | Payroll Deduction |         |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Cap (100%)                | Annual            | Monthly | Cap (90%)                 | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 7,069.92                      | 700.68   | 91.80  | 7,862.40  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Emp+1  | Emp+1  | 7,069.92                      | 1,296.12 | 170.52 | 8,536.56  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 322.26            | 32.23   |
| Employee Only  | Family | Family | 7,069.92                      | 1,996.32 | 262.56 | 9,328.80  | \$9,127.00                | 201.80            | 20.18   | 8,214.30                  | 1,114.50          | 111.45  |
| Employee+1 Dependent   | Emp    | Emp    | 12,159.72                     | 700.68   | 91.80  | 12,952.20 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,159.72                     | 1,296.12 | 170.52 | 13,626.36 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 108.36            | 10.84   |
| Employee+1 Dependent   | Family | Family | 12,159.72                     | 1,996.32 | 262.56 | 14,418.60 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 900.60            | 90.06   |
| Family Coverage  | Emp    | Emp    | 15,370.08                     | 700.68   | 91.80  | 16,162.56 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Emp+1  | Emp+1  | 15,370.08                     | 1,296.12 | 170.52 | 16,836.72 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Family | Family | 15,370.08                     | 1,996.32 | 262.56 | 17,628.96 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 414.66            | 41.47   |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |         | 0.75 FTE PAYROLL DEDUCTION |                   |         | 0.60 FTE PAYROLL DEDUCTION |                   |         | 0.50 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|---------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|---------|
|  |        |        | Pro-rated                 | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |         | Pro-rated                  | Payroll Deduction |         |
| Medical  | Dental | Vision | Cap (80%)                 | Annual            | Monthly | Cap (75%)                  | Annual            | Monthly | Cap (60%)                  | Annual            | Monthly | Cap (50%)                  | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 560.80            | 56.08   | 6,845.25                   | 1,017.15          | 101.72  | 5,476.20                   | 2,386.20          | 238.62  | 4,563.50                   | 3,298.90          | 329.89  |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 1,234.96          | 123.50  | 6,845.25                   | 1,691.31          | 169.13  | 5,476.20                   | 3,060.36          | 306.04  | 4,563.50                   | 3,973.06          | 397.31  |
| Employee Only  | Family | Family | 7,301.60                  | 2,027.20          | 202.72  | 6,845.25                   | 2,483.55          | 248.36  | 5,476.20                   | 3,852.60          | 385.26  | 4,563.50                   | 4,765.30          | 476.53  |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 936.20            | 93.62   | 11,265.00                  | 1,687.20          | 168.72  | 9,012.00                   | 3,940.20          | 394.02  | 7,510.00                   | 5,442.20          | 544.22  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 1,610.36          | 161.04  | 11,265.00                  | 2,361.36          | 236.14  | 9,012.00                   | 4,614.36          | 461.44  | 7,510.00                   | 6,116.36          | 611.64  |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 2,402.60          | 240.26  | 11,265.00                  | 3,153.60          | 315.36  | 9,012.00                   | 5,406.60          | 540.66  | 7,510.00                   | 6,908.60          | 690.86  |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 860.96            | 86.10   | 14,345.25                  | 1,817.31          | 181.73  | 11,476.20                  | 4,686.36          | 468.64  | 9,563.50                   | 6,599.06          | 659.91  |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 1,535.12          | 153.51  | 14,345.25                  | 2,491.47          | 249.15  | 11,476.20                  | 5,360.52          | 536.05  | 9,563.50                   | 7,273.22          | 727.32  |
| Family Coverage  | Family | Family | 15,301.60                 | 2,327.36          | 232.74  | 14,345.25                  | 3,283.71          | 328.37  | 11,476.20                  | 6,152.76          | 615.28  | 9,563.50                   | 8,065.46          | 806.55  |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.



