



OPEN ENROLLMENT 2026

YOUR GUIDE TO MAKING BENEFIT ELECTIONS

October 20 – 31, 2025



CHECK OUT OUR CSD HR WEBPAGE

OPEN ENROLLMENT
OCT 20 - OCT 31

ALL OPEN ENROLLMENT FORMS ARE DUE BACK TO HUMAN RESOURCES NO LATER THAN FRIDAY OCTOBER 31, 2025.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MICHELLE LOW AT MICHELLE.LOW@COLCHESTERSD.ORG,
OR MARY CROWLEY AT MARY.CROWLEY@COLCHESTERSD.ORG.

WHAT IS OPEN ENROLLMENT:

Open Enrollment is the event that enables you to elect or make changes to your benefits. After this open enrollment period is completed, generally you will not be allowed to change your benefit elections or add dependents until the next year's open enrollment period, unless you have a qualified status change.

HOW TO ENROLL, RE-ENROLL OR MAKE CHANGES:

The first step is to review your current benefit elections. Are you planning on enrolling in a benefit for the first time or make a change to your existing medical or dental plans? Have you updated your life insurance beneficiaries? Did you want to participate in Section 125 – Flexible Spending Health (FSA) or Dependent Care (DCA) this year?

- [Open Enrollment Checklist](#)
- **Medical and/or Dental** – New enrollment, addition, cancellation or changing plans requires an enrollment-change form to be completed. **If you are not making any changes, your current elections will carry over to next year.**
- **Section 125, Health and/or Dependent Care Flexible Spending Account (FSA/DCA)** – **This is an annual election;** you must fill this form out each year in order to participate.
- **Voluntary Vision** - new this year! Delta Vision enrollment form is required
- **Voluntary Pet Insurance** - Request quotes, enroll, and make payments online at <https://wishboneinsurance.com/csdvt>
- **Group Life Insurance** – For beneficiary changes, complete a beneficiary change form. If you would like to add or change your coverage amount, please contact [Michelle Low](#).

WHEN TO ENROLL:

The open enrollment period runs from **Oct 20 - Oct 31**. The benefits you elect during open enrollment will be effective beginning on January 1, 2026. All forms should be returned to HR **no later than Friday October 31, 2025.**



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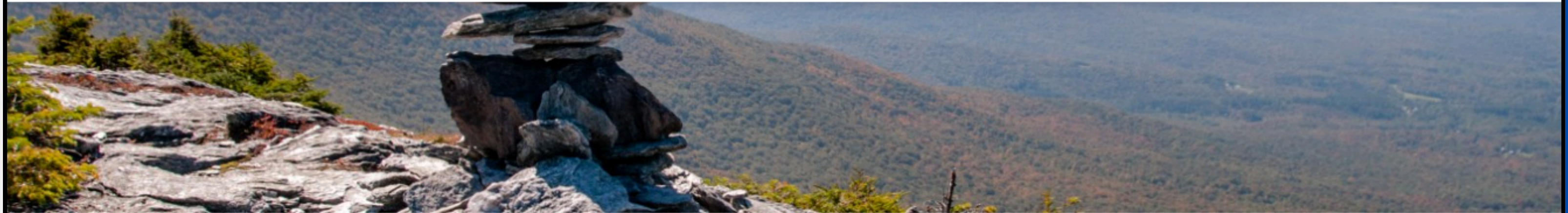
ABOUT US ▾

BENEFITS ▾

WELLNESS PROGRAM ▾

RETIREES ▾

BOARD ▾



Benefits

The Vermont Education Health Initiative (VEHI) is a non-profit organization that, for more than two decades, has served school districts by offering employee benefit plans responsive to the needs both of employers and of employees and their dependents. VEHI also provides health insurance benefits to retired teachers and their dependents through the Vermont State Teachers' Retirement System.

