2025-2026
Paras - January to June

** Paras pay their annual share over 21 ppds. (Sept. 4, 2025 - June 11, 2026)**
** The district share of all plans is based on 85% of the cost of a single VEHI Gold CDHP plan.**

Health Insurance Plan Rates

(Rates are Per Pay Period)

VEHI Platinum

Single	$174.52
Parent/Child	$366.32
Two-Person	$421.08
Family	$528.55

VEHI Gold

Single	$159.41
Parent/Child	$342.11
Two-Person	$390.86
Family	$487.11

VEHI Gold CDHP

Single	$112.52
Parent/Child	$173.96
Two-Person	$211.32
Family	$311.69

VEHI Silver CDHP

Single	$57.37
Parent/Child	$179.24
Two-Person	$186.80
Family	$207.97

Dental Rates

Single	$3.71
Two-Person	$23.53
Family	$48.95

Vision Rates

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