

Insurance Trust Rates

Effective January 1, 2026 — December 31, 2026

VADA Health Plan Options and Monthly Premiums

MVP Health Maintenance Organization (HMO)

	Single	2-Person	Family
Plan A HMO \$1,750 Deductible	\$960.16	\$1,920.31	\$2,687.53
Plan B HMO \$2,250 Deductible	\$913.56	\$1,827.11	\$2,557.88
Plan C HMO \$3,750 Deductible	\$885.54	\$1,771.10	\$2,479.97

MVP HMO High Deductible Health Plan (HDHP)

Plan D HMO HDHP \$3,500 Ind/\$7,000 2-Person/Family Deductible	\$837.99	\$1,478.44	\$2,224.22
Plan E HMO HDHP \$4,500 Ind/\$9,000 2-Person/Family Deductible	\$799.39	\$1,424.64	\$2,117.15
Plan F HMO HDHP \$6,950 Ind/\$13,900 2-Person/Family Deductible	\$748.97	\$1,334.97	\$1,984.78

Health Reimbursement Account (HRA) Provided by Healthy Dollars*

	\$5.00	\$5.00	\$5.00
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*Set-up and implementation fee will be based on group size

Northeast Delta Dental Benefits and Monthly Premiums

	\$39.71	\$77.00	\$132.32
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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

Northeast DeltaVision Coverage

	Single	2-Person	Family
() \$130 Plan, Voluntary < 49% Employer Contribution	\$3.71	\$6.37	\$11.40
() \$130 Plan, Contributory > 50% Employer Contribution	\$2.57	\$4.40	\$7.87
() \$180 Plan, Voluntary < 49% Employer Contribution	\$5.18	\$8.89	\$15.89
() \$180 Plan, Contributory > 50% Employer Contribution	\$4.04	\$6.94	\$12.42

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 10/24/25