One of the essential components of our work is making available a range of employee benefit plans, in collaboration with major insurance carriers, that are cost effective, affordable and high-quality. You can find more information relating to our [Health](#), [Dental](#) and [LTD/Life](#) benefits by using the navigation on the left.

Related Pages

- [Health Rates](#)
- [Health](#)
- [Dental](#)
- [LTD/Life](#)



Health Premium Rates



Health



Dental



LTD/Life

WHAT'S NEW IN 2026?

- Cash-in-lieu (buyout) is no longer an option
- Silver CDHP deductibles \$3,400 & \$6,800
- GLP-1 medications prescribed strictly for weight loss will no longer be covered in 2026

FSA

- Rollover from 2025 into 2026 = \$660
- \$3,400

HSA

- Single = \$4,400
- Family = \$8,750
- Catch-up (55 & older) = \$1,000

DCA

- \$7,500 single & married filing jointly
- \$3,750 married filing separately

Print Name: _____ Building _____

➡ REQUIRED HEALTH CARE COVERAGE ANNUAL FORMS:

If you are continuing with your FSA, DCA, or HSA, the forms need to be completed annually.

- ☐ Flexible Spending (FSA)
- ☐ Dependent Care (DCA)
- ☐ Health Savings Accounts Extra Contribution (HSA)

➡ OR I AM NEWLY ENROLLING/ MAKING CHANGES TO MY HEALTH/DENTAL
COVERAGE:

- ☐ Platinum plan with Health Reimbursement Arrangement (HRA)
 - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Gold Plan with the Health Health Reimbursement Arrangement (HRA)
 - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Gold CDHP Plan with the Health Health Reimbursement Arrangement (HRA)
 - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Silver CDHP Plan with the Health Health Reimbursement Arrangement (HRA) or the Health Savings Account (HSA)
 - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form or HSA Form*
- ☐ Delta Dental
 - ☐ *I am making a change to my dental enrollment and have attached the change form*

➡ I would like to enroll in an optional plan(s):

- ☐ Delta Vision Plan
 - ☐ *I am enrolling in this plan. I have attached the Form*
- ☐ Wishbone Pet Plan
 - ☐ *I am enrolling in this plan and understand enrollment and payments are handled directly on the [Wishbone website](#).*

WHAT DO YOU NEED OPEN ENROLLMENT?



HEALTH PLAN **COMPARISON**

Platinum

Gold

Gold CDHP

Silver CDHP

All plans have an HRA except for the Silver CDHP plan,
which offers both an HRA or an HSA.

Licensed Employees:

Single HRA = \$1,900

All other tiers = \$4,000

Non-Licensed Employees:

Single HRA = \$2,200

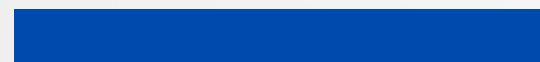
All other tiers = \$4,400

*HRA pays first dollar out of pocket!

ALL PLANS OFFER **THE SAME COVERAGE!**

The difference is in who pays what first.
AND with the HRA, it comes down to which
plan pays the most? The answer is...

GOLD CDHP!



LICENSED Out of Pocket Max

- Platinum \$900 / \$1,600
- Gold \$1,200 / \$2,200
- Gold CDHP \$600 / \$1,000
- Silver CDHP \$2,100 / \$4,000

NON-LICENSED Out of Pocket Max

- Platinum \$600 / \$1,200
- Gold \$900 / \$1,800
- Gold CDHP \$300 / \$600
- Silver CDHP \$1,800 / \$3,600

