Enterprise Elementary School District

2019-2020 Insurance Plans and Costs

Certificated Employees (Not Married to another CVT Member)

Date:

All forms must be submitted to the **District Office** by **September 20, 2019,** and all changes will be effective October 1st.
To select your health benefits plan, find the column that matches your employment status (Full time or part time FTE), then:
1) circle your plan choice, 2) select your dental option [OPTION 1 IS DEFAULT], 3) select pre or post tax, and 3) sign and date.
Payroll deductions for the new premiums will begin with the October 31st pay date.
Contact Raina in Human Resources with questions at rcable@eesd.net or (530) 224-4100 ext 8306

	Monthly Payroll Deduction (Plan + Dental Option)				
Plan	**Full Time**	**.8 FTE (Full Time Equivelant)**	**.6 FTE (Full Time Equivelant)**	**.5 FTE (Full Time Equivelant)**	**.4 FTE (Full Time Equivelant)**
3A	**$ 976.97**	**$ 1,139.94**	**$ 1,302.92**	**$ 1,384.40**	**$ 1,465.89**
6B	**$ 765.33**	**$ 928.30**	**$ 1,091.28**	**$ 1,172.77**	**$ 1,254.25**
9C	**$ 446.78**	**$ 609.76**	**$ 772.73**	**$ 854.22**	**$ 935.71**
10D	**$ 227.51**	**$ 390.49**	**$ 553.46**	**$ 634.95**	**$ 716.44**
Well C	**$ 784.97**	**$ 947.94**	**$ 1,110.92**	**$ 1,192.40**	**$ 1,273.89**
HDHP 2	**$ 163.15**	**$ 326.12**	**$ 489.10**	**$ 570.58**	**$ 652.07**
Bronze	**$ 85.69**	**$ 248.67**	**$ 411.64**	**$ 493.13**	**$ 574.62**
Dental Option 1	**$ 122.31**	**$ 122.31**	**$ 122.31**	**$ 122.31**	**$ 122.31**
Dental Option 2	**$ 63.95**	**$ 63.95**	**$ 63.95**	**$ 63.95**	**$ 63.95**
D, V, & L	Certificated employees with an FTE <1 are eligible to opt out of Major Medical and Prescription Dental, Vision, Life, and EAP Benefits and enroll only in the (Employee Assistance Program)				**$0.00**

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

Employee Name _____

Employee Signature _____ Date

*A new selection of Pre-Tax requires that you meet with American Fidelity.