

VEHI HEALTH PLANS		MONTHLY SUPPORT STAFF EMPLOYEE COSTS			
		Based on 1.0 FTE			
July 1. 2018 Through June 30, 2019	Employer Cost 80% of Gold CDHP <small>(based on 1.0 FTE)</small>	Platinum	Gold	Gold CDHP	Silver CDHP
Single	\$460.89	\$238.45	\$210.45	\$115.22	\$73.76
Parent/Child(ren)	\$712.54	\$456.86	\$410.99	\$178.14	\$188.74
Employee & Spouse	\$865.56	\$533.13	\$477.12	\$216.39	\$203.75
Family	\$1,276.66	\$701.77	\$623.73	\$319.16	\$244.79

VEHI HEALTH PLANS		MONTHLY NON UNION EMPLOYEE COSTS			
		Based on 1.0 FTE			
July 1. 2018 Through June 30, 2019	Employer Cost 80% of Gold CDHP <small>(based on 1.0 FTE)</small>	Platinum	Gold	Gold CDHP	Silver CDHP
Single	\$460.89	\$238.45	\$210.45	\$115.22	\$73.76
Parent/Child(ren)	\$712.54	\$456.86	\$410.99	\$178.14	\$188.74
Employee & Spouse	\$865.56	\$533.13	\$477.12	\$216.39	\$203.75
Family	\$1,276.66	\$701.77	\$623.73	\$319.16	\$244.79

VEHI HEALTH PLANS		MONTHLY TEACHER EMPLOYEE COSTS			
		Based on 1.0 FTE			
July 1. 2018 Through June 30, 2019	Employer Cost 80% of Gold CDHP <small>(based on 1.0 FTE)</small>	Platinum	Gold	Gold CDHP	Silver CDHP
Single	\$460.89	\$238.45	\$210.45	\$115.22	\$73.76
Parent/Child(ren)	\$712.54	\$456.86	\$410.99	\$178.14	\$188.74
Employee & Spouse	\$865.56	\$533.13	\$477.12	\$216.39	\$203.75
Family	\$1,276.66	\$701.77	\$623.73	\$319.16	\$244.79

July 1. 2018 Through June 30, 2019	TOTAL MONTHLY DENTAL PREMIUM	MONTHLY SUPPORT STAFF COSTS (based on a 30 hour work week/1.0 FTE) 10%
Single	\$27.12	\$2.71
Two-Person	\$48.36	\$4.84
Family	\$94.75	\$9.48