Health Plans for Licensed Employees CY26	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
HRA or HSA Funding for Licensed Employees	HRA \$1,900 Single/ \$4,000 All other tiers	HRA \$1,900 Single/ \$4,000 All other tiers	HRA \$1,900 Single/ \$4,000 All other tiers	HRA or HSA \$1,900 Single/ \$4,000 All other tiers
Medical Deductible	\$500 Single/ \$1,000 All other tiers	\$1,200 Single/ \$2,400 All other tiers	\$1,800 Single/ \$3,600 (aggregate) All other tiers	\$3,400 Single/ \$6,800 All other tiers
Medical Out of Pocket Maximum	\$1,500 Single/ \$3,000 All other tiers	\$1,800 Single/ \$3,600 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Prescription Deductible	\$0	\$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	\$1,300 Single/ \$2,600 All other tiers	\$1,300 Single/ \$2,600 All other tiers	\$1,700 Single/ \$3,400 (aggregate) All other tiers (included in Medical OOPM)	\$1,700 Single/ \$3,400 (aggregate) All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	\$2,800 Single/ \$5,600 All other tiers	\$3,100 Single/ \$6,200 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Total Out of Pocket Exposure AFTER HRA or HSA (Medical and Rx Combined)	\$900 Single/ \$1,600 All other tiers	\$1,200 Single/ \$2,200 All other tiers	\$600 Single/ \$1,000 All other tiers	\$2,100 Single/ \$4,000 All other tiers
Benefit Specifics by Plan				
Preventive PCP Visit	\$0	\$0	\$0	\$0
Primary Care Physician / Mental Health or Substance Abuse Visit	\$25	\$25	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Specialist Visit	\$35	\$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent Care Facility	\$75	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Inpatient, Outpatient, Radiology, DME, Ambulance, etc.	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Generic tier 1 / tier 2 / Brand / NP Brand	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Wellness Prescriptions	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	No member cost	No member cost

Health Plans for Non-Licensed Employees CY26	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
HRA or HSA Funding for Non-Licensed	HRA \$2,200 Single/ \$4,400 All other tiers	HRA \$2,200 Single/ \$4,400 All other tiers	HRA \$2,200 Single/ \$4,400 All other tiers	HRA or HSA \$2,200 Single/ \$4,400 All other tiers
Medical Deductible	\$500 Single/ \$1,000 All other tiers	\$1,200 Single/ \$2,400 All other tiers	\$1,800 Single/ \$3,600 (aggregate) All other tiers	\$3,400 Single/ \$6,800 All other tiers
Medical Out of Pocket Maximum	\$1,500 Single/ \$3,000 All other tiers	\$1,800 Single/ \$3,600 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Prescription Deductible	\$0	\$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	\$1,300 Single/ \$2,600 All other tiers	\$1,300 Single/ \$2,600 All other tiers	\$1,700 Single/ \$3,400 (aggregate) All other tiers (included in Medical OOPM)	\$1,700 Single/ \$3,400 (aggregate) All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	\$2,800 Single/ \$5,600 All other tiers	\$3,100 Single/ \$6,200 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Total Out of Pocket Exposure AFTER HRA or HSA (Medical and Rx Combined)	\$600 Single/ \$1,200 All other tiers	\$900 Single/ \$1,800 All other tiers	\$300 Single/ \$600 All other tiers	\$1,800 Single/ \$3,600 All other tiers
Benefit Specifics by Plan				
Preventive PCP Visit	\$0	\$0	\$0	\$0
Primary Care Physician / Mental Health or Substance Abuse Visit	\$25	\$25	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Specialist Visit	\$35	\$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent Care Facility	\$75	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Inpatient, Outpatient, Radiology, DME, Ambulance, etc.	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Generic tier 1 / tier 2 / Brand / NP Brand	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Wellness Prescriptions	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	No member cost	No member cost

