2025-2026
Non-Contracted Employees (School-Year)

Health Insurance Plan Rates

(Rates are Per Pay Period)

VEHI Platinum

Single $202.65
Parent/Child $409.82
Two-Person $473.92
Family $606.47

VEHI Gold

Single $187.54
Parent/Child $385.60
Two-Person $443.69
Family $565.04

VEHI Gold CDHP

Single $140.65
Parent/Child $217.46
Two-Person $264.16
Family $389.61

VEHI Silver CDHP

Single $85.51
Parent/Child $222.73
Two-Person $239.63
Family $285.89

Dental Rates

Single $0
Two-Person $19.82
Family $45.23

Vision Rates

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