HAPPY VALLEY UNION SCHOOL DISTRICT

October 2024 - September 2025 CVT Insurance Selection Confirmation Sheet

Active Certificated Staff: Full Time Employee 1.00 FTE - 11 Pay Periods

Tier Level & Plan Premium (Monthly)	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
PPO-1, Rx-C	1,275.00	2,283.00	1,874.00	2,767.00
PPO-7, Rx-C	1,030.00	1,843.00	1,513.00	2,235.00
PPO-8, Rx-C	939.00	1,681.00	1,379.00	2,037.00
PPO-9, Rx-C	836.00	1,496.00	1,228.00	1,814.00
PPO-10, Rx-C	721.00	1,291.00	1,059.00	1,564.00
HDHP-1, RX-C	714.00	1,278.00	1,050.00	1,549.00
CVT Bronze Plan	582.00	1,042.00	855.00	1,263.00

DENTAL Monthly Premium (Basic, $1,500 Annual Maximum, Ortho $1,000 Max Lifetime)

Employee Only	50.42			
Employee + Spouse		93.40		
Employee + Children/Family			144.54	144.54

VISION Monthly Premium (Plan C, $15.00 Copay)

Employee Only	22.50			
Employee + Spouse		22.50		
Employee + Children/Family			22.50	22.50
DISTRICT CONTRIBUTION	***966.67***	***966.67***	***966.67***	***966.67***

Employee Monthly Share of Premium	Employee Only		Employee + Spouse		Employee + Children		Employee + Family	
	11 month	1st Yr. 11 mnth.	11 month	1st Yr. 11 mnth.	11 month	1st Yr. 11 mnth.	11 month	1st Yr. 11 mnth.
PPO-1, Rx-C	415.91	381.25	1,562.44	1,432.23	1172.04	1074.37	2,146.23	1,967.37
PPO-7, Rx-C	148.64	136.25	1,082.44	992.23	778.23	713.37	1,565.86	1,435.37
PPO-8, Rx-C	49.37	45.25	905.71	830.23	632.04	579.37	1,349.86	1,237.37
PPO-9, Rx-C	0.00	0.00	703.89	645.23	467.32	428.37	1,106.59	1,014.37
PPO-10, Rx-C	0.00	0.00	480.25	440.23	282.95	259.37	833.86	764.37
HDHP-1, RX-C	0.00	0.00	466.07	427.23	273.13	250.37	817.50	749.37
CVT Bronze Plan	0.00	0.00	208.62	191.23	60.41	55.37	505.50	463.37

EMPLOYEE SELECTION FOR 2024 - 2025 PLAN YEAR

I Elect Plan:

Employee Only _____

Employee+Spouse _____

Employee+Children _____

Employee+Family _____

No change _____

Total Employee Share: _____

Important Notice: Monthly Share of Premium assumes Employee elects the same tier for Dental Coverage options as the Health election. (Ex. EE+Spouse for Medical, Dental and Vision). If you elect a different tier for Dental than your Medical Election Tier, contact Payroll for your adjusted share of premium calculation.

Print Name _____ **Last 4 of SS#** _____

Signature _____ **Date** _____

Notice: Once selected, your plan option may not be changed until the next open enrollment period (September 2025) to be effective October 01, 2025 UNLESS there is a qualifying event which will require an updated enrollment/change form- forms are available at the District Office.

*****THIS FORM MUST BE COMPLETED AND RETURNED TO THE DISTRICT OFFICE *****

RETURN BY 09/20/2024