Teachers.Admin.Full-Year Support Staff

Jan 2026 - June 2026

						Cost Per Check	Cost Per Check	Cost Per Check
						Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan. June	All Full-Year Jan- June
Platinum (ER pays 80% of Gold CDHP)	100% Monthly	100% Annual	80% ER Contribution	EE Annual	EE Jan-June	17	13	13
EE	\$1,339.21	\$16,070.52	\$11,814.91	\$4,255.61	\$2,127.81	\$125.17	\$163.68	\$163.68
EE+Child(ren)	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$4,303.07	\$253.13	\$331.01	\$331.01
Two Person	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.23	\$4,976.12	\$292.72	\$382.78	\$382.78
Family	\$3,788.62	\$45,463.44	\$32,727.55	\$12,735.89	\$6,367.95	\$374.59	\$489.85	\$489.85
						Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan. June	Full-Year Jan-June
Gold (ER pays 80% of Gold CDHP)	100% Monthly	100% Annual		EE Annual	EE Jan-June	17	13	13
EE	\$1,312.77	\$15,753.24	\$11,814.91	\$3,938.33	\$1,969.17	\$115.84	\$151.48	\$151.48
EE+Child(ren)	\$2,197.00	\$26,364.00	\$18,266.30	\$8,097.70	\$4,048.85	\$238.17	\$311.45	\$311.45
Two Person	\$2,625.55	\$31,506.60	\$22,189.06	\$9,317.55	\$4,658.78	\$274.05	\$358.37	\$358.37
Family	\$3,716.11	\$44,593.32	\$32,727.55	\$11,865.77	\$5,932.89	\$349.00	\$456.38	\$456.38
						Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan. June	Full-Year Jan-June
Gold CDHP (ER pays 80%)	100% Monthly	100% Annual		EE Annual	EE Jan-June	17	13	13
EE	\$1,230.72	\$14,768.64	\$11,814.91	\$2,953.73	\$1,476.87	\$86.88	\$113.61	\$113.61
EE+Child(ren)	\$1,902.74	\$22,832.88	\$18,266.30	\$4,566.58	\$2,283.29	\$134.32	\$175.64	\$175.64
Two Person	\$2,311.36	\$27,736.32	\$22,189.06	\$5,547.27	\$2,773.64	\$163.16	\$213.36	\$213.36
Family	\$3,409.12	\$40,909.44	\$32,727.55	\$8,181.89	\$4,090.95	\$240.65	\$314.69	\$314.69
						Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan. June	Full-Year Jan-June
Silver CDHP (ER pays 80%)	100% Monthly	100% Annual		EE Annual	EE Jan-June	17	13	13
EE	\$1,134.21	\$13,610.52	\$10,888.42	\$2,722.11	\$1,361.06	\$80.07	\$104.70	\$104.70
EE+Child(ren)	\$1,911.97	\$22,943.64	\$18,354.91	\$4,588.73	\$2,294.37	\$134.97	\$176.49	\$176.49
Two Person	\$2,268.44	\$27,221.28	\$21,777.02	\$5,444.26	\$2,722.13	\$160.13	\$209.40	\$209.40
Family	\$3,227.61	\$38,731.32	\$30,985.06	\$7,746.27	\$3,873.14	\$227.84	\$297.94	\$297.94

School year Union (21 pays)

Jan 2026 - June 2026

Cost Per Check

Platinum (ER pays 80% of Gold CDHP)

	<u>100% Monthly</u>	<u>100% Annual</u>	<u>80% ER Gold CDHP Contribution</u>	<u>EE Annual</u>	<u>EE Jan-June</u>	<u>12</u>
EE	\$1,339.21	\$16,070.52	\$11,814.91	\$4,255.61	\$2,127.81	\$177.32
EE+Child(ren)	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$4,303.07	\$358.59
Two Person	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.23	\$4,976.12	\$414.68
Family	\$3,788.62	\$45,463.44	\$32,727.55	\$12,735.89	\$6,367.95	\$530.67

Gold (ER pays 80% of Gold CDHP)

	<u>100% Monthly</u>	<u>100% Annual</u>	<u>80% ER Gold CDHP Contribution</u>	<u>EE Annual</u>	<u>EE Jan-June</u>	<u>12</u>
EE	\$1,312.77	\$15,753.24	\$11,814.91	\$3,938.33	\$1,969.17	\$164.10
EE+Child(ren)	\$2,197.00	\$26,364.00	\$18,266.30	\$8,097.70	\$4,048.85	\$337.41
Two Person	\$2,625.55	\$31,506.60	\$22,189.06	\$9,317.55	\$4,658.78	\$388.24
Family	\$3,716.11	\$44,593.32	\$32,727.55	\$11,865.77	\$5,932.89	\$494.41