# CVT Benefits Plan

## Kaiser HMO Plan 2 (with Chiropractic and Vision Exam (without Lenses))

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |        | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|--------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District Cap (100%)       | Payroll Deduction |        | Pro-rated Cap (90%)       | Payroll Deduction |         |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     | Annual                    | Monthly           | Annual | Monthly                   | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 6,877.92                      | 700.68   | 91.80  | 7,670.40  | \$9,127.00                | 0.00              | 0.00   | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Emp+1  | Emp+1  | 6,877.92                      | 1,296.12 | 170.52 | 8,344.56  | \$9,127.00                | 0.00              | 0.00   | 8,214.30                  | 130.26            | 13.03   |
| Employee Only  | Family | Family | 6,877.92                      | 1,996.32 | 262.56 | 9,136.80  | \$9,127.00                | 9.80              | 0.98   | 8,214.30                  | 922.50            | 92.25   |
| Employee+1 Dependent   | Emp    | Emp    | 11,835.72                     | 700.68   | 91.80  | 12,628.20 | \$15,020.00               | 0.00              | 0.00   | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 11,835.72                     | 1,296.12 | 170.52 | 13,302.36 | \$15,020.00               | 0.00              | 0.00   | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Family | Family | 11,835.72                     | 1,996.32 | 262.56 | 14,094.60 | \$15,020.00               | 0.00              | 0.00   | 13,518.00                 | 576.60            | 57.66   |
| Family Coverage  | Emp    | Emp    | 14,962.08                     | 700.68   | 91.80  | 15,754.56 | \$19,127.00               | 0.00              | 0.00   | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Emp+1  | Emp+1  | 14,962.08                     | 1,296.12 | 170.52 | 16,428.72 | \$19,127.00               | 0.00              | 0.00   | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Family | Family | 14,962.08                     | 1,996.32 | 262.56 | 17,220.96 | \$19,127.00               | 0.00              | 0.00   | 17,214.30                 | 6.66              | 0.67    |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |        | 0.75 FTE PAYROLL DEDUCTION |                   |         | 0.60 FTE PAYROLL DEDUCTION |                   |        | 0.50 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|---------------------------|-------------------|--------|----------------------------|-------------------|---------|----------------------------|-------------------|--------|----------------------------|-------------------|---------|
|  |        |        | Pro-rated Cap (80%)       | Payroll Deduction |        | Pro-rated Cap (75%)        | Payroll Deduction |         | Pro-rated Cap (60%)        | Payroll Deduction |        | Pro-rated Cap (50%)        | Payroll Deduction |         |
| Medical  | Dental | Vision | Annual                    | Monthly           | Annual | Monthly                    | Annual            | Monthly | Annual                     | Monthly           | Annual | Monthly                    | Annual            | Monthly |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 368.80            | 36.88  | 6,845.25                   | 825.15            | 82.52   | 5,476.20                   | 2,194.20          | 219.42 | 4,563.50                   | 3,106.90          | 310.69  |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 1,042.96          | 104.30 | 6,845.25                   | 1,499.31          | 149.93  | 5,476.20                   | 2,868.36          | 286.84 | 4,563.50                   | 3,781.06          | 378.11  |
| Employee Only  | Family | Family | 7,301.60                  | 1,835.20          | 183.52 | 6,845.25                   | 2,291.55          | 229.16  | 5,476.20                   | 3,660.60          | 366.06 | 4,563.50                   | 4,573.30          | 457.33  |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 612.20            | 61.22  | 11,265.00                  | 1,363.20          | 136.32  | 9,012.00                   | 3,616.20          | 361.62 | 7,510.00                   | 5,118.20          | 511.82  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 1,286.36          | 128.64 | 11,265.00                  | 2,037.36          | 203.74  | 9,012.00                   | 4,290.36          | 429.04 | 7,510.00                   | 5,792.36          | 579.24  |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 2,078.60          | 207.86 | 11,265.00                  | 2,829.60          | 282.96  | 9,012.00                   | 5,082.60          | 508.26 | 7,510.00                   | 6,584.60          | 658.46  |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 452.96            | 45.30  | 14,345.25                  | 1,409.31          | 140.93  | 11,476.20                  | 4,278.36          | 427.84 | 9,563.50                   | 6,191.06          | 619.11  |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 1,127.12          | 112.71 | 14,345.25                  | 2,083.47          | 208.35  | 11,476.20                  | 4,952.52          | 495.25 | 9,563.50                   | 6,865.22          | 686.52  |
| Family Coverage  | Family | Family | 15,301.60                 | 1,919.36          | 191.94 | 14,345.25                  | 2,875.71          | 287.57  | 11,476.20                  | 5,744.76          | 574.48 | 9,563.50                   | 7,657.46          | 765.75  |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Kaiser HMO Plan 6 (with Chiropractic and Vision Exam (includes Lenses))

