WILLOWS UNIFIED SCHOOL DISTRICT
CLASSIFIED EMPLOYEE HEALTH INSURANCE ELECTION
OCTOBER 2026 - SEPTEMBER 2027

11-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:				*No individual limit applies to family*	*No individual limit applies to family*	*No individual limit applies to family*	
Individual	$ 100	$ 500	$ 2,000	$1,700	$2,600	$6,500	$ 5,000
Family	$ 200	$ 1,000	$ 4,000	$3,400	$5,200	$13,000	$ 10,000
Coinsurance	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 (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: $ 1,250 Family: $2,500	Individual: $ 3,250 Family : $ 6,500	Individual: $ 6,350 Family : $ 12,700	Individual: $ 5,000 Family: $ 10,000 *Family=Employee+1 or more covered dependent(s). No one individual will pay more than $5,000.*	Individual: $ 6,000 Family: $ 12,000 *Family=Employee+1 or more covered dependent(s). No one individual will pay more than $6,000.*	Individual: $ 8,000 Family: $ 16,000 *Family=Employee+1 or more covered dependent(s). No one individual will pay more than $8,000.*	Individual: $ 7,000 Family: $14,000
Doctor Visits Copay (Primary Care & Specialty Physician)	$ 20 MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	$ 30 MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	Paid at 80% after deductible is met MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	Paid at 90% after deductible is met MDLIVE - Paid at 100% ***after deductible is met*** for non-emergency medical, dermatology & behavioral health consultations.	Paid at 80% after deductible is met MDLIVE - Paid at 100% ***after deductible is met*** for non-emergency medical, dermatology & behavioral health consultations.	Subject to deductible, then: $60 Copay (Primary) $90 Copay (Specialist) MDLIVE - Paid at 100% ***after deductible is met*** for non-emergency medical, dermatology & behavioral health consultations.	**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		*$150 Brand Deductible*	*$150 Brand Deductible*	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then
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	2,512.00	1,904.00	1,446.00	1,502.00	1,342.00	1,128.00	1,224.00
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	$31,999.68	$24,703.68	$19,207.68	$19,879.68	$17,959.68	$15,391.68	$16,543.68
Annual District Contribution**	**$12,600.00**	**$12,600.00**	**$12,600.00**	**$12,600.00**	**$12,600.00**	**$12,600.00**	**$12,600.00**
11 Monthly Payroll Deduction for:							
1.00000 FTE (8 Hours/Day)	**$1,763.61**	**$1,100.33**	**$600.70**	**$661.79**	**$487.24**	**$253.79**	**$358.52**
0.84375 FTE (6.75 Hours/Day)	**$1,942.58**	**$1,279.31**	**$779.68**	**$840.77**	**$666.22**	**$432.77**	**$537.49**
0.75000 FTE (6 Hours/Day)	**$2,049.97**	**$1,386.70**	**$887.06**	**$948.15**	**$773.61**	**$540.15**	**$644.88**
0.62500 FTE (5 Hours/Day)	**$2,193.15**	**$1,529.88**	**$1,030.24**	**$1,091.33**	**$916.79**	**$683.33**	**$788.06**
0.51250 FTE (4.1 Hours/Day)	**$2,322.02**	**$1,658.74**	**$1,159.11**	**$1,220.20**	**$1,045.65**	**$812.20**	**$916.93**

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

Open enrollment is online through https://mycvt.cvtrust.org/

Please make your selection during open enrollment, August 13th through September 3th, 2026