Gold CDHP (ER pays 80%)

	<u>100% Monthly</u>	<u>100% Annual</u>	<u>80% ER Gold CDHP Contribution</u>	<u>EE Annual</u>	<u>EE Jan-June</u>	<u>12</u>
EE	\$1,230.72	\$14,768.64	\$11,814.91	\$2,953.73	\$1,476.87	\$123.08
EE+Child(ren)	\$1,902.74	\$22,832.88	\$18,266.30	\$4,566.58	\$2,283.29	\$190.28
Two Person	\$2,311.36	\$27,736.32	\$22,189.06	\$5,547.27	\$2,773.64	\$231.14
Family	\$3,409.12	\$40,909.44	\$32,727.55	\$8,181.89	\$4,090.95	\$340.92

Silver CDHP (ER pays 80%)

	<u>100% Monthly</u>	<u>100% Annual</u>	<u>80% ER Silver CDHP Contribution</u>	<u>EE Annual</u>	<u>EE Jan-June</u>	<u>12</u>
EE	\$1,134.21	\$13,610.52	\$10,888.42	\$2,722.11	\$1,361.06	\$113.43
EE+Child(ren)	\$1,911.97	\$22,943.64	\$18,354.91	\$4,588.73	\$2,294.37	\$191.20
Two Person	\$2,268.44	\$27,221.28	\$21,777.02	\$5,444.26	\$2,722.13	\$226.85
Family	\$3,227.61	\$38,731.32	\$30,985.06	\$7,746.27	\$3,873.14	\$322.77

NO CHANGES TO **DELTA DENTAL!**

Outline of Benefits COLCHESTER SCHOOL DISTRICT Group Number: 7777-27

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: July 1 through June 30

Eligibility Period: Determined by the Employer.

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

Diagnostic & Preventive (Coverage A)	100%
Basic (Coverage B) - includes posterior resin restorations	80%
Major (Coverage C)	50%
Orthodontics (Coverage D)	50%

Maximum Benefits: \$1,000 per person per benefit period excluding Orthodontics.
Orthodontic benefits have a separate lifetime maximum of \$750 per adult and child

Deductibles: \$50/\$150 benefit period deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:

Basic Benefits: No waiting period.

Major Benefits: No waiting period.

Orthodontic Benefits: No waiting period.

