



Enterprise Elementary School District

2019-2020 Insurance Plans and Costs

CLASSIFIED TEAM MEMBER - 11 MONTH

Date:

September is Open Enrollment for our Health and Welfare Benefits through California's Valued Trust. All forms must be submitted to the **District Office** by **September 20, 2019**, and all changes will be effective October 1st. Payroll deductions for the new premiums will begin with the October 31st pay date.

Please visit cvtrust.org for more plan information.
Contact Raina in Human Resources with questions at rcable@eesd.net or (530) 224-4100 ext 8306

Forms must be submitted by **September 20, 2019**; all selections will be effective October 1st.

- 1) **obtain the sheet that matches your contracted year (11 months or 12 months)**
- 2) **find the column that matches your daily hours,**
- 3) **Circle your family coverage (Employee Only, Employee plus Child(ren)...) and circle the related monthly cost**
- 4) **select pre or post tax,**
- 5) **sign and date.**

CIRCLE YOUR PLAN CHOICE

Monthly Deduction

Plan	CIRCLE FAMILY COVERAGE	8 Hrs (1.0FTE)	7.5 hrs (.9375 FTE)	7 hrs (.875 FTE)	6.5 hr (.8125 FTE)	6.0 hrs (.750 FTE)	
3A	Employee Only	\$734.91	\$760.76	\$786.61	\$812.46	\$838.31	
	Employee plus Child(ren)	\$986.00	\$1,025.20	\$1,064.41	\$1,103.61	\$1,142.81	
	Employee plus Spouse	\$1,122.81	\$1,173.24	\$1,223.67	\$1,274.09	\$1,324.52	
	Employee plus Family	\$1,214.00	\$1,282.18	\$1,350.36	\$1,418.54	\$1,327.18	
8B	Employee Only	\$533.09	\$558.94	\$584.79	\$610.64	\$636.50	
	Employee plus Child(ren)	\$689.27	\$728.47	\$767.68	\$806.88	\$846.09	
	Employee plus Spouse	\$760.63	\$811.06	\$861.49	\$911.91	\$962.34	
	Employee plus Family	\$776.54	\$844.72	\$912.91	\$981.09	\$889.72	
9C	Employee Only	\$438.18	\$464.03	\$489.88	\$515.74	\$541.59	
	Employee plus Child(ren)	\$549.63	\$588.84	\$628.04	\$667.25	\$706.45	
	Employee plus Spouse	\$591.54	\$641.97	\$692.39	\$742.82	\$793.25	
	Employee plus Family	\$570.36	\$638.54	\$706.72	\$774.91	\$683.54	
10D	Employee Only	\$316.00	\$341.85	\$367.70	\$393.55	\$419.41	
	Employee plus Child(ren)	\$369.63	\$408.84	\$448.04	\$487.25	\$526.45	
	Employee plus Spouse	\$372.27	\$422.70	\$473.12	\$523.55	\$573.97	
	Employee plus Family	\$305.27	\$373.45	\$441.63	\$509.81	\$418.45	
Well C	Employee Only	\$628.00	\$653.85	\$679.70	\$705.55	\$731.41	
	Employee plus Child(ren)	\$828.91	\$868.11	\$907.31	\$946.52	\$985.72	
	Employee plus Spouse	\$930.81	\$981.24	\$1,031.67	\$1,082.09	\$1,132.52	
	Employee plus Family	\$981.63	\$1,049.81	\$1,118.00	\$1,186.18	\$1,094.81	
HDHP 3	Employee Only	\$250.54	\$276.39	\$302.25	\$328.10	\$353.95	
	Employee plus Child(ren)	\$273.63	\$312.84	\$352.04	\$391.25	\$430.45	
	Employee plus Spouse	\$255.54	\$305.97	\$356.39	\$406.82	\$457.25	
	Employee plus Family	\$163.45	\$231.63	\$299.81	\$368.00	\$276.63	
Bronze	Employee Only	\$236.36	\$262.21	\$288.06	\$313.92	\$339.77	
	Employee plus Child(ren)	\$252.91	\$292.11	\$331.31	\$370.52	\$409.72	
	Employee plus Spouse	\$229.36	\$279.79	\$330.21	\$380.64	\$431.06	
	Employee plus Family	\$132.91	\$201.09	\$269.27	\$337.45	\$246.09	
D, V, L & EAP	Classified employees with an FTE of 0.75 or greater and less than 1 are eligible to opt out of Major Medical and Prescription Benefits and enroll only in the Dental, Vision, Life, and EAP (Employee Assistance Program).					Composite Rate	\$0.00

I would like my monthly deduction to taken (If no election is made, after-tax will be assumed.) : Pre-Tax
After-Tax

Employee Name: _____

Employee Signature: _____ Date: _____