2025-2026
Custodians
Non-Contracted Employees
Administrators
Teachers

Health Insurance Plan Rates

(Rates are Per Pay Period)

VEHI Platinum

Single	$163.68
Parent/Child	$331.01
Two-Person	$382.78
Family	$489.84

VEHI Gold

Single	$151.47
Parent/Child	$311.45
Two-Person	$358.37
Family	$456.38

VEHI Gold CDHP

Single	$113.60
Parent/Child	$175.64
Two-Person	$213.36
Family	$314.69

VEHI Silver CDHP

Single	$69.06
Parent/Child	$179.90
Two-Person	$193.55
Family	$230.91

Dental Rates

Single	$0
Two-Person	$16.01
Family	$36.54

Vision Rates

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