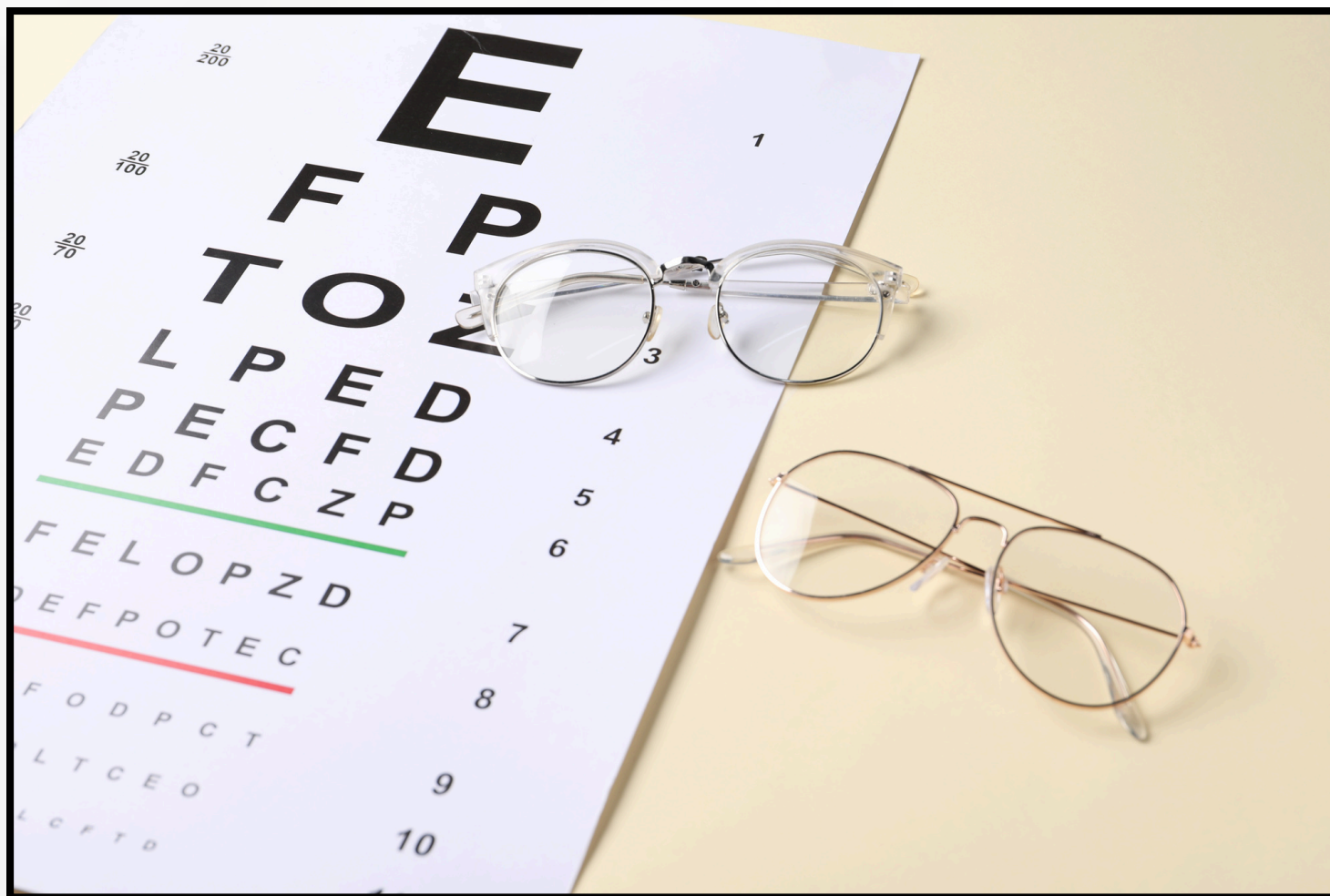
Dependent Age Limits:

Dependent Children are covered up to age 26.



DeltaVision®

Partner with EyeMedSM Vision Care



DeltaVision®

Partner with EyeMedSM Vision Care

Access 7 days a week,
102 hours per week

7:30 AM to 11:00 PM EST Monday – Saturday
11:00 AM to 8:00 PM EST on Sunday

1-866-723-0513

www.eyemedvisioncare.com

Hardware Plan

DeltaVision Plan Summary

*Frames every 24 months:

Any available frame at provider location

\$180 allowance, then 20% off balance

Up to \$90

Standard Plastic Lenses every 12 months

Single vision / Bifocal / Trifocal

Member copay \$20, plan pays balance

Up to \$25 / \$40 / \$55

Lens Options (in addition to copay for Standard Plastic Lenses)

UV coating / Tint / Standard scratch resistance

Member pays \$15 each

None

Standard polycarbonate

Member pays \$40

None

Standard anti-reflective coating

Member pays \$45

None

Standard progressive

Member pays \$65

None

Premium progressive

Member pays \$65, 80% of charge less \$120 allowance

None

Other add-ons and services

20% off retail price

None

*Contact Lenses every 12 months:

In lieu of spectacle lenses. Allowance covers materials only.

