

2024-2025 (21 Pay Periods)

Non-Contracted Employees (School Year)

School-Year Non-Contracted employees pay their share of the annual cost over 21 ppds. (Sept. 5, 2024 - June 12, 2025)

Health Insurance Plan Rates

VEHI Platinum	
Single	\$184.78
Parent/Child	\$372.37
Two-Person	\$430.86
Family	\$552.38
VEHI Gold	
Single	\$170.45
Parent/Child	\$349.35
Two-Person	\$402.20
Family	\$513.02
VEHI Gold CDHP	
Single	\$125.66
Parent/Child	\$194.27
Two-Person	\$235.99
Family	\$348.07
VEHI Silver CDHP	
Single	\$76.74
Parent/Child	\$199.58
Two-Person	\$214.79
Family	\$256.42

Dental Rates

Single	\$0
Two-Person	\$19.82
Family	\$43.98

Vision Rates

Member	\$8.99
Member + 1	\$14.38
Member + Children	\$14.68
Member + Family	\$23.66