



Enterprise Elementary School District 2019-2020 Insurance Plans and Costs

(Certificated Retirees as of 6/1/17)

All forms must be submitted by September 20, 2019, and all changes will be effective October 1st.
To select your health benefits plan, find the column that matches your status. Circle the plan coverages you would like including choice of health, dental (Option 1 is default) , vision, and / or life. Add the total of all plan selections and fill in the total column.

Sign and date the bottom and mail back to 1155 Mistletoe Lane, Redding, Ca 96002

Should you have any questions please contact:

Kate Borden at kborden@eesd.net or Raina Cable at rcable@eesd.net 530-224-4100

Monthly Health and Welfare Costs

Plan	Employee Only	Employee + One	Employee + Family	Dental Option 1	Dental Option 2	Vision	Life	Total
3A	\$ 756.17	\$ 1,812.17	\$ 2,471.17	\$ 135.30	\$ 70.74	\$ 25.74	\$5.55	
6B	\$ 585.17	\$ 1,517.17	\$ 2,100.17	\$ 135.30	\$ 70.74	\$ 25.74	\$5.55	
9C	\$ 328.17	\$ 1,075.17	\$ 1,543.17	\$ 135.30	\$ 70.74	\$ 25.74	\$5.55	
10D	\$ 139.17	\$ 751.17	\$ 1,133.17	\$ 135.30	\$ 70.74	\$ 25.74	\$5.55	
Well C	\$ 595.17	\$ 1,534.17	\$ 2,122.17	\$ 135.30	\$ 70.74	\$ 25.74	\$5.55	
HDHP 2	\$ 35.17	\$ 571.17	\$ 907.17	\$ 135.30	\$ 70.74	\$ 25.74	\$5.55	
Bronze	\$ -	\$ 495.00	\$ 803.00	\$ 135.30	\$ 70.74	\$ 25.74	\$5.55	
D, V, L	Dental, Vision, and Life Only.			Composite Rate				\$0.00

Employee Name _____

Employee Signature _____

Date _____