

Insurance Trust Rates

Effective January 1, 2024 – December 31, 2024

VADA Health Plan Options and Monthly Premiums

Exclusive Provider Organization (EPO) with PCP

Plan A EPO w/PCP \$1,500 Deductible

Plan B EPO w/PCP \$2,000 Deductible

Plan C EPO w/PCP \$3,500 Deductible

CDHP Exclusive Provider Organization (EPO) with PCP

Plan D EPO w/PCP \$3,250 Ind/\$6,500 2-Person/Family Deductible

Plan E EPO w/PCP \$4,250 Ind/\$8,500 2-Person/Family Deductible

Plan F EPO w/PCP \$6,700 Ind/\$13,400 2-Person/Family Deductible

CDHP Exclusive Provider Organization (EPO) with PCP and Health Reimbursement Arrangement (HRA)

Plan D EPO w/PCP \$3,250 Ind/\$6,500 2-Person/Family Deductible

Plan E EPO w/PCP \$4,250 Ind/\$8,500 2-Person/Family Deductible

Plan F EPO w/PCP \$6,700 Ind/\$13,400 2-Person/Family Deductible

	Single	2-Person	Family
Plan A EPO w/PCP \$1,500 Deductible	\$863.29	\$1,726.58	\$2,404.18
Plan B EPO w/PCP \$2,000 Deductible	\$822.00	\$1,644.00	\$2,289.30
Plan C EPO w/PCP \$3,500 Deductible	\$792.43	\$1,584.87	\$2,207.05
Plan D EPO w/PCP \$3,250 Ind/\$6,500 2-Person/Family Deductible	\$760.97	\$1,339.85	\$2,005.71
Plan E EPO w/PCP \$4,250 Ind/\$8,500 2-Person/Family Deductible	\$723.92	\$1,287.64	\$1,903.15
Plan F EPO w/PCP \$6,700 Ind/\$13,400 2-Person/Family Deductible	\$677.71	\$1,205.47	\$1,781.84
Plan D EPO w/PCP \$3,250 Ind/\$6,500 2-Person/Family Deductible	\$763.32	\$1,342.20	\$2,008.06
Plan E EPO w/PCP \$4,250 Ind/\$8,500 2-Person/Family Deductible	\$726.27	\$1,289.99	\$1,905.51
Plan F EPO w/PCP \$6,700 Ind/\$13,400 2-Person/Family Deductible	\$680.06	\$1,207.82	\$1,784.19

Northeast Delta Dental Benefits and Monthly Premiums

\$37.43 | \$72.58 | \$124.73

Diagnostic & Preventive – 100%

Restorative – 80%

Prosthodontics – 50%

Orthodontics – 50%

Calendar Year Deductible *per person/per family* – \$50/\$100

Calendar Year Maximum *per person* – \$1500

Orthodontics *lifetime maximum* – \$1500

Short-Term Disability Insurance

60% Pay with \$200 Maximum Weekly Benefit

60% Pay with \$300 Maximum Weekly Benefit

Monthly Premium Amount = Weekly Maximum x .065

Life/Accidental Death/Dismemberment

Benefit Monthly Premium

\$ 5,000 \$1.30

\$10,000 \$2.60

\$15,000 \$3.90

\$25,000 \$6.50

\$50,000 \$13.00

One times salary with a max of \$150K

APPROVED BY VADA INSURANCE TRUSTEES ON 9/22/2023