

HAPPY VALLEY UNION SCHOOL DISTRICT
October 2026 - September 2027 STSIG Insurance Selection Confirmation Sheet
Active Certificated Staff: Full Time Employee 1.00 FTE - **11 Pay Periods**

Tier Level & Plan Premium (Monthly)	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
80C	992.00	1,787.00	1,986.00	2,781.00
80G	943.00	1,698.00	1,888.00	2,643.00
80K	892.00	1,606.00	1,784.00	2,499.00
80M	808.00	1,455.00	1,616.00	2,263.00
HSA-1700	852.00	1,533.00	1,703.00	2,385.00
HSA-3400	747.00	1,346.00	1,495.00	2,093.00
HSA-5000	716.00	1,288.00	1,432.00	2,004.00

DENTAL Monthly Premium

Plan 6 (Composite)	\$97.49	(\$97.49 x 12 = \$1,169.88)	Use this calculation if you have worked for HV longer than 1 school year~
Plan 9 (Composite)	\$106.58	(\$106.58 x 12 = \$1,278.96)	
Plan 12 (Composite)	\$123.54	(\$123.54 x 12 = \$1,482.48)	

VISION Monthly Premium

Plan C Sub 3	\$24.30	(\$24.30 x 12 = \$291.60)	Use this calculation if you have worked for HV longer than 1 school year~
Plan C Sub 4	\$22.50	(\$22.50 x 12 = \$270.00)	
Plan C Sub 5	\$18.90	(\$18.90 x 12 = \$226.80)	

DISTRICT CONTRIBUTION	966.67	(\$11,600.00)	966.67	966.67	966.67
-----------------------	--------	---------------	--------	--------	--------

Employee Monthly Share of Premium	Employee Only		Employee + Children		Employee + Spouse		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.
80C	160.50	147.12	1,027.77	942.12	1244.86	1141.12	2,112.13	1,936.12
80G	107.04	98.12	930.68	853.12	1137.95	1043.12	1,961.59	1,798.12
80K	51.40	47.12	830.32	761.12	1024.50	939.12	1,804.50	1,654.12
80M	0.00	0.00	665.59	610.12	841.23	771.12	1,547.04	1,418.12
HSA-1700	0.00	7.12	726.38	688.12	936.13	858.12	1,680.13	1,540.12
HSA-3400	0.00	0.00	546.68	501.12	709.23	650.12	1,361.59	1,248.12
HSA-5000	0.00	0.00	483.41	443.12	640.50	587.12	1,264.50	1,159.12

EMPLOYEE SELECTION FOR 2026 - 2027 PLAN YEAR

I Elect Plan:

Employee Only _____
Employee+Spouse _____
Employee+Children _____
Employee+Family _____
No change _____
Total Monthly Share: _____

For 1+ year employees: Calculations are based on the health premium + dental Plan 6 and Vision Plan C Sub 3. If you want to elect a different dental plan and/or a different vision plan, see the following formula to figure out your monthly premium:
Health Premium x 12
Dental Premium x 12
Vision Premium x 12
Add all premiums then subtract \$11,600. Divide that total by 11 months. This will be your premium portion.
Ex.: 80G - \$943x12=\$11,316.00
Dntl Plan 12 - \$123.54x12=\$1,482.48
Vision C 5 - \$18.90x12=\$226.80
\$11,316.00+\$1,482.48+\$226.80= \$13,025.28 - \$11,600.00 = \$1,425.28
\$1,425.25/11=\$129.57

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 or Vision 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 2027) to be effective October 01, 2027 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 09/04/2026