

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

12-Month Payroll Deductions with DPO 70-30 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	No individual limit applies to family	No individual limit applies to family	\$ 5,000
Family	\$ 200	\$ 1,000	\$ 4,000	\$1,700 \$3,400	\$2,600 \$5,200	\$6,500 \$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	Individual: \$ 1,250 Family: \$2,500	Individual: \$ 3,250 Family : \$ 6,500	Individual: \$ 6,350 Family : \$ 12,700	Individual: \$ 5,000 Family: \$ 10,000	Individual: \$ 6,000 Family: \$ 12,000	Individual: \$ 8,000 Family: \$ 16,000	Individual: \$ 7,000 Family: \$14,000
(includes medical/pharmacy deductible, coinsurance, and copays)				Family=Employee+1 or more covered dependent(s). No one individual will pay more than \$5,000.	Family=Employee+1 or more covered dependent(s). No one individual will pay more than \$6,000.	Family=Employee+1 or more covered dependent(s). No one individual will pay more than \$8,000.	
Doctor Visits Copay (Primary Care & Specialty Physician)	\$ 20	\$ 30	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Subject to deductible, then: \$60 Copay (Primary) \$90 Copay (Specialist)	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.
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Prescription Drugs							
Retail	\$ 5 / \$ 22	\$ 10 / \$ 40 / \$ 100	\$ 10 / \$ 40 / \$ 100	Subject to deductible, then \$ 25 / \$ 50	Subject to deductible, then \$ 25 / \$ 50	Subject to deductible, then \$ 25 / \$ 50	Subject to deductible, then \$ 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
DPO 70/30 Dental (Basic, \$1500 Annual Max)	89.70	89.70	89.70	89.70	89.70	89.70	89.70
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	\$31,492.92	\$24,196.92	\$18,700.92	\$19,372.92	\$17,452.92	\$14,884.92	\$16,036.92
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)	\$1,574.41	\$966.41	\$508.41	\$564.41	\$404.41	\$190.41	\$286.41
0.875 FTE (7 Hours/Day)	\$1,705.66	\$1,097.66	\$639.66	\$695.66	\$535.66	\$321.66	\$417.66

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

Open enrollment is online through <https://mycvtrust.org/>

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