

**VEHI Monthly Health Plan Rates FY21  
July 1, 2020 - June 30, 2021**

	Single	Self & Spouse	Parent & Child(ren)	Family
<b>Platinum</b>	\$821.38	\$1,642.76	\$1,373.47	\$2,323.67
<b>Gold</b>	\$790.20	\$1,580.39	\$1,322.44	\$2,236.84
<b>Gold CDHP</b>	\$726.60	\$1,364.59	\$1,123.35	\$2,012.69
<b>Silver CDHP</b>	\$636.61	\$1,273.24	\$1,073.16	\$1,811.60

**Employee Monthly Responsibility FY21  
Period: Jan 1 - Jun 30, 2021  
(Above monthly plan rate minus district responsibility)**

	Single	Self & Spouse	Parent & Child(ren)	Family
<b>Platinum</b>	\$240.10	\$551.09	\$474.79	\$713.52
<b>Gold</b>	\$208.92	\$488.72	\$423.76	\$626.69
<b>Gold CDHP</b>	\$145.32	\$272.92	\$224.67	\$402.54
<b>Silver CDHP</b>	\$127.32	\$254.65	\$214.63	\$362.32

**District Monthly Responsibility**  
80% of Gold CDHP plan  
80% of Silver CDHP plan

	CDHP Gold Cost	District Responsibility
<b>Single</b>	\$726.60	\$581.28
<b>Self &amp; Spouse</b>	\$1,364.59	\$1,091.67
<b>Parent &amp; Child(ren)</b>	\$1,123.35	\$898.68
<b>Family</b>	\$2,012.69	\$1,610.15
<b>*Applies to Platinum, Gold and Gold CDHP Plans</b>		

	Silver CDHP Cost	District Responsibility
<b>Single</b>	\$636.61	\$509.29
<b>Self &amp; Spouse</b>	\$1,273.24	\$1,018.59
<b>Parent &amp; Child(ren)</b>	\$1,073.16	\$858.53
<b>Family</b>	\$1,811.60	\$1,449.28
<b>*Applies to Silver CDHP Plan Only</b>		

**Payroll Deduction Calculation Example**

**Plan Choice:** Gold CDHP - Self & Spouse (\$272.92)  
**EE Insurance Coverage:** January 1, 2021 to June 30, 2021 (6 months)  
**Pay period deductions:** 11 (Jan-June 2020 Employment)

**Calculation:** MULTIPLY employee monthly responsibility by # Months  
 Then DIVIDE by number of pay periods

$$\$272.92 \times 6 = \$1637.52 / 11 = \$148.87$$

= \$ 148.87 pay period deduction for above example

All rates and calculations above are subject to change at any time. Please contact Christi at [crancourt@ensuvt.org](mailto:crancourt@ensuvt.org) if you need assistance calculating pay periods