

2024-25 RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$968.12	\$193.62	\$774.50
	2 person	\$1,936.24	\$464.70	\$1,471.54
	family	\$2,613.94	\$735.78	\$1,878.16
	family/2 employees	\$2,613.94	\$387.24	\$2,226.70
	overage dependent	\$1,064.93	\$1,064.93	
CHP- MVP	Single	\$685.16	\$34.26	\$650.90
	2 person	\$1,370.32	\$274.06	\$1,096.26
	family	\$1,849.95	\$369.99	\$1,479.96
	family/2 employees	\$1,849.95	\$68.52	\$1,781.43
	overage dependent	\$753.68	\$753.68	