



**Enterprise Elementary School District**  
**2023-2024 Insurance Plans and Costs**

**(Certificated Retirees as of 7/1/23 )**

All changes must be submitted via <https://mycvt.cvtrust.org/> by September 22, 2023, changes will be effective October 1st  
 To see your health benefits plan cost, find the column that matches your correct tier, then take plan cost + dental option cost to get total cost of coverage

**Should you have any questions please contact:**  
 Raina Cable at [rcable@eesd.net](mailto: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	\$ 784.00	\$ 1,996.00	\$ 2,754.00	\$ 125.45	\$ 65.60	\$ 24.52	\$5.55	
6B	\$ 588.00	\$ 1,660.00	\$ 2,329.00	\$ 125.45	\$ 65.60	\$ 24.52	\$5.55	
9C	\$ 292.00	\$ 1,150.00	\$ 1,686.00	\$ 125.45	\$ 65.60	\$ 24.52	\$5.55	
10D	\$ 75.00	\$ 777.00	\$ 1,216.00	\$ 125.45	\$ 65.60	\$ 24.52	\$5.55	
Well C	\$ 599.00	\$ 1,678.00	\$ 2,353.00	\$ 125.45	\$ 65.60	\$ 24.52	\$5.55	
HDHP2 (HSA Eligible)	\$ -	\$ 571.00	\$ 955.00	\$ 125.45	\$ 65.60	\$ 24.52	\$5.55	
Bronze	\$ -	\$ 458.00	\$ 814.00	\$ 125.45	\$ 65.60	\$ 24.52	\$5.55	