

WILLOWS UNIFIED SCHOOL DISTRICT
CLASSIFIED EMPLOYEE HEALTH INSURANCE ELECTION
OCTOBER 2025 - SEPTEMBER 2026

12-Month Payroll Deductions with INCENTIVE DENTAL PLAN

BENEFIT **	PLAN 3A	PLAN 8D	PLAN 10D	HDHP - 1	HDHP - 2	HDHP - 3	CVT BRONZE
Calendar Year Deductible:							
Individual	\$ 100	\$ 500	\$ 2,000	No individual limit applies to family \$1,700	No individual limit applies to family \$2,600	No individual limit applies to family \$6,500	\$ 5,000
Family	\$ 200	\$ 1,000	\$ 4,000	\$3,400	\$5,200	\$13,000	\$ 10,000
Coinurance	Paid at 100% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 70% after deductible is met
Calendar Year Out-of-Pocket Maximum	Individual: \$ 1,250 Family: \$2,500	Individual: \$ 3,250 Family : \$ 6,500	Individual: \$ 6,350 Family : \$ 12,700	Individual: \$ 5,000 Family: \$ 10,000 <small>Family=Employee+1 or more covered dependents). No one individual will pay more than \$5,000.</small>	Individual: \$ 6,000 Family: \$ 12,000 <small>Family=Employee+1 or more covered dependents). No one individual will pay more than \$6,000.</small>	Individual: \$ 8,000 Family: \$ 16,000 <small>Family=Employee+1 or more covered dependents). No one individual will pay more than \$8,000.</small>	Individual: \$ 7,000 Family: \$14,000
(includes medical/pharmacy deductible, coinsurance, and copays)							
Doctor Visits Copay (Primary Care & Specialty Physician)	\$ 20	\$ 30		Paid at 90% after deductible is met <small>MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.</small>	Paid at 80% after deductible is met <small>MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.</small>	Paid at 70% after deductible is met <small>MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.</small>	Primary Care: First 3 visits covered in full after \$60 copay per visit; Remaining visits- Paid at 70% after deductible is met. Specialty: Subject to deductible then \$70 copay. MDLIVE - 100% for non-emergency medical, dermatology & behavioral health consultations.
Prescription Drugs							
Retail	\$ 5 / \$ 22	\$ 10 / \$ 40 / \$ 100	\$ 10 / \$ 40 / \$ 100	\$ 25 / \$ 50	\$ 25 / \$ 50	\$ 25 / \$ 50	\$ 25 / \$ 50
Mail Order	\$ 10 / \$ 44	\$ 25 / \$ 100 / \$ 250	\$ 25 / \$ 100 / \$ 250	\$ 50 / \$ 100	\$ 50 / \$ 100	\$ 50 / \$ 100	\$ 50 / \$ 100
Monthly Premium Cost:							
Medical + Rx	2,393.00	1,814.00	1,377.00	1,431.00	1,278.00	1,074.00	1,166.00
INCENTIVE Dental (Basic, \$2400 Annual Max)	131.93	131.93	131.93	131.93	131.93	131.93	131.93
Vision (Plan C, \$15 Copay)	21.28	21.28	21.28	21.28	21.28	21.28	21.28
Life (\$15,000)	1.43	1.43	1.43	1.43	1.43	1.43	1.43
Annual Health Insurance Cost	\$30,571.68	\$23,623.68	\$18,379.68	\$19,027.68	\$17,191.68	\$14,743.68	\$15,847.68
Annual District Contribution**	\$12,600.00	\$12,600.00	\$12,600.00	\$12,600.00	\$12,600.00	\$12,600.00	\$12,600.00
12 Monthly Payroll Deduction for:							
1,000 FTE (8 Hours/Day)	\$1,497.64	\$918.64	\$481.64	\$535.64	\$382.64	\$178.64	\$270.64
0.875 FTE (7 Hours/Day)	\$1,628.89	\$1,049.89	\$612.89	\$666.89	\$513.89	\$309.89	\$401.89

**** Based on Full-Time Equivalent (FTE) - will prorate if less than 7.5 hours/day.**

Open enrollment is online through <https://mycvr.cvrtrust.org/>
Please make your selection during open enrollment, **August 14th through September 4th, 2024**