



Enterprise Elementary School District

2025-2026 Insurance Plans and Costs

(Certificated Retirees as of 6/1/17)

All changes must be submitted via <https://mycvtrust.org/> by September 30th, 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 530-224-4100

Monthly Health and Welfare Costs

Plan	Employee Only	Employee + One	Employee + Family	Dental Option 1	Dental Option 2	Vision	Life
3A	\$ 1,291.17	\$ 2,733.17	\$ 3,634.17	\$ 131.72	\$ 68.88	\$ 25.75	\$5.55
6B	\$ 1,059.17	\$ 2,333.17	\$ 3,129.17	\$ 131.72	\$ 68.88	\$ 25.75	\$5.55
9C	\$ 707.17	\$ 1,728.17	\$ 2,366.17	\$ 131.72	\$ 68.88	\$ 25.75	\$5.55
10D	\$ 449.17	\$ 1,285.17	\$ 1,806.17	\$ 131.72	\$ 68.88	\$ 25.75	\$5.55
HDHP 2 (HSA Eligible)	\$ 299.17	\$ 1,025.17	\$ 1,480.17	\$ 131.72	\$ 68.88	\$ 25.75	\$5.55
HDHP 3 (HSA Eligible)	\$ 144.17	\$ 757.17	\$ 1,142.17	\$ 131.72	\$ 68.88	\$ 25.75	\$5.55
Bronze	\$ 214.17	\$ 880.17	\$ 1,296.17	\$ 131.72	\$ 68.88	\$ 25.75	\$5.55