

2024-2025

Custodians

Non-Contracted Employees

Administrators

Teachers

Health Insurance Plan Rates

VEHI Platinum

Single	\$149.24
Parent/Child	\$300.76
Two-Person	\$348.00
Family	\$446.16

VEHI Gold

Single	\$137.67
Parent/Child	\$282.17
Two-Person	\$324.85
Family	\$414.36

VEHI Gold CDHP

Single	\$101.49
Parent/Child	\$156.91
Two-Person	\$190.61
Family	\$281.14

VEHI Silver CDHP

Single	\$61.98
Parent/Child	\$161.20
Two-Person	\$173.48
Family	\$207.11

Dental Rates

Single	\$0
Two-Person	\$16.01
Family	\$35.52

Vision Rates

Member	\$7.26
Member + 1	\$11.61
Member + Children	\$11.86
Member + Family	\$19.11