Enterprise Elementary School District

2026-2027 Insurance Plans and Costs

CLASSIFIED TEAM MEMBER - 12 MONTH

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 select correct tier
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 Employee Deduction				
Plan	**8 Hrs (1.0FTE)**	**7.5 hrs (.9375 FTE)**	**7 hrs (.875 FTE)**	**6.5 hr (.8125 FTE)**	**6.0 hrs (.750 FTE)**
3A	$1,569.61	$1,641.49	$ 1,713.36	$ 1,785.24	$ 1,868.61
8B	$1,044.61	$1,116.49	$ 1,188.36	$ 1,260.24	$ 1,343.61
9C	$796.61	$868.49	$ 940.36	$ 1,012.24	$ 1,095.61
10C	$548.61	$620.49	$ 692.36	$ 764.24	$ 847.61
10D	$476.61	$548.49	$ 620.36	$ 692.24	$ 775.61
Bronze	$ 249.61	$321.49	$ 393.36	$ 465.24	$ 548.61
HDHP3 (HSA Eligible)	$149.61	$221.49	$ 293.36	$ 365.24	$ 448.61
D, V, L & EAP	Employees with an FTE of .75 (6 hrs) or greater **and** less than 1 FTE (8 hrs) are eligible to opt out of Major Medical and Prescription benefits, but enroll in Dental, Vision and Life				**Composite Rate** $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