

Insurance Trust Rates

Effective January 1, 2025 – December 31, 2025

VADA Health Plan Options and Monthly Premiums

Exclusive Provider Organization (EPO) with PCP

	Single	2-Person	Family
Plan A EPO w/PCP \$1,750 Deductible	\$984.78	\$1,969.55	\$2,756.44
Plan B EPO w/PCP \$2,250 Deductible	\$936.98	\$1,873.96	\$2,623.47
Plan C EPO w/PCP \$3,750 Deductible	\$908.25	\$1,816.51	\$2,543.56

CDHP Exclusive Provider Organization (EPO) with PCP

Plan D EPO w/PCP \$3,500 Ind/\$7,000 2-Person/Family Deductible	\$858.33	\$1,514.33	\$2,278.21
Plan E EPO w/PCP \$4,500 Ind/\$9,000 2-Person/Family Deductible	\$818.80	\$1,459.22	\$2,168.54
Plan F EPO w/PCP \$6,950 Ind/\$13,900 2-Person/Family Deductible	\$767.15	\$1,367.38	\$2,032.96

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

Plan D EPO w/PCP \$3,500 Ind/\$7,000 2-Person/Family Deductible	\$860.78	\$1,516.78	\$2,280.66
Plan E EPO w/PCP \$4,500 Ind/\$9,000 2-Person/Family Deductible	\$821.25	\$1,461.67	\$2,170.99
Plan F EPO w/PCP \$6,950 Ind/\$13,900 2-Person/Family Deductible	\$769.60	\$1,369.84	\$2,035.41

Northeast Delta Dental Benefits and Monthly Premiums

Diagnostic & Preventive – 100%	\$38.55	\$74.76	\$128.47
Restorative – 80%			
Prosthodontics – 50%			
Orthodontics – 50%			
Calendar Year Deductible <i>per person/per family</i> – \$50/\$100			
Calendar Year Maximum <i>per person</i> – \$1500			
Orthodontics <i>lifetime maximum</i> – \$1500			

Northeast DeltaVision Coverage (Hardware Only)

	Single	2-Person	Family
\$130 Plan, Voluntary < 49% Employer Contribution	\$4.37	\$7.49	\$13.41
\$130 Plan, Contributory > 50% Employer Contribution	\$3.02	\$5.18	\$9.26
\$180 Plan, Voluntary < 49% Employer Contribution	\$6.09	\$10.46	\$18.69
\$180 Plan, Contributory > 50% Employer Contribution	\$4.75	\$8.16	\$14.61

Life/Accidental Death/Dismemberment

Benefit	Premium
\$ 5,000	\$1.15
\$10,000	\$2.30
\$15,000	\$3.45
\$25,000	\$5.75
\$50,000	\$11.50

One times salary with a max of \$150K

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

APPROVED BY VADA INSURANCE TRUSTEES ON 10/30/24