

## 2024-25 RATE SCHEDULE (12 MONTH RATES)

COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$806.77	\$161.35	\$645.42
	2 person	\$1,613.53	\$387.25	\$1,226.28
	family	\$2,178.28	\$613.15	\$1,565.13
	family/2 employees	\$2,178.28	\$322.70	\$1,855.58
	overage dependent	\$887.44	\$887.44	\$0.00
CHP- MVP	Single	\$570.97	\$28.55	\$542.42
	2 person	\$1,141.93	\$228.38	\$913.55
	family	\$1,541.63	\$308.33	\$1,233.30
	family/2 employees	\$1,541.63	\$57.10	\$1,484.53
	overage dependent	\$628.07	\$628.07	\$0.00