Conventional

\$180 allowance, then 15% off balance

Up to \$144

Disposable

\$180 allowance, member pays balance

Up to \$144

Medically necessary

Paid in full

Up to \$200

Laser Vision Correction - Lasik or PRK

15% off retail price or
5% off promotional price

None

*Frame and Contact allowance are one-time-use benefits

DELTAVISION MONTHLY PREMIUMS

Employee Only	\$5.18
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Employee and Spouse	\$8.89
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Employee and Child	\$8.89
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Employee and Children/Family	\$15.89
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**WISHBONE
INSURANCE & WELLNESS**

Wishbone Advantage

ACCIDENT & ILLNESS INSURANCE PLAN

for dogs & cats

starting at **\$12/month**

[SEE LESS](#)

- ✓ 70% out-of-network/ 80% in-network reimbursement
- ✓ \$250 deductible
- ✓ \$10k annual limit
- ✓ Instant 25% discount on eligible in-house medical services at in-network vets
- ✓ Office visits and exam fees
- ✓ Take-home Rx medications
- ✓ Rehab, Acupuncture & Chiropractic
- ✓ Visit any licensed U.S. based veterinarian
- ✓ Show your in-network ID card at an in-network vet to receive the in-network reimbursement rate
- ✓ Lost pet recovery and 24/7 vet support

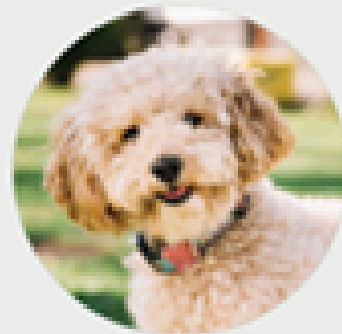
WISHBONE WELLNESS PLANS SCHEDULE OF BENEFITS

ESSENTIAL \$14/month	
Wellness Exam	1 per year, up to \$50
Vaccination/Titer	2 per year, up to \$50
Routine Bloodwork	1 per year, up to \$100
Fecal Test	1 per year, up to \$50
Urinalysis	1 per year, up to \$50
Preventatives	-
Dental Cleaning	-
TOTAL ANNUAL BENEFITS	\$300

PREMIUM \$25/month	
Wellness Exam	2 per year, up to \$100
Vaccination/Titer	3 per year, up to \$75
Routine Bloodwork	1 per year, up to \$100
Fecal Test	1 per year, up to \$50
Urinalysis	1 per year, up to \$50
Preventatives	\$100
Dental Cleaning	\$100
TOTAL ANNUAL BENEFITS	\$575



SAMPLE MEMBER SAVINGS



Charlie is an active 2-year-old Goldendoodle with a bad habit of chewing on things he's not supposed to.

Charlie is enrolled in a **Wishbone** accident & illness plan to avoid large, unforeseen vet bills.

Emergency hospital visit due to a foreign body ingestion:

(exam fee, x-rays, pre-surgical bloodwork, IV fluids, anesthesia, surgery, hospitalization, and medications)

Total Claimed: **\$3,182.32**

Reimbursed:

20% coinsurance
deductible already met

\$2,545.86

Financial protection +
unlimited veterinary support via 24/7 pet telehealth

wishbone

WISHBONE ENROLLMENT PROCESS

wishbone + COLCHESTER SCHOOL DISTRICT

PLANSABOUTCONTACT[GET A FREE QUOTE](#)[LOG IN](#)

CHELSEA & CURRY





NOAH & PHOENIX

Your best friend. Their best life.

At Wishbone, we offer easy-to-understand pet health insurance – so you and your pet can enjoy a life well lived.

[GET A FREE QUOTE](#)

[WISHBONE WEBSITE](#)

MONDAY, OCTOBER 20TH - FRIDAY OCTOBER, 31ST

Porters Point School	Tuesday, Oct. 21	2:30 – 3:30
Union Memorial School	Wednesday, Oct. 22	2:45 – 3:45
Malletts Bay School	Monday, Oct. 27	2:30 – 3:30
Colchester Middle School	Tuesday, Oct. 28	2:00 – 3:00
Colchester High School	Wednesday, Oct. 29	2:00 – 3:00