

2024-2025

Paras January - June

** Paras pay their annual share over 21 ppds. (Sept. 5, 2024 - June 12, 2025)**

** The district share of all plans is based on 85% of the cost of a single VEHI Gold CDHP plan.**

Health Insurance Plan Rates

VEHI Platinum

Single	\$153.36
Parent/Child	\$323.80
Two-Person	\$371.86
Family	\$465.36

VEHI Gold

Single	\$139.03
Parent/Child	\$300.78
Two-Person	\$343.20
Family	\$426.00

VEHI Gold CDHP

Single	\$94.24
Parent/Child	\$145.70
Two-Person	\$176.99
Family	\$261.06

VEHI Silver CDHP

Single	\$45.32
Parent/Child	\$151.01
Two-Person	\$155.79
Family	\$169.40

Dental Rates

Single	\$3.71
Two-Person	\$23.53
Family	\$47.69

Vision Rates

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