Enterprise Elementary School District

2025-2026 Insurance Plans and Costs

Certificated Employees (Not Married to another CVT Member)

All changes must be submitted via **https://mycvt.cvtrust.org/** by **September 30th,** 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: take plan cost + dental option cost to get total cost of coverage

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 Payroll Deduction (Plan + Dental Option)				
Plan	**Full Time**	**.7 FTE (Full Time Equivelant)**	**.4 FTE (Full Time Equivelant)**	**.3 FTE (Full Time Equivelant)**	
3A	**$ 1,410.40**	**$ 1,775.85**	**$ 2,141.31**	**$ 2,263.12**	
6B	**$ 1,098.40**	**$ 1,463.85**	**$ 1,829.31**	**$ 1,951.12**	
9C	**$ 629.31**	**$ 994.76**	**$ 1,360.21**	**$ 1,482.03**	
10D	**$ 306.40**	**$ 671.85**	**$ 1,037.31**	**$ 1,159.12**	
HDHP 2 (HSA Eligible)	**$ 198.40**	**$ 563.85**	**$ 929.31**	**$ 1,051.12**	
HDHP 3 (HSA Eligible)	**$ (24.15)**	**$ 341.31**	**$ 706.76**	**$ 828.58**	
PPO Opt Out	**$ -**				**.7 .4 .3 FTE not required to enroll in medical**
Bronze	**$ 76.21**	**$ 441.67**	**$ 807.12**	**$ 928.94**	
Dental Option 1	**$ 119.08**	**$ 119.08**	**$ 119.08**	**$ 119.08**	
Dental Option 2	**$ 62.26**	**$ 62.26**	**$ 62.26**	**$ 62.26**	
D, V, & L	Certificated employees with an FTE <1 are eligible to opt out of Major Medical and Prescription Dental, Vision, Life, and EAP Benefits and enroll only in the (Employee Assistance Program)				**$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