



Enterprise Elementary School District

2021-2022 Insurance Plans and Costs

CLASSIFIED TEAM MEMBER - 12 MONTH

All changes must be submitted via <https://mycvtrust.org/> by September 21, 2021, changes will be effective October 1st. To see your health benefits plan cost, find the column that matches your employment status (Full time or part time FTE), then select correct tier

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 Employee Deduction

Plan	COVERAGE TIERS	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	\$769.83	\$793.53	\$817.23	\$840.93	\$864.63
	Employee plus Child(ren)	\$1,047.00	\$1,082.94	\$1,118.88	\$1,154.81	\$1,190.75
	Employee plus Spouse	\$1,204.42	\$1,250.64	\$1,296.86	\$1,343.09	\$1,389.31
	Employee plus Family	\$1,326.00	\$1,388.50	\$1,451.00	\$1,513.50	\$1,576.00
8B	Employee Only	\$564.83	\$588.53	\$612.23	\$635.93	\$659.63
	Employee plus Child(ren)	\$746.00	\$781.94	\$817.88	\$853.81	\$889.75
	Employee plus Spouse	\$837.42	\$883.64	\$929.86	\$976.09	\$1,022.31
	Employee plus Family	\$882.00	\$944.50	\$1,007.00	\$1,069.50	\$1,132.00
9C	Employee Only	\$467.83	\$491.53	\$515.23	\$538.93	\$562.63
	Employee plus Child(ren)	\$603.00	\$638.94	\$674.88	\$710.81	\$746.75
	Employee plus Spouse	\$663.42	\$709.64	\$755.86	\$802.09	\$848.31
	Employee plus Family	\$671.00	\$733.50	\$796.00	\$858.50	\$921.00
10D	Employee Only	\$342.83	\$366.53	\$390.23	\$413.93	\$437.63
	Employee plus Child(ren)	\$419.00	\$454.94	\$490.88	\$526.81	\$562.75
	Employee plus Spouse	\$440.42	\$486.64	\$532.86	\$579.09	\$625.31
	Employee plus Family	\$399.00	\$461.50	\$524.00	\$586.50	\$649.00
Well C	Employee Only	\$660.83	\$684.53	\$708.23	\$731.93	\$755.63
	Employee plus Child(ren)	\$886.00	\$921.94	\$957.88	\$993.81	\$1,029.75
	Employee plus Spouse	\$1,009.42	\$1,055.64	\$1,101.86	\$1,148.09	\$1,194.31
	Employee plus Family	\$1,090.00	\$1,152.50	\$1,215.00	\$1,277.50	\$1,340.00
HDHP 3	Employee Only	\$277.83	\$301.53	\$325.23	\$348.93	\$372.63
	Employee plus Child(ren)	\$324.00	\$359.94	\$395.88	\$431.81	\$467.75
	Employee plus Spouse	\$323.42	\$369.64	\$415.86	\$462.09	\$508.31
	Employee plus Family	\$258.00	\$320.50	\$383.00	\$445.50	\$508.00
Bronze	Employee Only	\$261.83	\$285.53	\$309.23	\$332.93	\$356.63
	Employee plus Child(ren)	\$301.00	\$336.94	\$372.88	\$408.81	\$444.75
	Employee plus Spouse	\$295.42	\$341.64	\$387.86	\$434.09	\$480.31
	Employee plus Family	\$224.00	\$286.50	\$349.00	\$411.50	\$474.00
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

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

Please email payroll@eesd.net if you wish to make a change to your Pretax/After tax selection