### 2018-19 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration & Certificated Employees

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | THE COST OF PREMIUMS WILL BE: |          |        |           | 1.0 FTE PAYROLL DEDUCTION |                   |         | 0.9 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|-------------------------------|----------|--------|-----------|---------------------------|-------------------|---------|---------------------------|-------------------|---------|
|  |        |        |                               |          |        |           | District<br>Cap (100%)    | Payroll Deduction |         | Pro-rated<br>Cap (90%)    | Payroll Deduction |         |
|  |        |        |                               |          |        |           |                           | Annual            | Monthly |                           | Annual            | Monthly |
| Medical  | Dental | Vision | Medical                       | Dental   | Vision | Total     |                           |                   |         |                           |                   |         |
| Employee Only  | Emp    | Emp    | 6,613.92                      | 700.68   | 91.80  | 7,406.40  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Emp+1  | Emp+1  | 6,013.92                      | 1,296.12 | 170.52 | 7,480.56  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 0.00              | 0.00    |
| Employee Only  | Family | Family | 6,013.92                      | 1,996.32 | 262.56 | 8,272.80  | \$9,127.00                | 0.00              | 0.00    | 8,214.30                  | 58.50             | 5.85    |
| Employee+1 Dependent   | Emp    | Emp    | 11,379.72                     | 700.68   | 91.80  | 12,172.20 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 11,379.72                     | 1,296.12 | 170.52 | 12,846.36 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 0.00              | 0.00    |
| Employee+1 Dependent   | Family | Family | 11,379.72                     | 1,996.32 | 262.56 | 13,638.60 | \$15,020.00               | 0.00              | 0.00    | 13,518.00                 | 120.60            | 12.06   |
| Family Coverage  | Emp    | Emp    | 14,386.08                     | 700.68   | 91.80  | 15,178.56 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Emp+1  | Emp+1  | 14,386.08                     | 1,296.12 | 170.52 | 15,852.72 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |
| Family Coverage  | Family | Family | 14,386.08                     | 1,996.32 | 262.56 | 16,644.96 | \$19,127.00               | 0.00              | 0.00    | 17,214.30                 | 0.00              | 0.00    |

| IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS: |        |        | 0.8 FTE PAYROLL DEDUCTION |                   |         | 0.75 FTE PAYROLL DEDUCTION |                   |         | 0.60 FTE PAYROLL DEDUCTION |                   |         | 0.50 FTE PAYROLL DEDUCTION |                   |         |
|--|--------|--------|---------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|---------|----------------------------|-------------------|---------|
|  |        |        | Pro-rated<br>Cap (80%)    | Payroll Deduction |         | Pro-rated<br>Cap (75%)     | Payroll Deduction |         | Pro-rated<br>Cap (60%)     | Payroll Deduction |         | Pro-rated<br>Cap (50%)     | Payroll Deduction |         |
|  |        |        |                           | Annual            | Monthly |                            | Annual            | Monthly |                            | Annual            | Monthly |                            | Annual            | Monthly |
| Medical  | Dental | Vision |                           |                   |         |                            |                   |         |                            |                   |         |                            |                   |         |
| Employee Only  | Emp    | Emp    | 7,301.60                  | 104.80            | 10.48   | 6,845.25                   | 561.15            | 56.12   | 5,476.20                   | 1,930.20          | 193.02  | 4,563.50                   | 2,842.90          | 284.29  |
| Employee Only  | Emp+1  | Emp+1  | 7,301.60                  | 178.96            | 17.90   | 6,845.25                   | 635.31            | 63.53   | 5,476.20                   | 2,004.36          | 200.44  | 4,563.50                   | 2,917.06          | 291.71  |
| Employee Only  | Family | Family | 7,301.60                  | 971.20            | 97.12   | 6,845.25                   | 1,427.55          | 142.76  | 5,476.20                   | 2,796.60          | 279.66  | 4,563.50                   | 3,709.30          | 370.93  |
| Employee+1 Dependent   | Emp    | Emp    | 12,016.00                 | 156.20            | 15.62   | 11,265.00                  | 907.20            | 90.72   | 9,012.00                   | 3,160.20          | 316.02  | 7,510.00                   | 4,662.20          | 466.22  |
| Employee+1 Dependent   | Emp+1  | Emp+1  | 12,016.00                 | 830.36            | 83.04   | 11,265.00                  | 1,581.36          | 158.14  | 9,012.00                   | 3,834.36          | 383.44  | 7,510.00                   | 5,336.36          | 533.64  |
| Employee+1 Dependent   | Family | Family | 12,016.00                 | 1,622.60          | 162.26  | 11,265.00                  | 2,373.60          | 237.36  | 9,012.00                   | 4,626.60          | 462.66  | 7,510.00                   | 6,128.60          | 612.86  |
| Family Coverage  | Emp    | Emp    | 15,301.60                 | 0.00              | 0.00    | 14,345.25                  | 833.31            | 83.33   | 11,476.20                  | 3,702.36          | 370.24  | 9,563.50                   | 5,615.06          | 561.51  |
| Family Coverage  | Emp+1  | Emp+1  | 15,301.60                 | 551.12            | 55.11   | 14,345.25                  | 1,507.47          | 150.75  | 11,476.20                  | 4,376.52          | 437.65  | 9,563.50                   | 6,289.22          | 628.92  |
| Family Coverage  | Family | Family | 15,301.60                 | 1,343.36          | 134.34  | 14,345.25                  | 2,299.71          | 229.97  | 11,476.20                  | 5,168.76          | 516.88  | 9,563.50                   | 7,081.46          | 708.15  |

**NOTES:**

**Benefits Cap:** The District benefits cap allocation for 2018-19 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.