

HAPPY VALLEY UNION SCHOOL DISTRICT
October 2026 - September 2027 CVT Insurance Selection Confirmation Sheet
Admin (Management): Full Time Employee 1.00 FTE - **12 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
Plan 9 (Composite)	\$106.58
Plan 12 (Composite)	\$123.54

Calculations are based on health premium plus Dental Plan 6 and Vision Plan C Sub 3.
If you want a different dental and/or vision plan you will need to add that plan premium to the health premium and then subtract the district contribution for your monthly out of pocket cost. Ex.: \$808.00+\$106.58+\$22.50=\$937.08-\$966.67=\$-29.59 (0.00 out of pocket)

VISION Monthly Premium (Plan C, \$15.00 Copay)

Plan C Sub 3	\$24.30
Plan C Sub 4	\$22.50
Plan C Sub 5	\$18.90

DISTRICT CONTRIBUTION	966.67	966.67	966.67	966.67
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Employee Monthly Share of Premium	Employee Only 12 month	Employee + Children 12 Month	Employee + Spouse 12 Month	Employee + Family 12 Month
80C	147.12	942.12	1,141.12	1,936.12
80G	98.12	853.12	1,043.12	1,798.12
80K	47.12	761.12	939.12	1,654.12
80M	10.24	610.12	771.12	1,418.12
HSA-1700	7.12	688.12	858.12	1,540.12
HSA-3400	0.00	501.12	650.12	1,248.12
HSA-5000	0.00	443.12	587.12	1,159.12

EMPLOYEE SELECTION FOR 2026 - 2027 PLAN YEAR

I Elect Plan:

Employee Only _____
Employee+Spouse _____
Employee+Children _____
Employee+Family _____

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 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 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