



**Enterprise Elementary School District
Admin, Conf, C/M Employees
2019-2020 Insurance Plans and Costs**

September is Open Enrollment for our Health and Welfare Benefits through California's Valued Trust. All forms must be submitted 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.

Enrollment/Change Forms are available in the district online forms bank by logging into www.eesd.net

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

To select your health benefits plan, find the column that matches your employment status (11 month, 12 month, married to another CVT member, then: **1) circle your plan choice, 2) select pre or post tax, and 3) sign and date.**

Plan	Monthly Payroll Deduction			
	11 Month	11 Month & Married (CVT covered spouse)	12 Month	12 Month & Married (CVT covered spouse)
3B	\$ 1,094.25	\$ 655.70	\$ 1,002.50	\$ 600.50
5V	\$ 953.52	\$ 549.88	\$ 873.50	\$ 503.50
8B	\$ 742.97	\$ 391.70	\$ 680.50	\$ 358.50
9V	\$ 536.79	\$ 237.88	\$ 491.50	\$ 217.50
Well C	\$ 910.97	\$ 518.25	\$ 834.50	\$ 474.50
HDHP 1	\$ 393.27	\$ 129.88	\$ 360.50	\$ 118.50
Bronze	\$ 211.70	\$ -	\$ 193.50	\$ -

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 _____