Enterprise Elementary School District

2025-2026 Insurance Plans and Costs

(Classified Retirees after 7.1.23)

All changes must be submitted via https://mycvt.cvtrust.org/ by September 30th, changes will be effective October 1st.
To see the total cost of your health benefits plan, find your tier then add costs of of all coverages ie. Medical and Dental only etc.
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	Vision	Life
3A	$ 1,101.00	$ 2,543.00	$ 3,444.00	$ 131.72	$ 25.72	$ 5.55
8B	$710.00	$1,869.00	$2,594.00	$ 131.72	$ 25.72	$ 5.55
9C	$517.00	$1,538.00	$2,176.00	$ 131.72	$ 25.72	$ 5.55
10C	$334.00	$1,224.00	$1,779.00	$ 131.72	$ 25.72	$ 5.55
10D	$259.00	$1,095.00	$1,616.00	$ 131.72	$ 25.72	$ 5.55
HDHP3 (HSA eligible)	$ -	$567.00	$952.00	$ 131.72	$ 25.72	$ 5.55
Bronze	$ 24.00	$ 852.63	$ 1,268.63	$ 131.72	$ 25.72	$ 5.55