

**2020-21 Health Insurance Premium Costs (80-20)
Non-Contracted Employees (School -Year)**

** School-year Non-contracted employees pay their share of the annual cost over 21 ppds.
(Sept. 10, 2020 - June 17, 2021)**

** The district share of all plans is based on 80% of the cost of the VEHI Gold CDHP plans.**

Plan	Annual <u>Cost</u>	Annual District Share <u>80% Gold CDHP</u>	District Share/ppd. <u>(21 ppds.)</u>	Annual Employee <u>Cost</u>	Employee Share/ppd <u>(21 ppds.)</u>
VEHI Platinum					
Single	9,856.56	6,975.36	332.16	2,881.20	137.20
Parent/Child	16,481.64	10,784.16	513.53	5,697.48	271.31
Two-Person	19,713.12	13,100.06	623.81	6,613.06	314.91
Family	27,884.04	19,321.82	920.09	8,562.22	407.72
VEHI Gold					
Single	9,482.40	6,975.36	332.16	2,507.04	119.38
Parent/Child	15,869.28	10,784.16	513.53	5,085.12	242.15
Two-Person	18,964.68	13,100.06	623.81	5,864.62	279.27
Family	26,842.08	19,321.82	920.09	7,520.26	358.11
VEHI Gold CDHP					
Single	8,719.20	6,975.36	332.16	1,743.84	83.04
Parent/Child	13,480.20	10,784.16	513.53	2,696.04	128.38
Two-Person	16,375.08	13,100.06	623.81	3,275.02	155.95
Family	24,152.28	19,321.82	920.09	4,830.46	230.02
VEHI Silver CDHP					
Single	7,639.32	6,975.36	332.16	663.96	31.62
Parent/Child	12,877.92	10,784.16	513.53	2,093.76	99.70
Two-Person	15,278.88	13,100.06	623.81	2,178.82	103.75
Family	21,739.20	19,321.82	920.09	2,417.38	115.11